

**MUMPS NOTIFICATION FORM**
**FAX 07-8382382**

<b>Date</b> .....	<b>Received by</b> .....	<b>EpiSurv #</b> .....
<b>Has GP Notified Patient: Y/N</b>	<b>Name of Reporting Dr</b> .....	<b>Phone</b> .....
<b>Usual GP</b> .....	<b>Date of GP Visit</b> .....	

**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**.

<b>Name of Case</b> .....	<b>NHI</b> .....	<b>Ethnicity</b> .....
<b>Address</b> .....	<b>DOB</b> .....	<b>Sex M / F</b>
.....	<b>Occupation</b> .....	
<b>Phone</b> .....	<b>Mobile</b> .....	
<b>Attends School/Preschool/Tertiary</b> Y / N (if yes, please details) .....		

<b>Basis of diagnosis:</b> Fits clinical description Y / N
Lab investigation? Y / N From: Buccal mucosa <input type="checkbox"/> Serology (not recommended) <input type="checkbox"/>
<b>Clinical Features:</b> Parotid swelling: Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Onset date:</b> ..... (Required field)
Fever: Yes <input type="checkbox"/> No <input type="checkbox"/> Measured.....
Orchitis: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Contact with a Confirmed Case 12-25 days before onset?</b> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="checkbox"/> If yes, details: .....
.....
<b>Overseas travel</b> Was the case overseas during the incubation period (range = 12-25 days)
Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please specify place and date of travel).....

<b>Hospitalised</b> Y / N	If yes which hospital .....	Date .....
<b>Died</b> Y / N		

<b>Protective factors</b>		
Has the case been immunised with MMR vaccine:		
Unknown <input type="checkbox"/>	No <input type="checkbox"/>	Yes – fully for age <input type="checkbox"/> Yes – not completed for age <input type="checkbox"/>
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