SURVEILLANCE OF MUMPS – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH or PHI should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT/Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification	Serial No:	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH Office
☐☐ ☐☐ ☐☐ (d d m m y y)	☐☐☐☐	

A. PARTICULARS OF PATIENT *(Please tick (✓) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS Division (district)	9. MOH area
☐☐/☐☐ (y y / m m)	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify) .....

12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no
- ☐ 3. not known

} skip to Q. 21

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital .....

19. Was patient transferred from some other hospital?
☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from? .....

21. Outcome of the case
- ☐ 1. cured ☐ 3. transferred
- ☐ 2. died ☐ 4. not known

C. CLINICAL DATA

Case definition: an illness with acute onset of unilateral or bilateral tender swelling of the parotid or other salivary gland lasting more than 2 days, and without other apparent cause

22. Symptoms and signs
- ☐ 1. fever
- ☐ 2. parotitis
- ☐ 3. other (specify):.....

23. Complications
- ☐ 1. none
- ☐ 2. meningitis
- ☐ 3. deafness
- ☐ 4. orchitis
- ☐ 5. encephalitis
- ☐ 6. other (specify): .....

D. LABORATORY FINDINGS

24. Was blood taken for mumps serology? ☐ 1. yes ☐ 2. no. ☐ 3. not known

25. If yes:

Investigation	Date of collection of specimen	Laboratory (MRI/govt./private/not known)	Results (mark **NA** if test results are not available and **PP** if pending)
1. IgG 1st specimen			
2. IgG 2nd specimen			
3. IgM			
4. Virus isolation			

E. MUMPS VACCINATION STATUS

26. Was mumps/ MMR vaccine given before the onset of the present illness?

☐ 1. yes ☐ 2. no ☐ 3. not known

27. If yes, details of immunization:

Dose	Date of immunization*	Type of vaccine**	Batch number	Place of immunization***
1st dose				
2nd dose				
Other				

*If the date is not known but the particular dose has been given, mark (✓) in the relevant cage
** MMR vaccine / Mumps vaccine / not known
*** private hosp./GP / other / not known

F. CONTACT HISTORY

28. Has the patient been in contact with anyone with fever and/or swelling of the parotids **within 3 weeks prior to onset of illness**?

☐ 1. yes ☐ 2. no ☐ 3. not known

(if yes, fill rows 1 – 3 with details; use a separate sheet if more space is needed).

29. Has anyone of the patient's household or other close contacts developed a similar illness **following the development of mumps in the patient?**

☐ 1. yes ☐ 2. no ☐ 3. not known

(if yes, fill rows 4 – 7 with details; use a separate sheet if more space is needed).

		Name	Age	Sex	Date of onset of rash	Relationship to patient	Vaccinated for mumps		
							yes	no	not known
28a. contacts with a similar disease prior to onset of illness in the patient	1								
	2								
	3								
29a. contacts of the patient who developed similar illness after the development of measles in the patient	4								
	5								
	6								
	7								

30. Remarks: .....

.....

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Signature: ..... Name: .....

Date: ..... Designation: .....

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583

For office use only

Final classification

Laboratory confirmed ☐

Epidemiologically confirmed ☐

Clinically confirmed ☐