Mumps Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE ___ ___ ___ ___ ___
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ / __ __ / __ __ __ __ (month / day / year)
Sex M=male F=female ☐
Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other ____ U=Unknown ☐

RACE
☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Not asked
☐ Black/African American ☐ White ☐ Refused to answer ☐ Unknown ☐ Other _____

Country of Birth _____ **Other Birth Place** _____ **Country of Usual Residence** _____

Age at Case Investigation _____ **Age Unit*** _____ **Reporting County** _____ **Reporting State** _____

Date Reported __ __ / __ __ / __ __ __ __ (month / day / year)
Date First Reported to PHD __ __ / __ __ / __ __ __ __ (month / day / year)
National Reporting Jurisdiction ___

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 _____ ☐ unknown

CLINICAL INFORMATION

Hospitalized? Y=yes N=no U=unknown ☐
Hospital Admit Date __ __ / __ __ / __ __ __ __ (month / day / year)
Hospital Discharge Date __ __ / __ __ / __ __ __ __ (month / day / year)

Hospital Stay Duration 0 – 998 ☐☐☐ days; 999=unknown
Illness Onset Date __ __ / __ __ / __ __ __ __ (month / day / year)
Illness End Date __ __ / __ __ / __ __ __ __ (month / day / year)

Illness Duration _____ **Illness Duration Units*** ____
Date of Diagnosis __ __ / __ __ / __ __ __ __ (month / day / year)
Pregnancy Status Y=yes N=no U=unknown ☐

SIGNS and SYMPTOMS

	Y	N	U		Y	N	U
Parotitis				Fever			
Sublingual salivary gland swelling				Jaw pain			
Submandibular salivary gland swelling				Muscle pain			
Headache				Tiredness			
Loss of appetite				Other _____			

Parotitis ☐ bilateral ☐ unilateral ☐ other ☐ unknown

SALIVARY GLAND SWELLING (including parotitis)

ONSET DATE __ __ / __ __ / __ __ __ __ (month / day / year)

DURATION _____ (days)

COMPLICATIONS Y=yes N=no U=unknown

	Y	N	U		Y	N	U
Deafness (hearing loss)				Orchitis			
Encephalitis				Pancreatitis			
Mastitis				Other _____			
Meningitis				Unknown			
Oophoritis				Death (due to this illness or complication associated with this illness)			

Deafness (hearing loss) ☐ permanent ☐ temporary ☐ other _____ ☐ unknown

Fever Onset Date __ __ / __ __ / __ __ __ __ (month / day / year)

Highest Temperature _____ . ____

Deceased Date __ __ / __ __ / __ __ __ __ (month / day / year)

Temperature Units ☐ °Cel ☐ °F

*UNITS a=year h=hour mo=month w=week d=day min=minute s=second OTH= UNK=unknown

LABORATORY TESTING

Was there laboratory testing done to confirm the diagnosis? **Y**=Yes **N**=No **U**=Unknown ☐

Was a specimen sent to CDC for testing? **Y**=yes **N**=no **U**=unknown ☐ **Was case laboratory confirmed?** **Y**=yes **N**=no **U**=unknown ☐

VPD Lab Message Reference Laboratory	VPD Lab Message Patient Identifier	VPD Lab Message Specimen Identifier
_____	_____	_____

Test Type	Test Result	Test Result Quantitative	Result Units	Specimen Source (Type)	Date Specimen Collected (mm/dd/yyyy)	Date Specimen Sent to CDC (mm/dd/yyyy)	Specimen Analyzed Date (mm/dd/yyyy)	Performing Laboratory Type
RT-PCR1					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
RT-PCR2					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
genotyping					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
culture					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
IgM1					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
IgM2					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
IgG 1 acute					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
IgG 2 conv					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
IgG single					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
serology unspecified					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
other (specify)					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	
unknown					__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __	

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	**9=CSF**	**17=NP swab**	**25=saliva**	**33=swab**	**41=vesicle fluid**
2=blood	**10=crust**	**18=NP washing**	**26=scab**	**34=swab (skin lesion)**	**42=viral isolate**
3=body fluid	**11=DNA**	**19=nucleic acid**	**27=serum**	**35=swab (nasal sinus)**	**43=unknown**
4=BAL	**12=DBS**	**20=oral fluid**	**28=skin lesion**	**36=vesicular swab**	**44=other**
5=buccal smear	**13=lesion**	**21=oral swab**	**29=specimen**	**37=throat swab**	
6=buccal swab	**14=macular scraping**	**22=plasma**	**30=lung**	**38=tissue**	
7=capillary blood	**15=microbial isolate**	**23=respiratory**	**31=lavage**	**39=swab (internal nose)**	
8=cataract	**16=NP aspirate**	**24=RNA**	**32=stool**	**40=urine**	

