Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
Or Fax to: (510) 620-3949

MUMPS CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last	first	middle initial	Date of birth	Age *(enter age and check one)*	Gender
			____ /___/___	_____ ☐ Days ☐ Weeks ☐ Months ☐ Years	☐ Male ☐ Female

Address—number, street	City	State	ZIP code	County

Telephone number	Email:
Home ( ) Work ( )	

ETHNICITY *(check one)*
☐Hispanic/Latino
☐Non-Hispanic/ Non-Latino
☐Unknown

RACE *(check all that apply)*
☐Black/African-American
☐Native American/Alaskan Native
☐White
☐Unknown
☐Other: _____

☐Asian*: Please specify:*
☐Asian Indian ☐Hmong ☐Thai
☐Cambodian ☐Japanese ☐Vietnamese
☐Chinese ☐Korean ☐Other Asian: _____
☐Filipino ☐Laotian

☐Pacific Islander: *Please specify:*
☐Native Hawaiian
☐Guamanian
☐Samoan
☐Other Pacific Islander: _____

Country of birth	Country of residence

COMMON LHD TRACKING DATA

CMRID Number	IZB Case ID Number	WebCMR ID Number

Date reported to county	Date investigation started	Person/clinician reporting case	Reporter telephone
____ /____ /_____	____ /____ /_____		( )

Case investigator completing form	Investigator telephone	Investigator's jurisdiction
	( )	

SIGNS AND SYMPTOMS

Parotitis or salivary gland swelling	Swelling onset date	Swelling duration	Upper respiratory infection symptoms (e.g., sore throat, cough)
☐ Yes ☐ No ☐ Unknown	____ /____ /_____	_____ days	☐ Yes ☐ No ☐ Unknown onset: ___ /___ /_____

Other symptoms	Describe other symptoms	Other symptom onset date	Diagnosis date
☐ Yes ☐ No ☐ Unknown		____ /____ /_____	____ /____ /_____

Does case meet clinical criteria for further investigation	**CASE MEETS CDC/CSTE CLINICAL CRITERIA?** ***(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized	Days hospitalized	Meningitis	Encephalitis	Orchitis
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Other complications?	Describe other complications	Death	Date of death
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	____ /____ /_____

Pregnant	Immunocompromised	Other High Risk (healthcare worker, college student)
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes_____ ☐ No ☐ Unknown

LABORATORY TESTS

Any lab tests done for mumps	**CASE LAB CONFIRMED** ***(FOR LHD USE)***	**CASE LAB CONFIRMED** ***(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

LAB RESULT CODES
P = Positive
N = Negative – Antibody not detected
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Serology performed	Specimen date	Result interpretation
☐ Yes ☐ No ☐ Unknown		
IgM	____ /____ /_____	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	____ /____ /_____	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (convalescent)	____ /____ /_____	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U

Specimen collected for PCR?	Specimen Source	Specimen date	PCR result	Name of Lab:
☐ Yes ☐ No ☐ Unknown	☐Buccal ☐Urine ☐Other ☐Unknown	___/___/_____	☐Positive ☐ Negative ☐Unknown	

Virus isolation attempted?	Specimen Source	Specimen date	Virus isolated	Name of Lab:
☐ Yes ☐ No ☐ Unknown	☐Buccal ☐Urine ☐Other ☐Unknown	___/___/_____	☐Yes ☐ No ☐Unknown	

Specimen sent for genotyping	Date sent	Virus Genotype
☐ Yes ☐ No ☐ Unknown	____ /____ /_____	

Other lab tests performed	Other lab test specimen date	Specify other lab tests	Other lab test results
☐ Yes ☐ No ☐ Unknown	____ /____ /_____		

VACCINATION/MEDICAL HISTORY

Received one or more doses of mumps containing vaccine ☐ Yes ☐ No ☐ Unknown

Number of doses

Dates of vaccination–Dose 1 ___/___/_____

Dose 2 ___/___/_____

Dose 3 ___/___/_____

Reason not vaccinated (check all that apply)

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption
4 ☐ Lab confirmation of previous disease
5 ☐ MD diagnosis of previous disease
6 ☐ Under age for vaccination
7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

EPIDEMIOLOGICAL EXPOSURE HISTORY

Acquisition Setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital Ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Other significant exposures:

Recent travel or arrival from other country or state within 25 days of parotitis onset? ☐ Yes ☐ No ☐ Unknown

Countries or states visited

Dates in countries or states visited

Date of arrival in California ___/___/_____

Close contact with person(s) with mumps 14-25 days before parotitis onset? ☐ Yes ☐ No ☐ Unknown

	Name	Parotitis Onset Date	Relationship	Age (Years)	Same Household
1		___/___/_____			☐ Yes ☐ No ☐ Unknown
2		___/___/_____			☐ Yes ☐ No ☐ Unknown
3		___/___/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a lab-confirmed case? ☐ Yes ☐ No ☐ Unknown

Case Name or Case ID

Outbreak related ☐ Yes ☐ No ☐ Unknown

Outbreak Name or Location

Import status ☐ Indigenous ☐ Out-of-state import ☐ International Import

If case is indigenous, is case ☐ Import-linked (linked to imported case) ☐ Endemic ☐ Unknown Source ☐ Imported virus (viral genetic evidence indicates an imported genotype)

If case is Import, describe source

CONTACT INVESTIGATION

Spread Setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital Ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts

Close contacts who have mumps 14-25 days after exposure to case (list below) ☐ Yes ☐ No ☐ Unknown

	Name	Parotitis onset date	Relationship	Age (Years)	Same Household
1		___/___/_____			☐ Yes ☐ No ☐ Unknown
2		___/___/_____			☐ Yes ☐ No ☐ Unknown
3		___/___/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)* ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

CASE CLASSIFICATION *(FOR STATE USE ONLY)* ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

MUMPS CASE DEFINITION

Clinical case definition: 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.

Clinically compatible illness: Infection with mumps virus may present as aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, parotitis or other salivary gland swelling, mastitis or pancreatitis.

Laboratory criteria: Isolation of mumps virus from clinical specimen, OR detection of mumps nucleic acid (e.g., standard or real time RT-PCR assays), OR detection of mumps IgM antibody, OR demonstration of specific mumps antibody response in absence of recent vaccination, either a four-fold increase in IgG titer as measured by quantitative assays, or a seroconversion from negative to positive using a standard serologic assay of paired acute and convalescent serum specimens.

Case Classification
Suspected: Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis,*or a* positive lab result with no mumps clinical symptoms (with or without epidemiological linkageto a confirmed or probable case).
Probable: Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in either a person with a positive test for serum anti-mumps IgM antibody, **or** a person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.
Confirmed: A positive mumps laboratory confirmation for mumps virus with RT-PCR or culture in a patient with an acute clinically compatible mumps illness