

Mumps Surveillance Worksheet

GENERIC MMG

Mumps_v1.0.2_MMG_20240824

NAME		ADDRESS (Street and No.)		Phone	Hospital Record No.
<div style="display: flex; justify-content: space-between;"> (last) (first) </div>					
This information will not be sent to CDC					
REPORTING SOURCE TYPE 48766-0 NAME _____ <input type="checkbox"/> physician <input type="checkbox"/> PH clinic ADDRESS _____ <input type="checkbox"/> nurse <input type="checkbox"/> laboratory ZIP CODE 52831-5 _____ <input type="checkbox"/> hospital <input type="checkbox"/> other clinic PHONE (____) _____ <input type="checkbox"/> other source type _____			SUBJECT ADDRESS CITY PID-11.3 _____ SUBJECT ADDRESS STATE PID-11.4 _____ SUBJECT ADDRESS COUNTY PID-11.9 _____ SUBJECT ADDRESS ZIP CODE PID-11.5 _____ LOCAL SUBJECT ID PID-3 _____		

CASE INFORMATION					
Date of Birth _____		Sex M=male F=female <input type="checkbox"/>		Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other U=Unknown <input type="checkbox"/>	
PID-7 month day year		PID-8		PID-22	
Race PID-10 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Not asked </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Black/African American White Refused to answer Unknown Other 32624-9 </div>					
Country of Birth 78746-5		Other Birth Place 21842-0		Country of Usual Residence 77983-5	
Age at Case Investigation 77997-5		Age Unit* OBX-6		Reporting County 77967-8	
				Reporting State 77970-2	
Date Reported _____		First Reported to PHD 77970-2		National Reporting Jurisdiction _____	
77995-9 month day year		_____ month day year		77968-6	
Earliest Date Reported to County 77972-8			Earliest Date Reported to State 77973-6		
_____ month day year			_____ month day year		
Case Class Status 77990-0 <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Probable <input type="checkbox"/> Not a case				Case Investigation Start Date _____ _____ month day year	
Case Investigation Status Code INV109 <input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> other _____ <input type="checkbox"/> rejected <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown					
Detection Method INV159 <input type="checkbox"/> prenatal testing <input type="checkbox"/> prison entry <input type="checkbox"/> provider report <input type="checkbox"/> routine physical <input type="checkbox"/> self-referral <input type="checkbox"/> other _____ <input type="checkbox"/> unknown					

CLINICAL INFORMATION					
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admit Date _____		Hospital Discharge Date _____	
77974-4		8656-1 month day year		8649-6 month day year	
Hospital Stay Duration 0-998 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Illness Onset Date _____		Illness End Date _____	
999=unknown days		11368-8 month day year		77976-9 month day year	
Illness Duration _____		Illness Duration Units* _____		Date of Diagnosis _____	
77977-7		OBX-6 for 77977-7		77975-1 month day year	
				Pregnancy Status 77996-7 <input type="checkbox"/>	
				Y=yes N=no U=unknown	
SIGNS and SYMPTOMS 56831-1 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 _____	
Y=yes N=no U=unknown INV919					
COMPLICATIONS 67187-5 Y=yes N=no U=unknown INV920 Y N U Y N U					
Deafness				Orchitis	
Encephalitis				Pancreatitis	
Mastitis				Other _____	
Meningitis				Unknown	
Oophoritis				Death 77978-5 (due to this illness or complications associated with this illness)	
Parotitis INV301 <input type="checkbox"/> bilateral <input type="checkbox"/> unilateral <input type="checkbox"/> other <input type="checkbox"/> unk					
SALIVARY GLAND SWELLING					
ONSET DATE _____ 85931-4 month day year					
DURATION _____ (days) 85929-8					
Deafness INV307		<input type="checkbox"/> permanent <input type="checkbox"/> temporary <input type="checkbox"/> other _____ <input type="checkbox"/> unknown			
(hearing loss)					
Fever Onset Date 81266-9		Highest Temperature 81265-1 . _____			
_____ month day year					
Deceased Date PID-29		Temperature Units OBX-6 for 81265-1			
_____ month day year		<input type="checkbox"/> ° Cel <input type="checkbox"/> ° F			

*UNITS OBX-6
a=year h=hour mo=month w=week d=day min=minute s=second OTH=other 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=unk ☐

