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
Fax: (510) 620-3949

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 ☐ Yes ☐ No ☐ Unknown	Swelling Onset Date (mm/dd/yyyy)	
Swelling Duration (in days)	Upper Respiratory Infection Symptoms (e.g., sore throat, cough) ☐ Yes ☐ No ☐ Unknown	Diagnosis Date (mm/dd/yyyy)
If Other symptoms, describe:		

HOSPITALIZATION			
Hospitalized? ☐ Yes ☐ No ☐ Unknown	Days Hospitalized		
ICU Admission ☐ 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 ☐ Yes ☐ No ☐ Unknown	Encephalitis ☐ Yes ☐ No ☐ Unknown	Orchitis ☐ Yes ☐ No ☐ Unknown	
Other Complications ☐ Yes ☐ No ☐ Unknown	If Yes, describe other complications		
Did patient die?			

VACCINATION HISTORY

Has the patient been immunized for this disease? ☐ Yes ☐ No ☐ Unknown	Type of vaccine administered for last dose
Dose #1 ☐ Yes, documented ☐ Yes, alleged	Date (mm/dd/yyyy)
If yes, specify type of vaccine administered:	
Dose #2 ☐ Yes, documented ☐ Yes, alleged	Date (mm/dd/yyyy)
If yes, specify type of vaccine administered:	
Dose #3 ☐ 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 ☐ Yes ☐ No ☐ Unknown	Prior MD diagnosis of this disease? ☐ 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 ☐ Yes ☐ No ☐ Unknown	Date Collected (mm/dd/yyyy)	
Specimen Source ☐ Nasopharyngeal ☐ Buccal ☐ Urine ☐ Other ☐ Unknown	If Other, specify	
Laboratory Name	Telephone	
Virus Isolated		

LABORATORY RESULTS - DETAILS - BLOOD IgM

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

LABORATORY RESULTS - DETAILS - BLOOD IgG

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

LABORATORY RESULTS - DETAILS - BLOOD IgG CONVALESCENT

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

LABORATORY RESULTS - DETAILS – BUCCAL PCR

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

LABORATORY RESULTS - DETAILS – URINE PCR

Urine PCR ☐ Positive ☐ Negative ☐ Indeterminate ☐ 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? ☐ Yes ☐ No ☐ Unknown	Did the patient have contact with travelers or visitors during the incubation period? ☐ Yes ☐ No ☐ Unknown
Travel Type ☐ Domestic ☐ International	
State	Country
Location Details	
Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
Did patient fly while infectious? ☐ 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? ☐ 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 ☐ Yes ☐ No ☐ Unknown

EPIDEMIOLOGICAL LINKAGE

Was this case part of an identified cluster? ☐ Yes ☐ No ☐ Unknown
Part of known outbreak? ☐ Yes ☐ No ☐ Unknown

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

CASE DEFINITION (2024)

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	