Class I(b)
Report within 24rhrs

**CHICAGO DEPARTMENT OF PUBLIC HEALTH**
**MUMPS** CASE REPORT FORM (CRF)
**FAX TO 312-746-6388 (INCLUDE LAB RESULTS IF AVAILABLE)**

**FINAL STATUS**
❑ CONFIRMED ❑ SUSPECT
[CDPH USE ONLY]
❑ PROBABLE ❑ NOT A CASE

**REPORTER**

**Date of Report:** **Reporting Facility:**

**Reporting Facility Address:** **City:** **Zip:**

**Name of Person Reporting:** **Phone:** **Fax:**

**DEMOGRAPHICS**

**Patient Name:** **DOB:** **Sex** ☐ Male ☐ Female **Pregnant** ☐ Yes ☐ No

**Race**
☐Black ☐White ☐Native American ☐Asian/Pacific Islander ☐ Other ☐ Unknown

**Hispanic?** *Ethnicity*
☐ Yes ☐ No

**Address:** **City:** **Zip:**

**Contact Phone #:** **Parent/Guardian (if <18 years):**

**CLINICAL INFORMATION**

**Date of Visit:** **Diagnosis Date:**

**ED Visit?** ☐Yes ☐No ☐Unknown

**Diagnosing Clinician:**

**Hospitalized?** ☐Yes ☐No ☐Unknown

**Prodromal Symptoms** ☐ None
☐Fever_____ ☐Myalgia ☐Anorexia ☐Malaise ☐Headache ☐Cough

Hospital Name:

**Parotitis**
☐Yes ☐No **Onset Date:** ☐Bilateral ☐Unilateral - L/R

**Admitted** ____/____/____ **Discharged** ____/____/____

**Complications** ☐None
☐Deafness ☐Encephalitis ☐Mastitis ☐Meningitis ☐Oophoritis ☐Orchitis ☐ ☐Pancreatitis ☐Ear Pain

**LABORATORY & TREATMENT**

**Was laboratory testing done?** ☐ Yes ☐ No ☐ Unknown **Reference Lab:**

| | COLLECTION DATE | RESULT | | COLLECTION DATE | RESULT |
|---|---|---|---|---|---|
| ☐ Serologic IgM | ____/____/____ | _____ | ☐Culture | ____/____/____ | _____ |
| ☐ Serologic IgG | ____/____/____ | _____ (Acute) | ☐RT-PCR | ____/____/____ | _____ (buccal swab) |
| ☐ Serologic IgG | ____/____/____ | _____ (Convalescent) | | | |

**VACCINATION HISTORY**

**Vaccinated? (Received any doses mumps-containing vaccine?)** ☐**Yes** ☐**No** ☐**Unknown**

| | VACCINATION DATE | VACCINE TYPE | VACCINE MANUFACTURER | VACCINE LOT # |
|---|---|---|---|---|
| 1 | ____/____/____ | _____ | _____ | _____ |
| 2 | ____/____/____ | _____ | _____ | _____ |

If none, reason not vaccinated with mumps vaccine:
☐ **Religious**
☐ **Medical contraindications**
☐ **Previous lab-confirmed disease**
☐ **Inappropriate age**
☐ **Parental refusal**
☐ **Other**

**CASE DEFINITIONS**

**Suspect** Case: *Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis, OR A positive lab result with no mumps clinical symptoms (with or without epidemiological-linkage to a confirmed or probable case).*

**Probable** Case: *Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in: A person with a positive test for serum IgM antibody OR A person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.*

**Confirmed** Case: *A positive mumps laboratory confirmation for mumps virus with RT-PCR or culture in a patient with an acute illness characterized by any of the following: acute parotitis or other salivary gland swelling lasting at least 2 days; aseptic meningitis; encephalitis; hearing loss; orchitis; oophoritis; mastitis; pancreatitis.*