### Mumps Surveillance Worksheet

#### LABORATORY

**Parotitis (opposite 2nd molars)**
- **INV301**
- **75831-1**

**Salivary Gland Swelling (including parotitis)**
- **Onset**: 85931-4
- **Duration**: 85929-8

**Submandibular?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Sublingual?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Notes**: 77999-1

**Was Laboratory Testing Done for Mumps?**
- **LAB8630**

---

#### CLINICAL DATA

**Age**
- **77998-3**
- **999 = Unknown**

**Age Type**
- **INV2002**
- **999 = Unknown**

**Ethnicity**
- **DEM155**
- **N = Not Hispanic**
- **U = Unknown**

**Race**
- **DEM152**
- **A = Asian / Pacific Islander**
- **C = Other**
- **W = White**
- **B = African American**
- **U = Unknown**

**Sex**
- **DEM113**
- **F = Female**
- **M = Male**
- **U = Unknown**

**Event Date**
- **11368-4**
- **77975-1**
- **3LAB108**

**Import Status**
- **77982-7**
- **77978-5**

**Report Status**
- **77990-0**

---

#### COMPLICATIONS

**Meningitis?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Encephalitis?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Hospitalized?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Duration**
- **999 = Unknown**
- **1-998 = Number of Days**

---

#### EPIDEMIOLOGIC

**Report Date**
- **77970-2**
- **77979-3**

**Outbreak Related?**
- **Yes**: Y
- **No**: N
- **Unknown**: U

**Transmission Setting (Where did this person acquire mumps?)**
- **1 = U.S.-acquired**
- **2 = International Import**
- **3 = Endemic**
- **4 = Imported Virus**
- **5 = Import-linked**
- **6 = Unknown**

**If Other, Specify Transmission Setting**
- **81267-7**

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

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

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

---

**Date First Reported to a Health Department**
- **77970-2**

---

**Date Case Investigation Started**
- **77979-3**

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0

---

**Source of Exposure for Current Case (Enter State ID if source was in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**
- **Country**: 77984-3
- **State (If Out of State)**: 77985-0
### VACCINE HISTORY

<table>
<thead>
<tr>
<th>Vaccination Date</th>
<th>Vaccine Type</th>
<th>Manufacturer</th>
<th>Lot Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>30952-6</td>
<td>30956-7</td>
<td>30957-5</td>
<td>30959-1</td>
</tr>
</tbody>
</table>

**Vaccine Type Codes**
- A = MMR
- B = Mumps
- O = Other
- U = Unknown

**Manufacturer Codes**
- M = Merck
- O = Other
- U = 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**

- 77999-1

---

### 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.