



Fidhneamacht na Seirbhíse Sláinte  
Health Service Executive

# Mumps Enhanced Surveillance Form



## PATIENT DETAILS

ID No.  Initials  HSE Area  CCA  County

Sex: M  F  NK  DOB  Age (Please state whether Months or Years)  Place of birth

Reporting GP/Consultant/Lab/Hospital  Date of notification

## CLINICAL DETAILS

|                                     | Yes                      | No                       | NK                       |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Parotitis swelling                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, bilateral                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fever ( $\geq 38^{\circ}\text{C}$ ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalised                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of hospital                    | <input type="text"/>     |                          |                          |

Other symptoms, please specify

Date of onset

Date admitted  Date discharged

If discharged, number of days hospitalised

## COMPLICATIONS

|              | Yes                      | No                       | NK                       |
|--------------|--------------------------|--------------------------|--------------------------|
| Meningitis   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encephalitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orchitis     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deafness     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mastitis     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pancreatitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other complications, please specify

Outcome: Recovered  Died  Not known

Date of death

Cause of death

## LABORATORY

|                                  | Pos                      | Neg                      | Pen ding                 | Not Done                 | Inconclusive             |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Oral fluid IgM result            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral fluid IgG result            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum IgM result                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum IgG first specimen result  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum IgG second specimen result | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps virus culture result       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Mumps nucleic acid result        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Genotype                         | <input type="text"/>     |                          |                          |                          |                          |

S=Significant rise in IgG, N=No significant rise in IgG, I=Inconclusive, X=Not done

Date oral fluid specimen taken

Date serum IgM specimen taken

Date first serum IgG specimen taken

Date second serum IgG specimen taken

Date specimen for viral culture taken

Date specimen for mumps nucleic acid taken

If laboratory confirmed, date 1st positive test reported by laboratory

## EPIDEMIOLOGICAL

Date investigation started  Setting & address where case most likely acquired mumps (e.g. home, creche, school, college, hospital)

Is this case epidemiologically linked  Yes  No  NK

Is this case related to an outbreak  Yes  No  NK

Is this case epidemiologically linked to an imported case  Yes  No  NK

Did this case travel within Ireland in the 25 days before onset  Yes  No  NK

Did this case travel internationally in the 25 days before onset  Yes  No  NK

Country of infection

Outbreak Name/Number

If Yes, where

If Yes, country arriving from

## VACCINATION

Doses of MMR None  One  Two  NK

Name and address of primary school where vaccine given

Manufacturer  Batch Number

Date of 1st MMR

Date of 2nd MMR

Vaccination Information Source  1. GP record 2. HSE record 3. Parent recall 4. Parent record 5. Self report 6. Other 7. Unknown

If not vaccinated, what was the reason  1=Medical contraindication; 2=Philosophical objection; 3=Laboratory evidence of previous disease; 4=Under age for vaccination; 5=Parental refusal; 6=Other; 7=Unknown

## FINAL CASE CLASSIFICATION

Preventable  Yes  No  NK

Denotified  Yes  No  NK

Laboratory confirmed  Epi-linked to laboratory confirmed case  Possible

Rationale for de-notification

## ALTERNATIVE DIAGNOSIS

Other parotitis, please specify

Other

Not Known

Form completed by:

Date of completion

Version 2.5 – 29/01/2015

If you have direct access to CIDR, please enter these enhanced data.

If you do not have direct access to CIDR, please forward this form to the HSE Dept. of Public Health (Fax: #####), who will either enter the data on CIDR

### HSE Area Use Only

This side of form is not forwarded to HPSC

Patient Name

Address

Phone 1

Phone 2

### Case definition for mumps

#### Clinical criteria

Any person with fever AND sudden onset of unilateral or bilateral tender swelling of the parotid or other salivary glands without other apparent cause. Mumps may also present as aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, parotitis or other salivary gland swelling, mastitis or pancreatitis.

#### Laboratory criteria

At least one of the following three:

- Isolation of mumps virus from a clinical specimen
- Detection of mumps virus nucleic acid
- Mumps virus specific antibody response characteristic for acute infection in serum or saliva

Laboratory results need to be interpreted according to the vaccination status

#### Epidemiological criteria

An epidemiological link by human to human transmission

#### Case classification

##### A. Possible case

Any person meeting the clinical criteria

##### B. Probable case

Any person meeting the clinical criteria and with an epidemiological link

##### C. Confirmed case

Any person not recently vaccinated and meeting the laboratory criteria.

In the case of recent vaccination: any person with detection of wild-type mumps virus strain.

### HSE Area information

(please include: close contacts of cases details; any social event the cases participated in; main activities, like sport and sport clubs, volunteering, course and so on, with the name and address of the setting.)

**Please, fill the other side in !**