

# Instructions for Completing the Mumps Surveillance Worksheet

## General

**MM/DD/YYYY:** If the month and year for any date are known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month).

**UNKNOWN:** While “unknown” is an option for many questions, please make every effort to obtain the appropriate information.

**POST RECORD SUBMISSION:** If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the NETSS record with the new information and resend the record during the next scheduled transmission.

**PAPER FORM COPIES:** If copies of the paper form are sent to CDC, either fold back the information above the dotted line or cut it off after photocopying and before sending the rest of the information to the CDC to preserve confidentiality.

**County:** Enter the county of residence of the patient.

**State:** Enter the state of residence of the patient.

**Zip Code (requested, but not required, for vaccine-preventable diseases):** Enter a 5-digit zip code.

**Birth Date:** If known, enter the birth date. If unknown or before the year 1900, leave this blank and enter the age and age type.

**Age and Age Type:** If birth date is unknown and age is known, enter age of patient at onset of symptoms in number of years, months, weeks, or days as indicated by the age type codes.

**Ethnicity, Race, and Sex:** Enter appropriate responses.

**Event Date and Event Type:** Enter the date associated with the earliest known incident of disease. The event type describes the date entered in event date. The event types are listed in order of preference.

**Reported:** This field is used in various ways, such as to enter the date reported to the state, or local or other health department. Check with the State Epidemiologist to determine what guidelines apply in your state.

**Import Status:** Indicate where the case acquired mumps based on whether exposure to the mumps virus occurred outside or inside the U.S.

- 1) *U.S. Acquired:* is a case in which the patient had not been outside the U.S. during the 25 days before onset of parotitis or other mumps-associated complications OR was known to have been exposed to mumps within the U.S.
  - a) Import-Linked: any case in a chain of transmission that is epidemiologically linked to an internationally imported case.
  - b) Imported Virus: any case for which an epidemiologic link to an internationally imported case was not identified BUT for which viral genetic evidence indicates an imported mumps virus genotype.
  - c) Endemic Case: a case for which epidemiologic or virologic evidence indicates an endemic chain of transmission.
  - d) Unknown Source: a case for which an epidemiologic or virologic link to importation or to endemic transmission within the U.S. cannot be established.
- 2) *International Import:* a case in which mumps results from exposure to virus outside the U.S. At least some of the exposure period (12-25 days before onset of parotitis or other mumps-associated complications) must occur outside the U.S. and the onset of parotitis

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or other mumps-associated complications occur within 25 days of entering the U.S., with no known exposure to mumps virus in the U.S. during that time.

#### *Clinical Data*

**Parotitis:** Indicate whether there was parotitis, if known. Check unilateral or bilateral, if known.

**Jaw Pain:** Indicate whether there was jaw pain, if known.

**Salivary Gland Swelling (including parotitis):** Indicate whether there was any salivary gland swelling; record the onset date and duration in exact number of days, if known. Indicate if any swelling was submandibular or sublingual, if known.

#### *Complications*

**Death:** If the patient died from mumps, verification with the physician is recommended.

#### *Laboratory*

**Test Type:** enter data for all testing types performed. Dates for when culture and PCR specimens were taken are entered under 'Other Lab Results' and dates for serological specimens are entered with IgM and/or IgG information.

**IgG Result:** This result is based on the interpretation of results from a paired serum specimen. The criterion for **positivity is a four-fold rise in specimen antibody titer between acute and convalescent phase serum** specimen. A single IgG result can assess immune status.

#### *Epidemiologic Information*

**Date First Reported to a Health Department:** Date reported is considered the earliest date the case was initially reported to a health department, either local, district, or state level health department.

**Outbreak Related:** A case is outbreak related if  $\geq 3$  confirmed cases of mumps are clustered in time and space.

**Source of Exposure for Current Case:** A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent generation case. Exposure must have occurred 12 to 25 days before onset of symptoms of the new case, and between 3 days before onset of parotitis and 5 days after onset of parotitis of the source case.

- Enter the country name if the source was out of USA.
- Enter the state name if the source was out-of-state.
- Enter the state ID if the source was an in-state case.

**Epi-Linked:** An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face-to-face contact. For same generation cases that are epi-linked, a common exposure is likely.

