## Mumps Surveillance Worksheet

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS (Street and No.)</th>
<th>Phone</th>
<th>Hospital Record No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(last)</td>
<td>(first)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REPORTING SOURCE TYPE
- [ ] physician
- [ ] PH clinic
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other clinic
- [ ] other source type

### CASE INFORMATION

#### Date of Birth
- **Month**: __
- **Day**: __
- **Year**: __

#### Sex
- M=Male
- F=Female
- U=Unknown

#### Ethnic Group
- H=Hispanic/Latino
- N=Not Hispanic/Latino
- O=Other
- U=Unknown

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

#### Country of Birth
- Code: __
- Number: __

#### Age at Case Investigation
- **Month**: __
- **Day**: __
- **Year**: __

#### Country of Usual Residence
- Code: __
- Number: __

#### Date Reported
- **Month**: __
- **Day**: __
- **Year**: __

#### First Reported to PHD
- **Month**: __
- **Day**: __
- **Year**: __

#### National Reporting Jurisdiction
- Code: __
- Number: __

#### 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 Start Date
- **Month**: __
- **Day**: __
- **Year**: __

#### 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

### CLINICAL INFORMATION

#### Hospitalized?
- Y=Yes
- N=No
- U=Unknown

#### Hospital Admit Date
- **Month**: __
- **Day**: __
- **Year**: __

#### Hospital Discharge Date
- **Month**: __
- **Day**: __
- **Year**: __

#### Hospital Stay Duration
- **Days**: __

#### Illness Onset Date
- **Month**: __
- **Day**: __
- **Year**: __

#### Illness Duration
- **Days**: __

#### Illness Duration Units
- Code: __

#### Date of Diagnosis
- **Month**: __
- **Day**: __
- **Year**: __

#### Pregnancy Status
- Y=Yes
- N=No
- U=Unknown

#### Signs and Symptoms

<table>
<thead>
<tr>
<th>Name</th>
<th>Y</th>
<th>N</th>
<th>U</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaw pain</td>
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<tr>
<td>Muscle pain</td>
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</tr>
<tr>
<td>Tiredness</td>
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<td>Other</td>
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#### Complications

<table>
<thead>
<tr>
<th>Type</th>
<th>Y</th>
<th>N</th>
<th>U</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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</thead>
<tbody>
<tr>
<td>Deafness</td>
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<tr>
<td>Orchitis</td>
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<tr>
<td>Pancreatitis</td>
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<tr>
<td>Other</td>
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<tr>
<td>Death</td>
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#### COMPLICATIONS

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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</thead>
<tbody>
<tr>
<td>67185-7</td>
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#### Salivary Gland Swelling

<table>
<thead>
<tr>
<th>Onset Date</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>85931-4</td>
<td>(days) 85929-8</td>
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#### Complications

<table>
<thead>
<tr>
<th>Name</th>
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<th>N</th>
<th>U</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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<tbody>
<tr>
<td>Deafness</td>
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<td>Orchitis</td>
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<tr>
<td>Death</td>
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</table>

#### Parotitis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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</thead>
<tbody>
<tr>
<td>56831-1</td>
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#### Type of Deafness

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<th>Description</th>
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<tbody>
<tr>
<td>INV307</td>
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#### Fever Onset Date

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>OBX-6</td>
<td>Other</td>
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</table>

#### Highest Temperature

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>OBX-6</td>
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</table>

#### Deceased Date

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>INV29</td>
<td>Other</td>
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</tbody>
</table>

**Units**: OBX-6
- a=year
- h=hour
- m=month
- w=week
- d=day
- min=minute
- s=second
- OTH=other
- UNK=unknown

SEP 2021
### Laboratory Testing

#### VPD Lab Message Reference Laboratory

<table>
<thead>
<tr>
<th>LAB143</th>
</tr>
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</table>

#### VPD Lab Message Patient Identifier

<table>
<thead>
<tr>
<th>LAB598</th>
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#### VPD Lab Message Specimen Identifier

<table>
<thead>
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<th>LAB 125</th>
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<table>
<thead>
<tr>
<th>Was there laboratory testing done to confirm the diagnosis?</th>
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<tbody>
<tr>
<td>Y = Yes</td>
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<table>
<thead>
<tr>
<th>Was case laboratory confirmed?</th>
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<tbody>
<tr>
<td>Y = Yes</td>
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<table>
<thead>
<tr>
<th>Was a specimen sent to CDC for testing?</th>
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<tbody>
<tr>
<td>Y = Yes</td>
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<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</th>
<th>Date Specimen Sent to CDC</th>
<th>Specimen Analyzed Date</th>
<th>Performing Laboratory Type</th>
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</thead>
<tbody>
<tr>
<td>[INV290]</td>
<td>[INV291]</td>
<td>[LAB628]</td>
<td>[LAB115]</td>
<td>[31208-2]</td>
<td>[68963-8] (mm/dd/yyyy)</td>
<td>[85930-6] (mm/dd/yyyy)</td>
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<table>
<thead>
<tr>
<th>Test Results Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>P = positive</td>
</tr>
<tr>
<td>NS = no significant rise in titer</td>
</tr>
<tr>
<td>VT = vaccine type strain</td>
</tr>
<tr>
<td>1 = bacterial isolate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Source Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = CDC lab</td>
</tr>
</tbody>
</table>

---

**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  |
### IMPORATON AND EXPOSURE INFORMATION

**Imported Code**: 77982-7  
1=Indigenous  2=International  3=in state, out of jurisdiction  4=out of state  5=imported, unable to determine source  9=unknown  

