California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Immunization Branch
850 Marina Bay Parkway Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
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# MUMPS CASE REPORT

## PATIENT DEMOGRAPHICS

| Last Name | First Name | Middle Name | Suffix |
|---|---|---|---|
| | | | |

| Social Security Number (9 digits) | DOB (mm/dd/yyyy) | Age | ☐ Years ☐ Months ☐ Days |
|---|---|---|---|
| | | | |

| Address Number & Street – Residence | Apartment / Unit Number |
|---|---|
| | |

| City / Town | State | Zip Code |
|---|---|---|
| | | |

| Census Tract | County of Residence | Country of Residence |
|---|---|---|
| | | |

| Country of Birth | If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy) |
|---|---|
| | |

| Home Telephone | Cellular Phone / Pager | Work / School Telephone |
|---|---|---|
| | | |

| E-mail Address | Other Electronic Contact Information |
|---|---|
| | |

| Work / School Location | Work / School Contact |
|---|---|
| | |

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male/ transman ☐ Identity not listed ☐ Declined to answer

| Pregnant? ☐ Yes ☐ No ☐ Unknown | If Yes, Est. Delivery Date (mm/dd/yyyy) |
|---|---|
| | |

| Medical Record Number | Patient's Parent/Guardian Name |
|---|---|
| | |

| Occupation Setting (see list on page 12) | Other Describe/Specify |
|---|---|
| | |

| Occupation (see list on page 12) | Other Describe/Specify |
|---|---|
| | |

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 10)
The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native
☐ Asian (check all that apply, see list on page 10)
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
(check all that apply, see list on page 10)
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White
☐ Other: _____
☐ Unknown

## ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

| SIGNS AND SYMPTOMS | | |
|---|---|---|
| Parotitis or salivary gland swelling<br><br>☐ Yes ☐ No ☐ Unknown | Swelling Onset Date (mm/dd/yyyy) | |
| Swelling Duration (in days) | Upper Respiratory Infection Symptoms (e.g., sore throat, cough)<br><br>☐ Yes ☐ No ☐ Unknown | Diagnosis Date (mm/dd/yyyy) |
| If Other symptoms, describe: | | |

| HOSPITALIZATION | | | |
|---|---|---|---|
| Hospitalized?<br><br>☐ Yes ☐ No ☐ Unknown | Days Hospitalized | | |
| ICU Admission<br><br>☐ Yes ☐ No ☐ Unknown | | | |
| | | | |
| Hospital Name | Street Address | | |
| City | State | ZIP Code | Telephone |
| Admit Date (mm/dd/yyyy) | Discharge / Transfer Date (mm/dd/yyyy) | | |
| Medical Record Number | Discharge Diagnosis | | |

| COMPLICATIONS AND OTHER SYMPTOMS | | | |
|---|---|---|---|
| Meningitis<br><br>☐ Yes ☐ No ☐ Unknown | Encephalitis<br><br>☐ Yes ☐ No ☐ Unknown | Orchitis<br><br>☐ Yes ☐ No ☐ Unknown | |
| Other Complications<br><br>☐ Yes ☐ No ☐ Unknown | If Yes, describe other complications | | |
| Did patient die? | | | |

## VACCINATION HISTORY

| **Has the patient been immunized for this disease?**<br><br>☐ Yes ☐ No ☐ Unknown | Type of vaccine administered for last dose |
|---|---|
| Dose #1<br><br>☐ Yes, documented ☐ Yes, alleged | Date (mm/dd/yyyy) |
| If yes, specify type of vaccine administered: | |
| Dose #2<br><br>☐ Yes, documented ☐ Yes, alleged | Date (mm/dd/yyyy) |
| If yes, specify type of vaccine administered: | |
| Dose #3<br><br>☐ Yes, documented ☐ Yes, alleged | Date (mm/dd/yyyy) |
| If yes, specify type of vaccine administered: | |

Reason Not Vaccinated:

☐ Personal Beliefs Exemption (PBE) ☐ Permanent Medical Exemption (PME) ☐ Temporary Medical Exemption ☐ Lab confirmation of previous disease
☐ MD diagnosis of previous disease ☐ Under age for vaccination ☐ Delay in starting series or between doses ☐ Unknown ☐ Other

If other, specify:

## MEDICAL HISTORY

| Immunocompromised<br><br>☐ Yes ☐ No ☐ Unknown | Prior MD diagnosis of this disease?<br><br>☐ Yes ☐ No ☐ Unknown |
|---|---|
| Other pre-existing conditions: | |

## LABORATORY RESULTS

CASE LAB CONFIRMED
☐ Yes ☐ No ☐ Unknown

IF SEROLOGY OR OTHER LAB TESTS DONE, ADD THE LAB RESULTS IN THE FOLLOWING SECTIONS

**LABORATORY RESULTS - DETAILS - VIRUS ISOLATION**

| | | |
|---|---|---|
| Specimen obtained for virus isolation<br><br>☐ Yes ☐ No ☐ Unknown | Date Collected (mm/dd/yyyy) | |
| Specimen Source<br><br>☐ Nasopharyngeal ☐ Buccal ☐ Urine ☐ Other<br>☐ Unknown | If Other, specify | |
| Laboratory Name | Telephone | |
| Virus Isolated | | |

**LABORATORY RESULTS - DETAILS - BLOOD IgM**

| | | |
|---|---|---|
| Blood IgM<br><br>☐ Positive ☐ Negative ☐ Indeterminate<br>☐ Unsatisfactory Specimen ☐ Other | Date Specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |

**LABORATORY RESULTS - DETAILS - BLOOD IgG**

| | | |
|---|---|---|
| Blood IgG – Acute<br><br>☐ Positive ☐ Negative ☐ Indeterminate<br>☐ Unsatisfactory Specimen ☐ Other<br>If other, specify: | Date specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |

**LABORATORY RESULTS - DETAILS - BLOOD IgG CONVALESCENT**

| | | |
|---|---|---|
| Blood IgG – Convalescent<br><br>☐ Positive ☐ Negative ☐ Indeterminate<br>☐ Unsatisfactory Specimen ☐ Other<br><br>If other, specify: | Date specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |

**LABORATORY RESULTS - DETAILS – BUCCAL PCR**

| | | |
|---|---|---|
| Buccal PCR<br><br>☐ Positive ☐ Negative ☐ Indeterminate<br>☐ Unsatisfactory Specimen ☐ Not Done | Date Specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |

**LABORATORY RESULTS - DETAILS – URINE PCR**

| | | |
|---|---|---|
| Urine PCR<br><br>☐ Positive ☐ Negative ☐ Indeterminate<br>☐ Unsatisfactory Specimen ☐ Not Done | Date Specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |

| LABORATORY RESULTS - DETAILS – GENOTYPE | | |
|---|---|---|
| Genotype | Date Specimen Collected (mm/dd/yyyy) | |
| Laboratory Name | Laboratory Phone | |
| | | |
| **LABORATORY RESULTS - DETAILS – OTHER** | | |
| Other Test | Date Specimen Collected (mm/dd/yyyy) | Result |
| Laboratory Name | Laboratory Phone | |

## INCUBATION PERIOD

**INCUBATION PERIOD IS 25 DAYS PRIOR TO ILLNESS ONSET**

## TRAVEL HISTORY

| | |
|---|---|
| Did patient travel during the incubation period?<br><br>☐ Yes ☐ No ☐ Unknown | Did the patient have contact with travelers or visitors during the incubation period?<br><br>☐ Yes ☐ No ☐ Unknown |
| Travel Type<br><br>☐ Domestic ☐ International | |
| State | Country |
| Location Details | |
| Date Travel Started (mm/dd/yyyy) | Date Travel Ended (mm/dd/yyyy) |
| Did patient fly while infectious?<br><br>☐ Yes ☐ No ☐ Unknown | |
| Airline | Flight Number |
| Departure Date (mm/dd/yyyy) | Arrival Date (mm/dd/yyyy) |

## EPIDEMIOLOGICAL EXPOSURE HISTORY

| |
|---|
| Close contact with person(s) with parotitis during incubation period?<br><br>☐ Yes ☐ No ☐ Unknown |
| Exposure Setting |

## SPREAD SETTING

| | |
|---|---|
| Setting Type | Name of Setting |
| First Date of Contact (mm/dd/yyyy) | Last Date of Contact (mm/dd/yyyy) |
| Number Exposed | Notes |