Was case laboratory confirmed? Y=yes N=no U=unk ☐

VPD Lab Message Reference Laboratory

VPD Lab Message Patient Identifier

VPD Lab Message Specimen Identifier

Test Type <input type="text" value="INV290"/>	Test Result <input type="text" value="INV291"/>	Test Result Quantitative <input type="text" value="LAB628"/>	Result Units <input type="text" value="LAB115"/>	Specimen Source (Type) <input type="text" value="31208-2"/>	Date Specimen Collected <input type="text" value="68963-8"/> (mm/dd/yyyy)	Date Specimen Sent to CDC <input type="text" value="85930-6"/> (mm/dd/yyyy)	Specimen Analyzed Date <input type="text" value="OBX-19"/> (mm/dd/yyyy)	Performing Laboratory Type <input type="text" value="82771-7"/>
RT-PCR1					-----	-----	-----	
RT-PCR2					-----	-----	-----	
genotyping					-----	-----	-----	
culture					-----	-----	-----	
IgM1					-----	-----	-----	
IgM2					-----	-----	-----	
IgG 1 acute					-----	-----	-----	
IgG 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=throat swab
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	121=DBS	20=oral fluid	28=skin lesion	36=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 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 INV516 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other ☐

INTERNATIONAL DESTINATIONS OF RECENT TRAVEL <u>82764-2</u>	Travel Return Date <u>TRAVEL08</u> month day year	Length of time in the U.S. since last travel? <u>DEM225</u>
	Travel Return Date <u>TRAVEL08</u> month day year	UNITS[†] LENGTH of TIME in the U.S. <u>OBX-6 for DEM225</u>

†UNITS OBX-6 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? INV217 Y=yes N=no U=unknown ☐

Outbreak related? Y=yes N=no U=unknown ☐ **Outbreak Name** 77981-9 **Investigation Start Date** 77979-3 month day year

Country of Exposure 77984-3 **State/Province of Exposure** 77985-0 **County of Exposure** 77987-6 **City of Exposure** 77986-8

TRANSMISSION SETTING	athletics	correctional facility	home	hospital ward	Other
	college	day care center	hospital ER	International travel	Place of worship
	community	doctor's office	hospital outpatient	military	unknown

Age & setting verified: does the age of the case match or make sense for the listed transmission setting? 85700-3 Y=yes N=no U=unknown ☐ **TRANSMISSION MODE**

VACCINATION HISTORY

Vaccinated (has the case-patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown ☐

Number of vaccine doses received on or after first birthday? VAC129 0-6; 99=unknown ☐ (doses) **Was case-patient vaccinated as recommended by the ACIP?** VAC148 Y=yes N=no U=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 (mm/dd/yyyy)

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
<u>30956-7</u>	<u>30952-6</u> month day year	<u>30957-5</u>	<u>30959-1</u>	<u>VAC109</u> month day year	<u>VAC153</u>	<u>VAC102</u>	<u>VAC147</u>	<u>30973-2</u>

VACCINE TYPE CODES	VACCINE MANUFACTURER CODES	VACCINE EVENT INFORMATION SOURCE CODES
A =MMR B =mumps virus vaccine MR =M/R M =measles virus vaccine N =no vaccine administered	R =rubella MM =MMRV O =other U =unknown	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 PER ACIP VAC149

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
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VACCINE HISTORY COMMENTS VAC133

CASE NOTIFICATION

Condition Code 10180		Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/>		Legacy Case ID _____
OBR-31	77965-2			77997-5
State Case ID 77993-4	Local Record ID OBR-3	Jurisdiction Code 77969-4	Binational Reporting Criteria 77988-4	
Date First Verbal Notification to CDC _____ month day year		Date Report First Electronically Submitted _____ month day year		
77994-2		OBR-7		
Date of Electronic Case Notification to CDC _____ month day year		MMWR Week _____	MMWR Year _____	
OBR-22		77991-8		77992-6
Notification Result Status OBR-25 <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained				
Current Occupation 85658-3		Current Occupation Standardized 85659-1 (NIOCCS code)		
Current Industry 85078-4		Current Industry Standardized 85657-5 (NIOCCS code)		
Person Reporting to CDC _____ (first)		Person Reporting to CDC Email 74547-1 @ _____		
NAME 74549-7 _____ (last)		Person Reporting to CDC Phone No. 74548-9 (____) _____		
COMMENTS 77999-1				

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.