**Imported Country**: INV153  
**Imported State**: INV154  
**Imported County**: INV155  
**Imported City**: INV156  

**IMPORT STATUS**: Did onset occur within 12-25 days of entering the U.S. following any travel?  
INV293 Y=yes  N=no  U=unknown  

**IMPORT STATUS: US-Acquired**  
INV156  
1=import-linked case  2=imported virus case  3=endemic case  4=unknown source case  5=other  

#### INTERNATIONAL DESTINATIONS OF RECENT TRAVEL

- **Travel Return Date**: [TRAVEL08]  
  - month  
  - day  
  - year  

- **Length of time in the U.S. since last travel**: DEM225  
  - month  
  - day  
  - year  

### TRANSMISSION SETTING

- **Transmission Mode**: 77892-3  
  - 1 = day care  
  - 2 = school  
  - 3 = doctor’s office  
  - 4 = hospital ward  
  - 5 = hospital ER  

### Outbreak related?  
INV217 Y=yes  N=no  U=unknown  

**Country of Exposure**: 77980-1  
**State/Province of Exposure**: 77985-3  

**Number of vaccine doses**:  
- [30956] = measles virus vaccine  
- [77980] = MMR  
- [85700] = unknown  

**Number of vaccine doses received prior to illness onset? [82745-1]**  
- 0-6; 99=unknown  
- (doses)  

**Date of last vaccine dose prior to illness onset:**  
VAC142  
- month  
- day  
- year  

#### VACCINATION HISTORY

**Vaccinated (has the case-patient ever received a vaccine against this disease)?**  
VAC162 Y=yes  N=no  U=unknown  

**Was case-patient vaccinated as recommended by the ACIP?**  
VAC148 Y=yes  N=no  U=unknown  

**Reason not vaccinated per ACIP**:  
VAC149  
- 1 = religious exemption  
- 2 = medical contraindication  
- 3 = philosophical objection  
- 4 = lab evidence of previous disease  
- 5 = MD diagnosis of previous disease  

**Vaccine history comments**:  
VAC133

---

**Importation and Exposure Information**

**Imported Code**: 77982-7  
1=Indigenous  2=International  3=in state, out of jurisdiction  4=out of state  5=imported, unable to determine source  9=unknown  

**Imported Country**: INV153  
**Imported State**: INV154  
**Imported County**: INV155  
**Imported City**: INV156  

**IMPORT STATUS**: Did onset occur within 12-25 days of entering the U.S. following any travel?  
INV293 Y=yes  N=no  U=unknown  

**IMPORT STATUS: US-Acquired**  
INV156  
1=import-linked case  2=imported virus case  3=endemic case  4=unknown source case  5=other  

#### INTERNATIONAL DESTINATIONS OF RECENT TRAVEL

- **Travel Return Date**: [TRAVEL08]  
  - month  
  - day  
  - year  

- **Length of time in the U.S. since last travel**: DEM225  
  - month  
  - day  
  - year  

### TRANSMISSION SETTING

- **Transmission Mode**: 77892-3  
  - 1 = day care  
  - 2 = school  
  - 3 = doctor’s office  
  - 4 = hospital ward  
  - 5 = hospital ER  

### Outbreak related?  
INV217 Y=yes  N=no  U=unknown  

**Country of Exposure**: 77980-1  
**State/Province of Exposure**: 77985-3  

**Number of vaccine doses**:  
- [30956] = measles virus vaccine  
- [77980] = MMR  
- [85700] = unknown  

**Number of vaccine doses received prior to illness onset? [82745-1]**  
- 0-6; 99=unknown  
- (doses)  

**Date of last vaccine dose prior to illness onset:**  
VAC142  
- month  
- day  
- year  

#### VACCINATION HISTORY

**Vaccinated (has the case-patient ever received a vaccine against this disease)?**  
VAC162 Y=yes  N=no  U=unknown  

**Was case-patient vaccinated as recommended by the ACIP?**  
VAC148 Y=yes  N=no  U=unknown  

**Reason not vaccinated per ACIP**:  
VAC149  
- 1 = religious exemption  
- 2 = medical contraindication  
- 3 = philosophical objection  
- 4 = lab evidence of previous disease  
- 5 = MD diagnosis of previous disease  

**Vaccine history comments**:  
VAC133
## 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>
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<td>77997-5</td>
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<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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<tbody>
<tr>
<td>77993-4</td>
<td>OBR-3</td>
<td>77969-4</td>
<td>77988-4</td>
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<table>
<thead>
<tr>
<th>Date First Verbal Notification to CDC</th>
<th>Date Report First Electronically Submitted</th>
<th>MMWR Week</th>
<th>MMWR Year</th>
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<tbody>
<tr>
<td>77994-2</td>
<td></td>
<td>OBR-7</td>
<td>77992-6</td>
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<table>
<thead>
<tr>
<th>Notification Result Status</th>
<th>Person Reporting to CDC</th>
<th>Person Reporting to CDC Email</th>
<th>Person Reporting to CDC Phone No.</th>
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<tbody>
<tr>
<td>OBR-25</td>
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<td>74547-1@</td>
<td>74548-9 (__ __ __)</td>
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<thead>
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<th>Current Occupation Standardized</th>
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<tbody>
<tr>
<td>85658-3</td>
<td>85658-3 (NIOCCS code)</td>
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<table>
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<tr>
<th>Current Industry</th>
<th>Current Industry Standardized</th>
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<tbody>
<tr>
<td>85078-4</td>
<td>85078-4 (NIOCCS code)</td>
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| COMMENTS | 77999-1 |

## 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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