## GENERAL CONTACTS

| | |
|---|---|
| Number of susceptible contacts | Close contacts who have symptoms 12-25 days after exposure to case<br><br>☐ Yes ☐ No ☐ Unknown |

## EPIDEMIOLOGICAL LINKAGE

| |
|---|
| Was this case part of an identified cluster?<br><br>☐ Yes ☐ No ☐ Unknown |
| Part of known outbreak?<br><br>☐ Yes ☐ No ☐ Unknown |

| OUTBREAK | | |
|---|---|---|
| Part of known outbreak?<br><br>☐ Yes ☐ No ☐ Unknown | If yes, extent of outbreak<br><br>☐ One CA Jurisdiction<br>☐ Multiple CA Jurisdictions<br>☐ Multistate ☐ International ☐ Unknown<br>☐ Other | If Other,specify |

**CASE DEFINITION (2023)**

**CLINICAL CRITERIA**

In the absence of a more likely alternative diagnosis, an acute illness characterized by:

- Parotitis or swelling of other (non-parotid) salivary glands(s) of any duration,

**OR**

- At least one of the following mumps-related complication(s):
  - Orchitis
  - Oophoritis
  - Aseptic meningitis
  - Encephalitis
  - Hearing loss
  - Mastitis
  - Pancreatitis

**LABORATORY CRITERIA***[a]

**Confirmatory Laboratory Evidence:**

- Positive reverse transcriptase polymerase chain reaction (RT-PCR) for mumps-specific nucleic acid[b], **OR**
- Isolation of mumps virus, **OR**
- Significant rise (*i.e.,* at least a 4-fold rise in a quantitative titer or seroconversion[c]) in paired acute and convalescent serum mumps immunoglobulin G (IgG) antibody[b]

**Supportive Laboratory Evidence:**

- Positive test for serum mumps immunoglobulin M (IgM) antibody[bd]

*Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.

[a]A negative laboratory result in a person with clinically compatible mumps symptoms does not rule out mumps as a case.

[b]Not explained by MMR vaccination during the previous 6-45 days.

[c]Seroconversion is defined as a negative serum mumps IgG followed by a positive serum mumps IgG.

[d]May be ruled out by a negative convalescent mumps IgG antibody using any validated method.

**Epidemiologic Linkage Criteria**

- Exposure to or contact with a confirmed mumps case, **OR**
- Member of a group or population identified by public health authorities as being at increased risk for acquiring mumps because of an outbreak

**Case Classifications**

*Confirmed:*

- Meets confirmatory laboratory evidence.
- *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**

*Suspect:*

- Meets the clinical criteria but does not meet laboratory or epidemiologic linkage criteria, **OR**
- Meets supportive laboratory evidence but does not meet the clinical criteria **AND** has documentation that mumps was suspected

**These are considered sporadic cases

| Investigator Name (print) | Telephone Number |
|---|---|
| Agency Name | |
| Date (mm/dd/yyyy) | |

| RACE DESCRIPTIONS | |
|---|---|
| **Race** | **Description** |
| American Indian or Alaska Native | Patient has origins in **any** of the original peoples of North and South America (including Central America). |
| Asian | Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam). |
| Black or African American | Patient has origins in **any** of the black racial groups of Africa |
| Native Hawaiian or Other Pacific Islander | Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands. |
| White | Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa. |

| ASIAN GROUPS | | | | |
|---|---|---|---|---|
| Bangladeshi | Filipino | Japanese | Maldivian | Sri Lankan |
| Bhutanese | Hmong | Korean | Nepalese | Taiwanese |
| Burmese | Indian | Laotian | Okinawan | Thai |
| Cambodian | Indonesian | Madagascar | Pakistani | Vietnamese |
| Chinese | Iwo Jiman | Malaysian | Singaporean | |

| NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS | | | | |
|---|---|---|---|---|
| Carolinian | Kiribati | Micronesian | Pohnpeain | Tahitian |
| Chamorro | Kosraean | Native Hawaiian | Polynesian | Tokelauan |
| Chuukese | Mariana Islander | New Hebrides | Saipanese | Tongan |
| Fijian | Marshallese | Palauan | Samoan | Yapese |
| Guamanian | Melanesian | Papua New Guinean | Solomon Islander | |