VPD-12
Revised July 2017

Mumps Investigation Form

Complete in addition to the Notification of Infectious Disease Form (EPI-1). In the event of an outbreak additional forms and specimen collection are required for testing, a VIDOH-EPID staff will coordinate additional paperwork and investigation.

FINAL STATUS:
☐ CONFIRMED ☐ PROBABLE
☐ RULED OUT /NOT A CASE

ISLAND:
☐ STX ☐ STJ
☐ STT ☐ WI

NBS PATIENT ID#: _____

Patient's Name: _____
last first
Address: _____
City: _____ Estate/County: _____ Zip: _____
Phone: ( ) _____
Parent/Guardian: _____
Physician: _____ Phone: ( ) _____
Address: _____
_____

Reported By: _____
Agency: _____
Phone: ( ) _____
Date: _____/_____/_____
Report Given to: _____
Organization: _____
Phone: ( ) _____

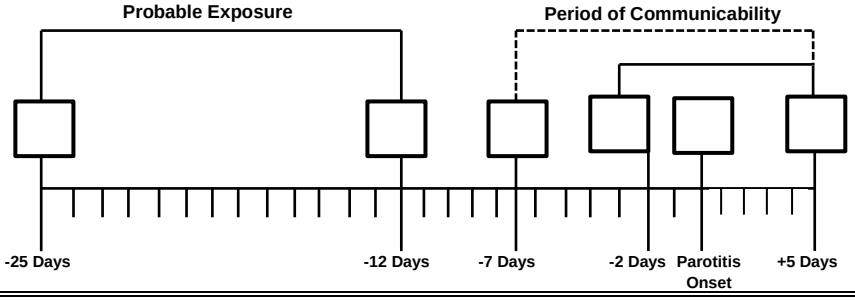
DEMOGRAPHICS: *DATE OF BIRTH:* _____/_____/_____ *AGE:* _____ *SEX:* ☐ Male ☐ Female ☐ Unknown
RACE: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown
☐ Other:_____
HISPANIC: ☐ Yes ☐ No ☐ Unknown

CLINICAL DATA: DATE OF ONSET: _____/_____/_____ ☐ **Parotitis - Onset Date:** _____/_____/_____ **Parotitis Duration:** _____ Days
COMPLICATIONS: ☐ Meningitis ☐ Deafness ☐ Orchitis ☐ Encephalitis ☐ Death ☐ Other: _____
☐ Hospitalized at: _____ Admitted: _____/_____/_____ Discharged: _____/_____/_____ # Days_____

LABORATORY DATA: Was laboratory testing done? ☐ Yes ☐ No ☐ Unknown
LABORATORY: ☐ DSHS ☐ Other: _____ Phone: ( ) _____
☐ PCR: Date specimen collected: _____/_____/_____ Result: _____
☐ IgM: Date specimen collected: _____/_____/_____ Result: _____
☐ IgG: Date acute collected: _____/_____/_____ Result: _____ Date convalescent collected: _____/_____/_____ Result: _____
☐ Mumps Virus Isolated: Type of specimen: _____ Date specimen collected: _____/_____/_____

VACCINATION HISTORY: *CDC Objective: 90% of mumps cases must have a vaccination history captured.*
VACCINATED: ☐ Yes ☐ No ☐ Unknown
If yes, list dates: ☐ 1 MMR: _____/_____/_____ ☐ 2 MMR: _____/_____/_____
If no, indicate reason: ☐ Religious exemption ☐ Medical Contraindication ☐ Evidence of immunity ☐ Previous Disease - Lab Confirmed
☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: _____

INFECTION TIMELINE: Enter onset of parotitis. Count backwards and forwards to enter dates for probable exposure and communicable periods.



Name:____

SOURCE OF INFECTION: ☐ No exposure identified ☐ Close contact with a known or suspected case: ___________________________

- Where did this case acquire mumps?: ☐ Day-care ☐ School ☐ College ☐ Work ☐ Home ☐ Dr. Office ☐ Hospital ER ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ International Travel ☐ Unknown ☐ Other: ________________________________
- Has any travel occurred within the exposure period? ☐ Yes ☐ No ☐ Unknown If yes, list location: _____________________________
- Importation Class*: ☐ Indigenous ☐ International ☐ Out-of-state ☐ Unknown If imported, from what country/state:___________________
- Is case traceable within 2 generations to international import? ☐ Yes ☐ No ☐ Unknown
- Is case part of an outbreak?: ☐ Yes ☐ No ☐ Unknown If yes, list outbreak name: ____

*http://wwwn.cdc.gov/NNDSS/beta/bcasedef.aspx?CondYrID=783&DatePub=1/1/2012

HOUSEHOLD CONTACTS: Were Control Activities Initiated?: ☐ Yes ☐ No ☐ Unknown If no, explain: ________________________

Name	Relation to Case	Age	Mumps Disease History			Mumps Vaccine History			
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown

POSSIBLE SPREAD CONTACTS:

Name	Relation to Case	Age	Mumps Disease History			Mumps Vaccine History			
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown
_____________	_______________	_____	☐ Yes-_____________	☐ No	☐ Unknown	☐ 2 MMR	☐ 1 MMR	☐ None	☐ Unknown

CDC Objective: 90% of vaccine preventable cases must be investigated and reported to the CDC within 30 days of initial report.

Date Investigation Initiated: _____/_____/_____ Date Investigation Completed: ____/_____/____Date Reported to DSHS: ____/_____/____

Investigator's Name: ___________________________________ Agency name: ____________________ Phone :( ) _________________

Closed in NBS? ☐ Yes ☐ No *If confirmed or probable, notification submitted? ☐ Yes ☐ No*

COMMENTS: