



**VACCINATION/MEDICAL HISTORY**

Received one or more doses of mumps containing vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Number of doses
Dates of vaccination—Dose 1 ___/___/___	Dose 2 ___/___/___
Dose 3 ___/___/___	
Reason not vaccinated (check all that apply)	
1 <input type="checkbox"/> Personal Beliefs Exemption (PBE)	4 <input type="checkbox"/> Lab confirmation of previous disease
2 <input type="checkbox"/> Permanent Medical Exemption (PME)	5 <input type="checkbox"/> MD diagnosis of previous disease
3 <input type="checkbox"/> Temporary Medical Exemption	6 <input type="checkbox"/> Under age for vaccination
	7 <input type="checkbox"/> Delay in starting series or between doses
	8 <input type="checkbox"/> Other
	9 <input type="checkbox"/> Unknown

**EPIDEMIOLOGICAL EXPOSURE HISTORY**

Acquisition Setting (check all that apply)

1 <input type="checkbox"/> Day care	4 <input type="checkbox"/> Hospital Ward	7 <input type="checkbox"/> Home	10 <input type="checkbox"/> College	13 <input type="checkbox"/> Church
2 <input type="checkbox"/> School	5 <input type="checkbox"/> Hospital ER	8 <input type="checkbox"/> Work	11 <input type="checkbox"/> Military	14 <input type="checkbox"/> International travel
3 <input type="checkbox"/> Doctor's office	6 <input type="checkbox"/> Outpatient hospital clinic	9 <input type="checkbox"/> Unknown	12 <input type="checkbox"/> Correctional facility	15 <input type="checkbox"/> Other

Other significant exposures:

Recent travel or arrival from other country or state within 25 days of parotitis onset?  Yes  No  Unknown

Countries or states visited	Dates in countries or states visited	Date of arrival in California ___/___/___
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Close contact with person(s) with mumps 14-25 days before parotitis onset?  Yes  No  Unknown

Name	Parotitis Onset Date	Relationship	Age (Years)	Same Household
1	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a lab-confirmed case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Case Name or Case ID	Outbreak related <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Outbreak Name or Location
Import status <input type="checkbox"/> Indigenous <input type="checkbox"/> Out-of-state import <input type="checkbox"/> International Import	If case is indigenous, is case <input type="checkbox"/> Import-linked (linked to imported case) <input type="checkbox"/> Endemic <input type="checkbox"/> Unknown Source <input type="checkbox"/> Imported virus (viral genetic evidence indicates an imported genotype)		If case is Import, describe source

**CONTACT INVESTIGATION**

Spread Setting (check all that apply)

1 <input type="checkbox"/> Day care	4 <input type="checkbox"/> Hospital Ward	7 <input type="checkbox"/> Home	10 <input type="checkbox"/> College	13 <input type="checkbox"/> Church
2 <input type="checkbox"/> School	5 <input type="checkbox"/> Hospital ER	8 <input type="checkbox"/> Work	11 <input type="checkbox"/> Military	14 <input type="checkbox"/> International travel
3 <input type="checkbox"/> Doctor's office	6 <input type="checkbox"/> Outpatient hospital clinic	9 <input type="checkbox"/> Unknown	12 <input type="checkbox"/> Correctional facility	15 <input type="checkbox"/> Other

Number of susceptible contacts: \_\_\_\_\_

Close contacts who have mumps 14-25 days after exposure to case (list below)  
 Yes  No  Unknown

Name	Parotitis onset date	Relationship	Age (Years)	Same Household
1	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3	___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

<b>CASE CLASSIFICATION (FOR LHD USE)</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown	<b>CASE CLASSIFICATION (FOR STATE USE ONLY)</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown
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**MUMPS CASE DEFINITION**

**Clinical case definition:** An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid and or other salivary gland(s), lasting at least 2 days, and without other apparent cause.

**Clinically compatible illness:** Infection with mumps virus may present as aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, parotitis or other salivary gland swelling, mastitis or pancreatitis.

**Laboratory criteria:** Isolation of mumps virus from clinical specimen, OR detection of mumps nucleic acid (e.g., standard or real time RT-PCR assays), OR detection of mumps IgM antibody, OR demonstration of specific mumps antibody response in absence of recent vaccination, either a four-fold increase in IgG titer as measured by quantitative assays, or a seroconversion from negative to positive using a standard serologic assay of paired acute and convalescent serum specimens.

**Case Classification**  
**Suspected:** A case with clinically compatible illness or that meets the clinical case definition without laboratory testing, or a case with laboratory tests suggestive of mumps without clinical information.  
**Probable:** A case that meets the clinical case definition without laboratory confirmation and is epidemiologically linked to a clinically compatible case.  
**Confirmed:** A case that: 1) meets the clinical case definition or has clinically compatible illness, and 2) is either laboratory confirmed or is epidemiologically linked to a confirmed case.