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			
<b>Birth Date</b> <input type="text"/> <input type="text"/> Month Day Year		<b>Age</b> <input type="text"/> <input type="text"/> <input type="text"/> 999 = Unknown	<b>Age Type</b> <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 2 = 0-52 weeks <input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 9 = Age unknown	<b>Ethnicity</b> <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown	<b>Race</b> <input type="checkbox"/> N = Native American / Alaskan Native <input type="checkbox"/> A = Asian / Pacific Islander <input type="checkbox"/> B = African American <input type="checkbox"/> W = White <input type="checkbox"/> O = Other <input type="checkbox"/> U = Unknown	<b>Sex</b> <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown
<b>Event Date</b> <input type="text"/> <input type="text"/> Month Day Year		<b>Event Type</b> <input type="checkbox"/> 1 = Onset Date <input type="checkbox"/> 2 = Diagnosis Date <input type="checkbox"/> 3 = Lab Test Date <input type="checkbox"/> 4 = Reported to County <input type="checkbox"/> 5 = Reported to State or MMWR Report Date <input type="checkbox"/> 9 = Unknown	<b>Reported</b> <input type="text"/> <input type="text"/> Month Day Year	<b>Import Status</b> <input type="checkbox"/> 1 = Import-linked <input type="checkbox"/> 2 = Imported Virus <input type="checkbox"/> 3 = Endemic <input type="checkbox"/> 4 = Unknown Source 1 = U.S.-acquired 2 = International Import		<b>Report Status</b> <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 4 = Unknown

<b>Parotitis (opposite 2<sup>nd</sup> molars)?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral	<b>Jaw Pain?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
<b>Salivary Gland Swelling (including parotitis)</b> <b>Onset</b> <input type="text"/> <input type="text"/> Month Day Year <b>Duration</b> <input type="text"/> <input type="text"/> <input type="text"/> 1-998 = Number of Days 999 = Unknown	
<b>Submandibular?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Sublingual?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
<b>Notes</b>	

<b>Meningitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Deafness?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Orchitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
<b>Encephalitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Death?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Other Complications?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown If Yes, please specify
<b>Hospitalized?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Days Hospitalized</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999 = Unknown	

<b>Was Laboratory Testing Done for Mumps?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
<b>Date Serologic (IgG) Specimens Taken</b> <b>IgG (acute)</b> <input type="text"/> <input type="text"/> Month Day Year <b>Test Used</b> _____ <b>Units Reported</b> _____	<b>Result</b> <input type="checkbox"/>
<b>IgG (convalescent)</b> <input type="text"/> <input type="text"/> Month Day Year <b>Test Used</b> _____ <b>Units Reported</b> _____	<b>Result</b> <input type="checkbox"/>
<b>Single IgG Specimen Only</b> <input type="text"/> <input type="text"/> Month Day Year <b>Test Used</b> _____ <b>Units Reported</b> _____	<b>Result</b> <input type="checkbox"/>
<b>Date Serologic (IgM) Specimens Taken</b> <b>IgM (1)</b> <input type="text"/> <input type="text"/> Month Day Year <b>IgM (2)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>Result</b> <input type="checkbox"/>
<b>Other Lab Results</b> <b>PCR</b> <input type="text"/> <input type="text"/> Month Day Year <b>Culture</b> <input type="text"/> <input type="text"/> Month Day Year	<b>Result</b> <input type="checkbox"/>

<b>Date First Reported to a Health Department</b> <input type="text"/> <input type="text"/> Month Day Year
<b>Date Case Investigation Started</b> <input type="text"/> <input type="text"/> Month Day Year
<b>Outbreak Related?</b> If Yes, Outbreak Name _____ <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
<b>Transmission Setting (Where did this person acquire mumps?)</b> <input type="checkbox"/> 1 = Day Care <input type="checkbox"/> 2 = School <input type="checkbox"/> 3 = Doctor's Office <input type="checkbox"/> 4 = Hospital Ward <input type="checkbox"/> 5 = Hospital ER <input type="checkbox"/> 6 = Hospital Outpatient Clinic <input type="checkbox"/> 7 = Home <input type="checkbox"/> 8 = Work <input type="checkbox"/> 9 = Unknown <input type="checkbox"/> 10 = College <input type="checkbox"/> 11 = Military <input type="checkbox"/> 12 = Correctional Facility <input type="checkbox"/> 13 = Church <input type="checkbox"/> 14 = International Travel <input type="checkbox"/> 15 = Other If Other, Specify Transmission Setting _____
<b>Were Age and Setting Verified? (Is age appropriate for setting?)</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
<b>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)</b>
<b>Epi-linked to Another Confirmed or Probable Case?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown

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<b>VACCINE HISTORY</b>	<b>Vaccinated? (Received mumps-containing vaccine?)</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Notes (History of natural mumps disease?)</b>					
	<b>Vaccination Date</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Vaccine Type</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Manufacturer</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lot Number</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Vaccine Type Codes</b> A = MMR B = Mumps O = Other U = Unknown	<b>Vaccine Manufacturer Codes</b> M = Merck O = Other U = Unknown
	<b>Number of Doses Received After 1st Birthday</b> <input type="checkbox"/> 9 = Unknown	<b>If Not Vaccinated, What Was the Reason?</b> <input type="checkbox"/> 1 = Religious Exemption      3 = Philosophical Objection      5 = MD Diagnosis of Previous Disease      7 = Parental Refusal <input type="checkbox"/> 2 = Medical Contraindication      4 = Lab. Evidence of Previous Disease      6 = Under Age for Vaccination      8 = Other <input type="checkbox"/> 9 = Unknown						
	<b>Notes/Other information</b>							

**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.