Confidential
Notification of Mumps by Medical Practitioners

VICTORIA State Government | Health and Human Services

Mumps requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex
- ☐ Male
- ☐ Female
- ☐ Other, specify

Residential address

City

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
- ☐ No
- ☐ Unknown
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander

Country of birth ...country / **...year arrived in Australia**
- ☐ Australia
- ☐ Overseas >

Interpreter required ...language
- ☐ No
- ☐ Yes, language >

Works in a high risk occupation or attends child care/primary school
- ☐ Child care worker
- ☐ Health care worker
- ☐ Attends child care or primary school
- ☐ Other, specify below

Occupation and/or school and/or child care attended

Has the case recently travelled interstate or overseas
- ☐ No
- ☐ Unknown
- ☐ Yes, specify when/where below

Clinical details

Alive/deceased / **...date of death**
- ☐ Alive
- ☐ Died due to mumps >
- ☐ Died due to other causes >

Date of salivary gland swelling onset

Swelling duration

days

Presentation
- ☐ Unilateral
- ☐ Bilateral

Symptoms (tick all that apply)
- ☐ Fever
- ☐ Myalgia
- ☐ Headache
- ☐ Other, specify below

Has laboratory testing been requested
- ☐ No
- ☐ Confirmed, specify lab >
- ☐ Pending, specify lab >

Has the case been vaccinated for mumps
- ☐ No
- ☐ Unknown
- ☐ Yes, specify below

Vaccine	Information source	Date of vaccination
☐ MMR II ☐ Priorix ☐ Priorix-tetra ☐ Other (mumps containing vaccine)	☐ Written record ☐ Parent/self recall	
☐ MMR II ☐ Priorix ☐ Priorix-tetra ☐ Other (mumps containing vaccine)	☐ Written record ☐ Parent/self recall	

Has the case had contact with a laboratory confirmed case, or a person with a similar illness in the 15–25 days before onset of illness
- ☐ No
- ☐ Unknown
- ☐ Yes

Clinical comments include risk factors, mode of transmission (if any) etcetera

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date