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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification Details** | **General Practitioner** | | | | **Hospital Practitioner** | | | | | | | | | | **Other** | | | | |
| **Name of person notifying** | Enter name | | | | | | | | | **Date reported** | | | | | **Click for date** | | | | |
| **Organisation** | Enter details | | | | | | | | | **Phone** | | | | | Enter phone no. | | | | |
| **Case’s GP/GP Practice** | Enter details | | | | | | | | | **GP Phone** | | | | | Enter phone no. | | | | |
| **Case classification** | **PCR confirmed** | | **Epi-link to lab confirmed case**  **Name of confirmed case:** Enter name | | | | | | | | | | | | **Under investigation** | | | | |
| **Patient details and risk factors** | | | | | | | | | | | | | | | | | | | |
| **Name of case** | Enter surname | | | | | | | | Enter given name(s) | | | | | | | | | | |
| **NHI Number** | Enter NHI no. | | **Date of Birth** | | | | | | DD/MM/YYYY | | | | | **Gender** | | | | **Select from list** | |
| **Address** | Enter details | | | | | | | | | | | | | | | | | | |
| **Phone (Home)** | **Enter phone no.** | | **Phone (Work)** | | | | | | Enter phone no. | | | | | **Mobile** | | | | **Enter phone no.** | |
| **Ethnicity** | **Choose an item** | | | | | | | | Other, please specify | | | | | | | | | | |
| **Occupation and Employer** | **Enter details** | | | | | | | | | | | | | | | | | | |
| **MMR Imms Status** | **MMR2** | **Click for date** | | **MMR1** | | | | **Click for date** | | | **MMR 0**  (admin <12 months) | | | | | **Click for date** | | | **No MMR**  **Unknown** |
| **Contact with someone with mumps like illness?** | **Yes** | **If yes, name**  Enter name | | | | | | | | | | | | | | | | | |
| **No** |
| **Overseas travel in the past 25 days?** | **Yes** | **Travel dates and places, and flight numbers:**  Enter details | | | | | | | | | | | | | | | | | |
| **No** |
| **Attends/works at early learning service, school or healthcare facility (required):** | **Yes** | **If Yes, name & area of facility:**  Enter details  **Dates attended in the last 7 days:**  Enter dates | | | | | | | | | | | | | | | | | |
| **No** |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | | | | | | | | | |
| **Swelling of parotid/salivary gland**  **> 2 days** | | **Yes** | | | | **No** | | | | | | **Unknown** | | | | | | | |
| **Fever** | | **Yes** | | | | **No** | | | | | | **Unknown** | | | | | | | |
| **Orchitis** | | **Yes** | | | | **No** | | | | | | **Unknown** | | | | | | | |
| **Date of onset of parotitis (required):** | | **Click for date** | | | | | | | | | | **Approximate** | | | | | **Unknown** | | |
| **CLINICAL MANAGEMENT** | | | | | | | | | | | | | | | | | | | |
| **Pre-parotitis to day 9 after onset of parotitis – PCR swab (buccal) OR urine PCR if buccal swab not possible**  (note mumps serology is not recommended) | | **Yes** | | | | **No** | | | | | | **Not Done** | | | | | **Date:**  **Click for date** | | |
| **9 or more days after parotitis onset – discuss with ARPHS** | | **Yes** | | | | **No** | | | | | | **Not Done** | | | | | **Date:**  **Click for date** | | |
| **Hospitalised** | | **Yes** | | | | **No** | | | | | | **Unknown** | | | | | **Date of Admission: Click for date** | | |
| **Exclusion advice provided** | | **Yes** | | | | **No** | | | | | | ***Strict isolation at home is not required however, exclude case from early learning services, educational institutions, work and team activities for 5 days after onset of parotitis (day of onset is day 0).*** | | | | | | | |
| **MANAGEMENT OF HOUSEHOLD CONTACTS** | | | | | | | | | | | | | | | | | | | |
| **Mumps information provided to household:** | | **Yes** | | | | | **No** | | | | | | *Mumps information available at:* [www.arphs.nz/mumps](http://www.arphs.nz/mumps) | | | | | | |
| **If Mumps is confirmed: s*ee*** [***Community Healthpathways.***](https://aucklandregion.communityhealthpathways.org/390201.htm)**Contact ARPHS if you need further information** | | | | | | | | | | | | | | | | | | | |