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

Imported Code 1=Indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to detemine source 9=unknown ☐

Imported Country _____ **Imported State** ___ **Imported County** _____ **Imported City** _____

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=endemic case 4=unknown source case 5=other _____ ☐

INTERNATIONAL DESTINATIONS OF RECENT TRAVEL	_____	**Travel Return Date** __ __ (month) __ __ (day) __ __ __ __ (year)	**Length of time in the U.S since last travel:** _____
	_____	**Travel Return Date** __ __ (month) __ __ (day) __ __ __ __ (year)	**UNITS† LENGTH of TIME in the U.S.** _____

†UNITS **a**=year **h**=hour **mo**=month **w**=week **d**=day **min**=minute **s**=second **OTH**=other **UNK**=unknown

Is this case epi-linked to another confirmed or probable case? Y=yes N=no U=unknown ☐

Outbreak related? Y=yes N=no U=unknown ☐ **Outbreak Name** _____ **Investigation Start Date** __ __ (month) __ __ (day) __ __ __ __ (year)

Country of Exposure _____ **State/Province of Exposure** _____ **County of Exposure** _____ **City of Exposure**_____

TRANSMISSION SETTING															
☐	atheletics	☐	correctional facility	☐	home	☐	hospital ward	☐	other _____						
☐	college	☐	day care center	☐	hospital ER	☐	International travel	☐	place of worship	☐	school				
☐	community	☐	doctor's office	☐	hospital outpatient	☐	military	☐	unknown	☐	work				

Age & setting verified: does the age of the case match or make sense for the listed transmission setting? Y=yes N=no U=unknown ☐

TRANSMISSION MODE _____

VACCINATION HISTORY

Vaccinated (has the 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 ☐☐ (doses)

Number of vaccine doses received prior to illness onset? 0–6 99=unknown ☐☐ (doses)

Date of last vaccine dose prior to illness onset: __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Was patient vaccinated as recommended? ☐ Y=yes N=no U=unknown

Vaccine Type	Vaccination Date (month day year)	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date (month day year)	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____

VACCINE TYPE CODES

A=MMR **R**=rubella
B=mumps virus vaccine **MM**=MMRV
MR=M/R **O**=other
M=measles virus vaccine **U=unknown**
N=no vaccine administered

VACCINE MANUFACTURER CODES

GSK = Glaxo Smith Kline
M = Merck
O = other
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
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

1 = religious exemption
2 = medical contraindication
3 = philosophical objection
4 = lab evidence of previous disease
5 = MD diagnosis of previous disease
6 = too young
7 = parent/patient refusal
8 = other _____
9 = unknown
10 = parent/patient forgot to vaccinate
☐☐
11 = vaccine record incomplete/unavailable
12 = parent/patient report of previous disease
13 = parent/patient unaware of recommendation
14 = missed opportunity
15 = foreign visitor
16 = immigrant
17 = vaccine not available

VACCINE HISTORY COMMENTS

CASE NOTIFICATION

Condition Code 10180	**Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐		**Legacy Case ID** _____
State Case ID _____	**Local Record ID** _____	**Jurisdiction Code** ___	**Binational Reporting Criteria** _ _ _ _ _ _ _ _
Date First Verbal Notification to CDC _ _ _ _ _ _ _ _ (month day year)		**Date Report First Electonically Submitted** _ _ _ _ _ _ _ _ (month day year)	
Date of Electronic Case Notification to CDC _ _ _ _ _ _ _ _ (month day year)		**MMWR Week** _ _	**MMWR Year** _ _ _ _
Notification Result Status ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained			
Current Occupation _____		**Current Occupation Standardized** (NIOCCS code) _____	
Current Industry _____		**Current Industry Standardized** (NIOCCS code) _____	
Person Reporting to CDC _____ (first) **NAME** _____ (last)		**Person Reporting to CDC Email** _____ @ _____ **Person Reporting to CDC Phone No.** (_ _ _) _ _ _ _ _ _ _ _	
COMMENTS			

CLINICAL CASE DEFINITION §

SUSPECTED

- Meets the clinical criteria but does not meet laboratory or epidemiologic linkage criteria,

OR

- Meet supportive laboratory evidence but does not meet the clinical criteria **AND** has documentation that mumps was suspected

PROBABLE

- Meets clinical criteria **AND** epidemiologic linkage criteria,

OR

- Meets supportive laboratory evidence **AND**
  - Meets clinical criteria of:
    - ≥2-day duration of parotitis or other salivary gland swelling **OR**
    - a mumps-related complication

    AND
  - Does NOT meet epidemiologic linkage criteria**

**These are considered sporadic cases

CONFIRMED

- Meets confirmatory laboratory evidence

§ Update to Public Health Reporting and National Notification for Mumps. CSTE position statement: 23-ID-06. Atlanta, GA: CSTE; 2023.