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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***See*** [***Mumps HealthPathway***](https://aucklandregion.communityhealthpathways.org/390201.htm) ***for more information about the diagnosis and management.***  **Phone Public Health (Northern Region) for further advice – 09 623 4600.** | | | | | | | | | | | | | | | | |
| **Notification Details** | General Practitioner | | | | | Hospital Practitioner | | | | | | | Other | | | |
| **Name of person notifying** | Enter details | | | | | | | **Date reported** | | | | | Click for date | | | |
| **Organisation name** | Enter details | | | | | | | **Org phone** | | | | | Enter phone no. | | | |
| **Case’s GP details** | Enter details | | | | | | | **Case’s GP phone** | | | | | Enter phone no. | | | |
| **Case classification** | PCR confirmed | | Epi-link to lab confirmed case  **Name of confirmed case:**  Enter name | | | | | | | | | | Suspected - under investigation | | | |
| **PATIENT Details and RISK FACTORS** | | | | | | | | | | | | | | | | |
| **Name of case** | Enter surname | | | | | | Enter given name(s) | | | | | | | | | |
| **NHI Number** | Enter NHI no. | | **Date of birth** | | | | Click for date | | | | **Gender** | | | | Select from list | |
| **Address** | Enter details | | | | | | | | | | | | | | | |
| **Home phone** | Enter phone no. | | **Work phone** | | | | Enter phone no. | | | | **Mobile** | | | | Enter phone no. | |
| **Ethnicity** | Select from list | | | | | | Other, please specify | | | | | | | | | |
| **Occupation and employer** | Enter details | | | | | | | | | | | | | | | |
| **Attends/ works at early learning service, school or healthcare facility** | Yes | **If yes, details:** Enter details | | | | | | | | | | | | | | |
| No |
| **MMR immunisation status** | MMR2 | **Vaccination date** | | | MMR1 | | **Vaccination date** | | MMR0 | | | **Vaccination date** | | | | Unknown  No MMR |
| **Contact with someone with a mumps-like illness** | Yes | **If yes, details (names, relationship etc)**  Enter name | | | | | | | | | | | | | | |
| No |
| **Overseas travel in last 25 days** | Yes | **If yes, details (travel dates, places, flight numbers etc)** Enter details | | | | | | | | | | | | | | |
| No |
| **Contact with overseas travellers in last 25 days** | Yes | **If yes, details:** Enter details | | | | | | | | | | | | | | |
| No |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | | | | | | |
| **Swelling of parotid/salivary gland > 2 days** | | | | Yes | | | No | | | Unknown | | | | | | |
| **Parotitis onset date** | | | | Click for date | | | Approximate | | | Unknown | | | | | | |
| **Fever** | | | | Yes | | | No | | | Unknown | | | | | | |
| **Orchitis** | | | | Yes | | | No | | | Unknown | | | | | | |
| **CLINICAL MANAGEMENT** | | | | | | | | | | | | | | | | |
| **Laboratory confirmation of disease** | | | | Yes | | | No | | | Awaited | | | | Not done | | |
| **Prodrome to Day 9 (where Day 0 is parotitis onset): *Buccal flocked viral swab for PCR*** | | | | Done | | | Not done | | | If done, date of swab:  Click for date | | | | | | |
| **Day 10 onwards (where Day 0 is parotitis onset):**  ***Discuss testing with Public Health*** | | | | Yes | | | No | | | If yes, details:  Enter details | | | | | | |
| **Hospitalised** | | | | Yes | | | No | | | Unknown | | | | If yes, date hospitalised: Click for date | | |
| **Exclusion advice provided** | | | | Yes | | | No | | | | | | | | | |
| ***Exclude case from early learning services, educational institutions, work and team activities for 5 days after onset of parotitis (where Day 0 is parotitis onset).***  ***Public Health will advise the case directly if isolation is required.*** | | | | | | | | | | | | | | | | |
| **Mumps information provided to case** | | | | Yes | | | No | | | *Mumps information available at:* [*www.info.health.nz/mumps*](http://www.info.health.nz/mumps) | | | | | | |