

Date	Received by	EpiSurv #
Has GP Notified Patient: Y/N	Name of Reporting Dr	Phone
Usual GP	Date of GP Visit	

Mumps is notifiable **on suspicion**. The PHU has received information (such as a mumps laboratory testing request or an enquiry from a preschool) that you may suspect mumps in the following person. Please complete all information on this page and return to the public health unit **urgently**. **We welcome phoned notification**.

Name of Case	NHI	Ethnicity
Address	DOB	Sex M / F
.....	Occupation	
Phone	Mobile	
Attends School/Preschool/Tertiary Y / N (if yes, please details)		

Basis of diagnosis: Fits clinical description Y / N
Lab investigation? Y / N From: Buccal mucosa PCR <input type="checkbox"/> Serology (not recommended) <input type="checkbox"/>
Clinical Features: Parotid swelling: Yes <input type="checkbox"/> No <input type="checkbox"/> Onset date: (Required field)
Fever: Yes <input type="checkbox"/> No <input type="checkbox"/> Measured.....
Orchitis: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Contact with a Confirmed Case 12-25 days before onset? Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="checkbox"/> If yes, details:
.....
Overseas travel Was the case overseas during the incubation period (range = 12-25 days)
Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please specify place and date of travel).....

Hospitalised Y / N	If yes which hospital	Date
Died Y / N		

Protective factors		
Has the case been immunised with MMR vaccine:		
Unknown <input type="checkbox"/>	No <input type="checkbox"/>	Yes – fully for age <input type="checkbox"/> Yes – not completed for age <input type="checkbox"/>
Dates: MMR1.....	MMR2.....	

Case Management

Has the case been isolated at home until at least 5 days after parotitis onset, or until well, whichever is the later date? Yes No

Contact Management

Are all contacts born after 1981 fully immunised: Yes No If NO, recommendation is to encourage immunisation