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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) |