WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

MUMPS

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If mumps is suspected or diagnosed, completion of this form is required and faxed, by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit (fax: 226-783-2132).

It is essential to complete ALL of the following tests to confirm diagnosis:

SPECIMEN COLLECTION*

Specimen Type / Date Collected	Collection Kit	Collection Requisition on Lab Requisition Form
Buccal or throat swab collected within 9 days after symptom onset. Massage parotid gland area (between cheek and teeth just below the ear) for about 30 seconds prior to collection of buccal secretions. Swab in space near the upper rear molars. *Date Collected (YY/MM/DD): / /*	Viral transport medium (VTM) collection kit (pink medium)	Request "**Buccal**, **Mumps Virus Detection**" or "**Throat, Mumps Virus Detection**", including symptoms, onset date of parotitis, exposure/travel history, and vaccination history
ACUTE blood specimen 5mL collected within 7 days after symptom onset *Date Collected (YY/MM/DD): / /* --- **For follow-up, CONVALESCENT blood specimen 5mL** collected 7-10 days after acute sample *Date Collected (YY/MM/DD): / /*	Blood, clotted – vacutainer tubes (SST) --- Blood, clotted – vacutainer tubes (SST)	Request "**Blood, Acute Mumps IgG/IgM Diagnosis"**, including symptoms and onset date --- Request "**Blood, Convalescent Mumps IgG/IgM Diagnosis**", including symptoms and onset date
Clean catch urine 5.0mL collected within 14 days after symptom onset* *Date Collected (YY/MM/DD): / /*	Sterile container	Request "**Urine, Mumps Virus Detection**", including symptoms and onset date

* Call **Public Health Lab Service Desk (1-877-604-4567)** prior to submitting samples for mumps PCR testing (i.e. buccal or throat swab, urine). The Service Desk is also available to answer questions regarding general specimen collection.

PATIENT INFORMATION

Date (YY/MM/DD):	**Name and contact number of reporting health care provider**: ( ) - ext.	
Name of Client: (First) (Middle) (Current last) (Last while in elementary school)		
Date of Birth: (YY/MM/DD)	**Age**:	**Sex**:
Address: (Street) (City) (Postal Code)		
Home Phone: ( )	**Alternate Phone**: ( )	
School/Daycare/Workplace (if applicable):		
Name of Parent/Guardian (if applicable):		

PATIENT EDUCATION	
☐	Client should **self-isolate** (exclude from work, school, daycare, and other group settings, and non-household contacts), for 5 days after onset of parotitis.
☐	If medical attention is needed, client/parent should notify facility ahead of time that they are coming and mumps is suspected. *This is to allow the facility to take precautions.*
☐	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant, immunocompromised or susceptible to mumps) of the need to follow up with a health care provider. It is up to the client/parent to decide if they want to inform contacts.
☐	Inform client/parent that a nurse from the Health Unit will be contacting them.

PRESENTING SYMPTOMS

√ **Symptom**	**Onset Date (mm/dd)**	√ **Symptom**	**Onset Date (mm/dd)**
□ Bilateral swelling of salivary glands		□ Muscle ache	
□ Unilateral swelling of salivary glands		□ Oophoritis	
□ Encephalitis		□ Orchitis	
□ Fever		□ Pancreatitis	
□ Headache		□ Sore throat	
□ Hearing loss		□ Other:	
□ Meningitis		□ Other:	

CASE INDEX OF SUSPICION

□ Yes
□ No
□ Unknown

Has the client been vaccinated against mumps?

*Parotitis occurring between 5-30 days after mumps vaccination should be reported as an adverse event following immunization. Diagnostic lab work should be collected.

Vaccine #	**Name**	**Date Received (YY/MM/DD)**	**Lot #**	**Expiry Date (YY/MM/DD)**
1				
2				

□ Yes □ No	Has the client travelled in the past 25 days?	Where: When:
□ Yes □ No	Has the client had exposure to someone with mumps?	Who: Where:

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

This form may be out of date. The most current form can be accessed on our website: https://www.wechu.org/mumps-reporting-form.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed **disease of public health significance** to the Medical Officer of Health.