Appendix 3: Sample Mumps Outbreak Case Report and Follow-up Form

Form can be used to interview mumps cases (pp.1–3) OR as a self-administered questionnaire (pp.1–2).

Form Completed By: _____ Public Health Unit: _____
Date Form Completed: _____ Case ID Number: _____

Demographic Information

Last Name: _____ First Name: _____
Date of Birth: YYYY/MM/DD Age at Onset: _____ Sex: ❑ Male ❑ Female ❑ Other
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: ( ) _____ ❑ Home ❑ Work ❑ Cell ❑ Other
E-mail: _____
Parent/Guardian/Next of Kin: _____ Phone Number: ( ) _____
Family Physician: _____ Phone Number: ( ) _____

Clinical Information

Symptom Onset Date: YYYY/MM/DD

Symptoms
❑ Unilateral swelling of salivary gland(s)
❑ Bilateral swelling of salivary gland(s)
❑ Sore throat
❑ Fever
❑ Headache
❑ Muscle ache
❑ Other: _____

Complications
❑ Orchitis (testicular pain/swelling in males)
❑ Oophoritis (inflammation of the ovaries in females)
❑ Hearing Loss
❑ Encephalitis
❑ Meningitis
❑ Pancreatitis
❑ Other: _____

Admitted to Hospital? ❑ Yes ❑ No
If *YES*, Name of Hospital: _____
Date Admitted: YYYY/MM/DD Date Discharged: YYYY/MM/DD

Attended Out-Patient Clinic? ❑ Yes ❑ No
If *YES*, Name of Clinic: _____ Date of Visit: YYYY/MM/DD

History of mumps disease? ❑ Yes ❑ No ❑Unknown
Received mumps-containing vaccine in the past? ❑ Yes ❑ No ❑Unknown

Vaccine Name	Date Received (YYYY/MM/DD)	Age (Yrs)	Province/Territory or Country	Lot # (if known)
1.				
2.				
3.				

Laboratory Information

Specimen Collected		Collection Date (YYYY/MM/DD)	Results
❑ Throat (buccal) swab			❑ Positive ❑ Negative ❑ Indeterminate
❑ Urine			❑ Positive ❑ Negative ❑ Indeterminate
❑ Blood	IgG		❑ Positive ❑ Negative ❑ Indeterminate
	IgM		❑ Positive ❑ Negative ❑ Indeterminate

Exposure Information

Have you had contact with anyone who was told they have mumps? ❑ Yes ❑ No
If *YES*, Name of Person: _____

If you have mumps, you are infectious 7 days before the onset of symptoms. *Please think about all of your activities in the 7 days before you developed symptoms.*

Please indicate your Social Activities in the past 7 days	Date(s) (YYYY/MM/DD)	Activity Details
❑ Used public transit		
❑ Visited or volunteered at a hospital		
❑ Attended church/religious function		
❑ Attended family gathering		
❑ Attended meeting or conference		
❑ Attended concert, theatre, or sporting event		
❑ Participated in shopping event		
❑ Participated in recreational activity		
❑ Dined at coffee shop/cafeteria/food court		
❑ Dined at restaurant		
❑ Spent time at a bar or night club		
❑ Other activities		

Please indicate your Travel History in the past 7 days:	Date(s) (YYYY/MM/DD)	Location
❑ Travelled within the Province/Territory		
❑ Travelled within Canada		
❑ Travelled outside of Canada		

Occupational Information

Occupation: _____ Duties: _____
Name of Employer: _____ _____
Hours of Work: _____ _____

School/Educational Institution

Do you attend a school or post-secondary institution? ❑ Yes ❑ No
If *YES*, Name of School/Institution: _____
Grade/Level/Year: _____
Timetable (Please attach if available):_____

Living Arrangements

What type of residence do you live in?

❑ House
❑ Apartment
❑ University residence
❑ Hotel/Motel
❑ Group Home or Long-Term Care Facility
❑ Other (please specify):

Do you live, room or share accommodation with anyone? ❑ Yes ❑ No
If *YES*, with how many people? _____

Do you receive home care? ❑ Yes ❑ No

Close Contact Information

Please list all close contacts, including your spouse, partner, siblings, children, family members, roommates, and other people you live with.

Contact Name	**Contact Phone Number**	**Relationship**	**Date of Birth** (YYYY/MM/DD) **or Age**	**Immunization Status** **Not Immunized (0)** **Immunized - 1 Dose (1)** **Immunized - 2 Dose (2)** **History of Mumps (8)**	**Occupation**

Comments/Notes