

# MUMPS

## Public Health Notification Form

Please fully complete and email: [notify@adhb.govt.nz](mailto:notify@adhb.govt.nz)

<b>NOTIFICATION DETAILS</b>	<input type="checkbox"/> General Practitioner		<input type="checkbox"/> Hospital Practitioner		<input type="checkbox"/> Other		
<b>Name of person notifying</b>	Insert name			<b>Date reported</b>	Click for date		
<b>Organisation</b>	Organisation name			<b>Phone</b>	Organisation Phone		
<b>Case's GP details</b>	GP Name			<b>GP Phone</b>	GP Phone		
<b>CASE CLASSIFICATION</b>	<b>Contact with lab confirmed case?</b>	<input type="checkbox"/> Yes		<b>Name of confirmed case:</b> Insert name			
		<input type="checkbox"/> No					
<b>PATIENT DETAILS AND RISK FACTORS</b>							
<b>Name of case</b>	Surname			Given name(s)			
<b>NHI Number</b>	Add NHI	D.O.B	DD/MM/YYYY		<b>Gender</b>	Select from list	
<b>Address</b>	Add details						
<b>Phone (home)</b>	Phone #	<b>Phone (work)</b>	Work #		<b>Mobile</b>	Mobile #	
<b>Ethnicity</b>	Choose an item			Other, please specify			
<b>Occupation and Employer</b>	Add detail						
<b>MMR Imms Status</b>	<input type="checkbox"/> MMR0	Click for date	<input type="checkbox"/> MMR1	Click for date	<input type="checkbox"/> MMR2	Click for date	<input type="checkbox"/> No MMR <input type="checkbox"/> Unknown
<b>Attends/works at ELS, Education or Healthcare Facility (required):</b>	<input type="checkbox"/> Yes	If Yes, name & area of facility: Insert details					
	<input type="checkbox"/> No						
<b>Travel outside of Auckland in past 21 days</b>	<input type="checkbox"/> Yes	Travel dates and places: Dates and place details					
	<input type="checkbox"/> No						
<b>BASIS OF DIAGNOSIS</b>							
<b>Swelling of parotid/salivary gland &gt; 2 days</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		
<b>Fever</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		
<b>Orchitis</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		
<b>Date of onset of parotitis (required):</b>	Click for date			<input type="checkbox"/> Approximate		<input type="checkbox"/> Unknown	
<b>CLINICAL MANAGEMENT</b>							
<b>Day 0 – 5 (OR pre-parotitis) TAKE PCR</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Done		Date: Click for date
<b>Day 6 – 10 (After parotitis onset) TAKE PCR AND IgM and IgG serology</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Done		Date: Click for date
<b>Hospitalised?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		<b>Admission Hospital:</b> Click for date
<b>Isolation advice provided?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<i>Isolation period for mumps ends 5 days after onset of parotitis (day of onset is day 0)</i>		
<b>MANAGEMENT OF HOUSEHOLD CONTACTS</b>							
<b>Mumps information provided to household:</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		Mumps information available on: <a href="http://www.arphs.health.nz/mumps">www.arphs.health.nz/mumps</a>		
<b>IF MUMPS IS CONFIRMED: See ARPHS clinical pathway on website.</b>							

You may need to contact ARPHS for further information.

Email to ARPHS at [notify@adhb.govt.nz](mailto:notify@adhb.govt.nz)

Thank you for completing this form