|  |  |  |  |
| --- | --- | --- | --- |
| **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** |