Mumps Surveillance Worksheet

Name (Last, First)					Hospital Record Number
Address (Street and Number)	City DEM161	County DEM165	State DEM162	Zip Code DEM163	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address				Phone

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Mumps Surveillance Worksheet

County DEM165 | State DEM162 | Zip Code DEM163

Birth Date DEM115 (Month Day Year)

Age 77998-3 (999 = Unknown)

Age Type INV2002 (0 = 0-120 years; 1 = 0-11 months; 2 = 0-52 weeks; 3 = 0-28 days; 9 = Age unknown)

Ethnicity DEM155 (H = Hispanic; N = Not Hispanic; U = Unknown)

Race DEM152 (N = Native American / Alaskan Native; A = Asian / Pacific Islander; B = African American; W = White; O = Other; U = Unknown)

Sex DEM113 (M = Male; F = Female; U = Unknown)

Event Date (Month Day Year)

Event Type 1=11368-8; 2=77975-1; 3=LAB108; 4=77972-8; 5=77973-6; 9 = Unknown

Reported (Month Day Year)

Import Status 77982-7 (1 = U.S.-acquired; 2 = International Import) INV516 (1 = Import-linked; 2 = Imported Virus; 3 = Endemic; 4 = Unknown Source)

Report Status (1 = Confirmed; 2 = Probable; 3 = Suspect; 4 = Unknown) 77990-0

CLINICAL DATA

Parotitis (opposite 2nd molars) 56831-1 INV301 (Y = Yes; N = No; U = Unknown; Unilateral; Bilateral)

Jaw Pain? 56831-1 (Y = Yes; N = No; U = Unknown)

Salivary Gland Swelling (including parotitis)

Onset 85931-4 (Month Day Year)

Duration 85929-8 (1-998 = Number of Days; 999 = Unknown)

Submandibular? (Y = Yes; N = No; U = Unknown) 56831-1

Sublingual? (Y = Yes; N = No; U = Unknown) 56831-1

Notes 77999-1

COMPLICATIONS

Meningitis? (Y = Yes; N = No; U = Unknown) 67187-5

Deafness? (Y = Yes; N = No; U = Unknown) 67187-5

Orchitis? (Y = Yes; N = No; U = Unknown) 67187-5

Encephalitis? (Y = Yes; N = No; U = Unknown) 67187-5

Death? (Y = Yes; N = No; U = Unknown) 77978-5

Other Complications? (Y = Yes; N = No; U = Unknown) 67187-5

If Yes, please specify 67187-5

Hospitalized? (Y = Yes; N = No; U = Unknown) 77974-4

Days Hospitalized 78033-8 (999 = Unknown)

LABORATORY

Was Laboratory Testing Done for Mumps? LAB630 (Y = Yes; N = No; U = Unknown)

Date Serologic (IgG) Specimens Taken

IgG (acute) 68963-8 (Month Day Year)
Test Used INV290
Units Reported LAB115
Result INV291

IgG (convalescent) 68963-8 (Month Day Year)
Test Used INV290
Units Reported LAB115
Result INV291

Single IgG Specimen Only 68963-8 (Month Day Year)
Test Used INV290
Units Reported LAB115
Result INV291

Date Serologic (IgM) Specimens Taken

IgM (1) 68963-8 (Month Day Year)

IgM (2) 68963-8 (Month Day Year)

INV291 Result Codes: P = Significant rise in IgG; I = Indeterminate; N = No significant rise in IgG; E = Pending; X = Not Done; U = Unknown

Other Lab Results

PCR 68963-8 (Month Day Year) Result INV291

Culture 68963-8 (Month Day Year)

INV291 Result Codes: P = Positive; I = Indeterminate; N = Negative; E = Pending; X = Not Done; U = Unknown

EPIDEMIOLOGIC

Date First Reported to a Health Department 77970-2 (Month Day Year)

Date Case Investigation Started 77979-3 (Month Day Year)

Outbreak Related? (Y = Yes; N = No; U = Unknown) 77980-1

If Yes, Outbreak Name 77981-9

Transmission Setting (Where did this person acquire mumps?) 81267-7
1 = Day Care; 2 = School; 3 = Doctor's Office; 4 = Hospital Ward; 5 = Hospital ER; 6 = Hospital Outpatient Clinic; 7 = Home; 8 = Work; 9 = Unknown; 10 = College; 11 = Military; 12 = Correctional Facility; 13 = Church; 14 = International Travel; 15 = Other

If Other, Specify Transmission Setting 81267-7

Were Age and Setting Verified? (Is age appropriate for setting?) (Y = Yes; N = No; U = Unknown) 85700-3

Source of Exposure for Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)

Country - 77984-3 | State (if Out of State) - 77985-0

City - 77986-8 | County - 77987-6

Epi-linked to Another Confirmed or Probable Case? (Y = Yes; N = No; U = Unknown) INV217

CS106190

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VACCINE HISTORY

Vaccinated? (Received mumps-containing vaccine?)

☐ Y = Yes
N = No
U = Unknown

VAC126

Notes (History of natural mumps disease?)

VAC133

Vaccination Date	Vaccine Type	Manufacturer	Lot Number
30952-6	30956-7	30957-5	30959-1

Vaccine Type Codes
A = MMR
B = Mumps
O = Other
U = Unknown

Vaccine Manufacturer Codes
M = Merck
O = Other
U = Unknown

Number of Doses Received After 1st Birthday

☐ 9 = Unknown

VAC129

If Not Vaccinated, What Was the Reason? VAC149

☐ 1 = Religious Exemption
2 = Medical Contraindication
3 = Philosophical Objection
4 = Lab. Evidence of Previous Disease
5 = MD Diagnosis of Previous Disease
6 = Under Age for Vaccination
7 = Parental Refusal
8 = Other
9 = Unknown

Notes/Other information

77999-1

Clinical Case Definition (2008)

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid and or other salivary gland(s), lasting at least 2 days, and without other apparent cause.

Case Classification (2008)

Suspected: a case with clinically compatible illness or that meets the clinical case definition without laboratory testing or a case with laboratory tests suggestive of mumps without clinical information.

Probable: a case that meets the clinical case definition without laboratory confirmation and is epidemiologically linked to a clinically compatible case.

Confirmed: a case that: 1) meets the clinical case definition or has clinically compatible illness, and 2) is either laboratory confirmed or is epidemiologically linked to a confirmed case.