



Suspect Mumps Worksheet

SUSPECT and CONFIRMED cases are reportable to Clark County Public Health within 24 hours

Date submitted to CCPH: ____ / ____ / ____

Patient Name:	MRN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: ____ / ____ / ____
Evaluating Clinician:	Date of Eval: ____ / ____ / ____	Clinician Phone: () -	

INSTRUCTIONS:

- Consider mumps in the differential diagnosis of patients with compatible symptoms, including:
 - Non-specific prodrome of low-grade fever, malaise, headache, myalgia, and anorexia.
 - Swollen tender salivary glands near lower ears on one or both sides (parotitis).
 - Orchitis (may develop in <10% of males with mumps infection).
- Complete the sections below by checking the box for all that apply, then fax to CCPH at (360) 397-8080.
- Mumps is highly suspected if you answered YES to at least one item in section A.**

Section A: Does the patient have any of the following characteristics?

<input type="checkbox"/> 2 or more days of clinically diagnosed parotitis or salivary gland swelling.	Onset date: ____ / ____ / ____
<input type="checkbox"/> clinically diagnosed orchitis or oophoritis unexplained by any other likely diagnosis.	Onset date: ____ / ____ / ____
<input type="checkbox"/> positive lab result (IgM or PCR) with no mumps clinical symptoms (with or without epidemiological linkage to a confirmed or probable case).	Type of lab:

Section B:

<input type="checkbox"/> Ever received the MMR vaccine?	<input type="checkbox"/> Dates of MMR vaccine known? <ul style="list-style-type: none"> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____
<input type="checkbox"/> Known exposure to a suspect or confirmed mumps case? <i>Contact was within 3 days before and 5 days after parotitis onset in index case.</i>	Exposure date: ____ / ____ / ____ Details of exposure:

For any suspect case IMMEDIATELY:

- Initiate droplet and standard precautions** per your facilities infection control procedures. Ensure suspect mumps cases wear a mask that covers the nose and mouth and ensure that only staff with documented immunity to mumps are allowed to enter the patient's room.
- Call CCPH to report the suspect case and to arrange PCR testing at the Washington State Public Health Lab. **All health care providers must receive approval from CCPH prior to specimen submission.**
- Exclude patient from school, work and other public places until the 6th day after onset of parotitis. Notify patient that CCPH may contact them if their test is positive.
- Once testing is approved by CCPH, order RT-PCR for mumps through the Washington State Public Health Lab, following instructions on page 2.

For CCPH Use Only	Public health lab testing: <input type="checkbox"/> Approved	CCPH staff initials: _____
	<input type="checkbox"/> Not approved	Date: ____ / ____ / ____

Specimen Collection Instructions

Determine which specimens need to be collected:

- **For days 0-3** after onset of parotitis (with the day of onset being day 0), collect a buccal swab.
 - ➔ Massage the parotid gland for about 30 second prior to collecting specimen. Place a Dacron (or polyester, NOT cotton) swab between the rear molars and cheek (on the affected side if parotitis is unilateral) and leave in place 10-15 second. Place swab in a tube containing 2-3 mL of cold viral transport medium.
 - ➔ Tape or parafilm the specimen collection tube to prevent leaking. Make sure patient name and second identifier are on the specimen label.
- **For days 4-10** after onset of parotitis (with the day of onset being day 0), collect both a buccal swab and urine.
 - ➔ Collect buccal swab as described above.
 - ➔ Collect urine (between 10-50 ccs) in a sterile cup. Keep cold after collection and during shipment. Send urine in a sputum cup if possible as these leak less in shipment.
 - ➔ Tape or parafilm the specimen collection containers to prevent leaking. Make sure patient name and second identifier are on the specimen labels.

Collect specimen(s) following the Public Health Lab mumps RT-PCR collection guidelines:

<http://www.doh.wa.gov/Portals/1/Documents/5240/SCSI-Mumps-RTPCR-V2.pdf>

When ordering, indicate that specimens are to be shipped to Washington State Public Health Laboratories for RT-PCR for mumps.

Complete the Public Health Lab Virology Specimen Submission form for each specimen submitted:

<http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>

Make sure all of the following information is filled out on the virology form:

- ➔ Patient name, second identifier (e.g. date of birth), and county of residence.
- ➔ Specimen type, date of collection, onset date and test requested (mumps RT-PCR).
- ➔ Submitter name, address, and telephone/fax numbers.

Consider commercial testing for IgM and IgG in addition to the above test.

If serologic testing is desired, serum can be sent commercially (do not send to Washington State Public Health Lab) and both IgM and IgG results should be requested. Please note, follow up to determine IgG results will be important for patients with unknown vaccination status, since a negative PCR cannot rule out mumps on a person previously exposed to mumps antigen, either by vaccination or previous infection.

CCPH Communicable Disease Unit:

Phone: Monday - Friday (8am-5pm): (564) 397-8182 **Fax:** (564) 397-8080
After hours (CCPH duty officer): (888) 727-6230