Mumps Surveillance Worksheet

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

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Mumps Surveillance Worksheet

County	State	Zip Code

Birth Date — Month / Day / Year

Age — 999 = Unknown

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

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

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

Sex
M = Male
F = Female
U = Unknown

Event Date — Month / Day / Year

Event Type
1 = Onset Date
2 = Diagnosis Date
3 = Lab Test Date
4 = Reported to County
5 = Reported to State or *MMWR* Report Date
9 = Unknown

Reported — Month / Day / Year

Import Status
1 = U.S.-acquired
2 = International Import
1 = Import-linked
2 = Imported Virus
3 = Endemic
4 = Unknown Source

Report Status
1 = Confirmed
2 = Probable
3 = Suspect
4 = Unknown

CLINICAL DATA

Parotitis (opposite 2nd molars)?
Y = Yes
N = No
U = Unknown
Unilateral
Bilateral

Jaw Pain?
Y = Yes
N = No
U = Unknown

Salivary Gland Swelling (including parotitis)

Onset — Month / Day / Year

Duration
1-998 = Number of Days
999 = Unknown

Submandibular?
Y = Yes
N = No
U = Unknown

Sublingual?
Y = Yes
N = No
U = Unknown

Notes

COMPLICATIONS

Meningitis?
Y = Yes
N = No
U = Unknown

Deafness?
Y = Yes
N = No
U = Unknown

Orchitis?
Y = Yes
N = No
U = Unknown

Encephalitis?
Y = Yes
N = No
U = Unknown

Death?
Y = Yes
N = No
U = Unknown

Other Complications?
Y = Yes
N = No
U = Unknown
If Yes, please specify

Hospitalized?
Y = Yes
N = No
U = Unknown

Days Hospitalized
999 = Unknown

LABORATORY

Was Laboratory Testing Done for Mumps?
Y = Yes
N = No
U = Unknown

Date Serologic (IgG) Specimens Taken

IgG (acute) — Month / Day / Year
Test Used __________
Units Reported __________

IgG (convalescent) — Month / Day / Year
Test Used __________
Units Reported __________

Result

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

Single IgG Specimen Only — Month / Day / Year
Test Used __________
Units Reported __________

Result

Date Serologic (IgM) Specimens Taken

IgM (1) — Month / Day / Year

IgM (2) — Month / Day / Year

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

Other Lab Results

PCR — Month / Day / Year

Culture — Month / Day / Year

Result

EPIDEMIOLOGIC

Date First Reported to a Health Department — Month / Day / Year

Date Case Investigation Started — Month / Day / Year

Outbreak Related?
Y = Yes
N = No
U = Unknown

If Yes, Outbreak Name

Transmission Setting (Where did this person acquire mumps?)
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 __________

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

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)

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

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VACCINE HISTORY

Vaccinated? (Received mumps-containing vaccine?)

☐ Y = Yes
N = No
U = Unknown

Notes (History of natural mumps disease?)

Vaccination Date	Vaccine Type	Manufacturer	Lot Number
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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

If Not Vaccinated, What Was the Reason?

☐
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