## Mumps Surveillance Worksheet

### NAME

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

### ADDRESS (Street and No.)

<table>
<thead>
<tr>
<th>Phone</th>
<th>Hospital Record No.</th>
</tr>
</thead>
</table>

This information will not be sent to CDC

### REPORTING SOURCE TYPE

- [ ] physician
- [ ] PH clinic
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other source type

### SUBJECT ADDRESS CITY

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

### SUBJECT ADDRESS STATE

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
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</table>

### SUBJECT ADDRESS COUNT

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
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</thead>
</table>

### SUBJECT ADDRESS ZIP CODE

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
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</table>

### LOCAL SUBJECT ID

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

### CASE INFORMATION

#### Date of Birth

- [ ] month
- [ ] day
- [ ] year

#### Race

- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Not asked
- [ ] Refused to answer
- [ ] Other

#### Country of Birth

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
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</thead>
</table>

#### Other Birth Place

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

#### Country of Usual Residence

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

#### Age at Case Investigation

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

#### Sex

- [ ] M=male
- [ ] F=female
- [ ] U=unknown

#### Ethnic Group

- [ ] H=Hispanic/Latino
- [ ] N=Not Hispanic/Latino
- [ ] O=Other
- [ ] U=Unknown

#### Date Reported

- [ ] month
- [ ] day
- [ ] year

#### First Reported to PHD

- [ ] month
- [ ] day
- [ ] year

#### Earliest Date Reported to County

- [ ] month
- [ ] day
- [ ] year

#### Earliest Date Reported to State

- [ ] month
- [ ] day
- [ ] year

#### Case Class Status

- [ ] Suspected
- [ ] Confirmed
- [ ] Unknown
- [ ] Probable
- [ ] Not a case

#### Case Investigation Status Code

- [ ] approved
- [ ] closed
- [ ] deleted
- [ ] in progress
- [ ] notified
- [ ] other
- [ ] rejected
- [ ] reviewed
- [ ] suspended
- [ ] unknown

#### Detection Method

- [ ] prenatal testing
- [ ] prison entry
- [ ] provider report
- [ ] routine physical
- [ ] self-referral
- [ ] other
- [ ] unknown

### CLINICAL INFORMATION

#### Hospitalized?

- [ ] Yes
- [ ] No
- [ ] Unknown

#### Hospital Admit Date

- [ ] month
- [ ] day
- [ ] year

#### Hospital Stay Duration

- [ ] 0 – 998 days
- [ ] 999 + days

#### Illness Onset Date

- [ ] month
- [ ] day
- [ ] year

#### Illness Duration

- [ ] days

#### Illness Duration Units*

- [ ] OBX-6

#### Date of Diagnosis

- [ ] month
- [ ] day
- [ ] year

#### Parotitis

- [ ] bilateral
- [ ] unilateral
- [ ] other
- [ ] unk

#### Type of Deafness

- [ ] permanent
- [ ] temporary
- [ ] other
- [ ] unknown

#### Deceased Date

- [ ] month
- [ ] day
- [ ] year

#### Highest Temperature

- [ ] °Cel
- [ ] °F

### SIGNS and SYMPTOMS

<table>
<thead>
<tr>
<th>Parotitis</th>
<th>Fever</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sublingual salivary gland swelling</td>
<td>Jaw pain</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Submandibular salivary gland swelling</td>
<td>Muscle pain</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Headache</td>
<td>Tiredness</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>Other</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

### COMPLICATIONS

<table>
<thead>
<tr>
<th>Deafness</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encephalitis</td>
<td>Pancreatitis</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Mastitis</td>
<td>Other</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Unknown</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Oophoritis</td>
<td>Death</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### SALIVARY GLAND SWELLING

- [ ] bilateral
- [ ] unilateral
- [ ] other
- [ ] unk

#### Type of Deafness

- [ ] permanent
- [ ] temporary
- [ ] other
- [ ] unknown

#### Deceased Date

- [ ] month
- [ ] day
- [ ] year

#### Highest Temperature

- [ ] °Cel
- [ ] °F

### *UNITS

- [ ] OBX-6
## Laboratory Testing

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Test Result Quantitative</th>
<th>Result Units</th>
<th>Specimen Source (Type)</th>
<th>Date Specimen Collected (mm/dd/yyyy)</th>
<th>Date Specimen Sent to CDC (mm/dd/yyyy)</th>
<th>Specimen Analyzed Date (mm/dd/yyyy)</th>
<th>Performing Laboratory Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgM 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgM 2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgG 1</td>
<td>acute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgG conv</td>
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<td></td>
</tr>
<tr>
<td>IgG single</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>PCR 1</td>
<td></td>
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<tr>
<td>PCR 2</td>
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<td>molecular</td>
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<td></td>
</tr>
</tbody>
</table>

### Test Results Codes
- P=positive
- N=negative
- X=not done
- I=Indeterminate
- E=pending
- O=other
- NS=no significant rise in titer
- PS=significant rise in titer
- U=unknown
- VT=vaccine type strain
- WT=wild type strain

### Specimen Source Codes
1=bacterial isolate 8=cataract 15=NP aspirate 22=RNA 29=lavage 36=throat swab 37=tissue 38=urine 39=vesicle fluid 40=viral isolate 41=other 42=unknown

### Performing Laboratory Type
1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other 9=unknown
**IMPORTATION AND EXPOSURE INFORMATION**

<table>
<thead>
<tr>
<th>Imported Code</th>
<th>Imported Country</th>
<th>Imported State</th>
<th>Imported County</th>
<th>Imported City</th>
</tr>
</thead>
<tbody>
<tr>
<td>77982-7</td>
<td>INV153</td>
<td>INV154</td>
<td>INV155</td>
<td>INV156</td>
</tr>
</tbody>
</table>

