

# Te Whatu Ora

## Health New Zealand

MUMPS NOTIFICATION FORM

Waikato

FAX 07-8382382

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 (including onset more than 48hrs ago) Y / N  
Lab investigation? Y / N From: Buccal mucosa PCR  Serology (not recommended)   
**Clinical Features:** Parotid swelling: Yes  No  **Onset date:**..... (Required field)  
Fever: Yes  No  Measured.....  
Orchitis: Yes  No  N/A   
**Contact with a Confirmed Case 12-25 days before onset?** Y  N  Don't know  If yes, details: .....  
.....  
**Overseas travel** Was the case overseas during the incubation period (range = 12-25 days)  
Y  N  (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  No  Yes – fully for age  Yes – not completed for age   
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