**IMPORT STATUS: Did onset occur within 12-25 days of entering the U.S. following any travel?**

Y=yes  N=no  U=unknown

**IMPORT STATUS: US-Acquired**

1=import-linked case  2=imported virus case  3=emergent case  4=unknown source case  5=other

**INTERNATIONAL DESTINATIONS OF RECENT TRAVEL**

<table>
<thead>
<tr>
<th>Country of Exposure</th>
<th>State/Province of Exposure</th>
<th>City of Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>82764-2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRANSMISSION SETTING**

1 = day care  2 = school  3 = doctor’s office  4 = hospital ward  5 = hospital ER

**Travel Return Date**

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL08</td>
<td></td>
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</tbody>
</table>

**Length of time in the U.S. since last travel?**

**UNITS’ LENGTH OF TIME IN THE U.S.**

**Was case-patient vaccinated?**

Y=yes  N=no  U=unknown

**Outbreak related?**

Y=yes  N=no  U=unknown

**Is this case epi-linked to another confirmed or probable case?**

Y=yes  N=no  U=unknown

**Detection Method**

- routine physical exam
- prenatal testing
- prison entry screening
- self-referral
- unknown

**Investigation Start Date**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VACCINATION HISTORY**

**Vaccinated (has the case-patient ever received a vaccine against this disease)?**

Y=yes  N=no  U=unknown

**Number of vaccine doses received on or after first birthday?**

0-6; 99=unknown

**Number of vaccine doses received prior to illness onset?**

0-6; 99=unknown

**Date of last vaccine dose prior to illness onset:**

VAC142  Y=yes  N=no  U=unknown

**VACCINE EVENT INFORMATION SOURCE CODES**

- 00= new immunization record
- 01= historical information, source unidentified
- 02= historical information, other provider
- 05= historical information, other registry
- 06= historical information, birth certificate
- 07= historical information, school record

**VACCINE TYPE CODES**

A=MMR  B=mumps virus vaccine  R=rubella/mumps

**VACCINE MANUFACTURER CODES**

M=Merck  O=other  U=unknown

**VACCINE EXPIRATION DATE**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VACCINE LOT NUMBER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>30956-7</td>
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</table>

**VACCINE MANUFACTURER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Merck</td>
</tr>
<tr>
<td>O</td>
<td>other</td>
</tr>
<tr>
<td>U</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**VACCINE EVENT INFORMATION SOURCE CODES**

- 08= historical information, public agency
- 09= historical information, patient/parent recall
- 10= historical information, patient/parent written record
- UNK= unknown
- OTH= other
### REASON NOT VACCINATED PER ACIP

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>religious exemption</td>
<td>6</td>
<td>too young</td>
</tr>
<tr>
<td>2</td>
<td>medical contraindication</td>
<td>7</td>
<td>parent/patient refusal</td>
</tr>
<tr>
<td>3</td>
<td>philosophical objection</td>
<td>8</td>
<td>other</td>
</tr>
<tr>
<td>4</td>
<td>lab evidence of previous disease</td>
<td>9</td>
<td>unknown</td>
</tr>
<tr>
<td>5</td>
<td>MD diagnosis of previous disease</td>
<td>10</td>
<td>parent/patient forgot to vaccinate</td>
</tr>
<tr>
<td>11</td>
<td>vaccine record incomplete/unavailable</td>
<td>12</td>
<td>parent/patient report of previous disease</td>
</tr>
<tr>
<td>13</td>
<td>parent/patient unaware of recommendation</td>
<td>14</td>
<td>missed opportunity</td>
</tr>
<tr>
<td>15</td>
<td>foreign visitor</td>
<td>16</td>
<td>immigrant</td>
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### VACCINE HISTORY COMMENTS

#### CASE NOTIFICATION

<table>
<thead>
<tr>
<th>Condition Code</th>
<th>Immediate National Notifiable Condition</th>
<th>Legacy Case ID</th>
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<tbody>
<tr>
<td>10180</td>
<td>77965-2</td>
<td>77997-5</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>State Case ID</th>
<th>Local Record ID</th>
<th>Jurisdiction Code</th>
<th>Binational Reporting Criteria</th>
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</thead>
<tbody>
<tr>
<td>77993-4</td>
<td>OBR-3</td>
<td>77969-4</td>
<td>77988-4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date First Verbal Notification to CDC</th>
<th>Date Report First Electronically Submitted</th>
<th>Date of Electronic Case Notification to CDC</th>
<th>MMWR Week</th>
<th>MMWR Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>77994-2</td>
<td>OBR-7</td>
<td>77991-8</td>
<td>77992-6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notification Result Status</th>
<th>Person Reporting to CDC Email</th>
<th>Person Reporting to CDC Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBR-25</td>
<td>74547-1</td>
<td>74548-9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Occupation</th>
<th>Current Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>85658-3</td>
<td>85078-4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>77999-1</td>
</tr>
</tbody>
</table>

### CLINICAL CASE DEFINITION

#### SUSPECTED

- Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis, OR
- A positive lab result with no mumps clinical symptoms (with or without epidemiological-linkage to a confirmed or probable case).

#### PROBABLE

- Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in:
  - A person with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody, OR
  - A person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.

#### CONFIRMED

- A positive mumps laboratory confirmation for mumps virus with reverse transcription polymerase chain reaction (RT-PCR) or culture in a patient with an acute illness characterized by any of the following:
  - Acute parotitis or other salivary gland swelling, lasting at least 2 days
  - Aseptic meningitis
  - Encephalitis
  - Hearing loss
  - Orchitis
  - Oophoritis
  - Mastitis
  - Pancreatitis

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