## Alaska Mumps Interview Guide - Notes for Public Health Nurses

Dear Colleague,

Thank you for interviewing this suspect mumps case (here after referred to as client), without your help we would be unable to follow-up on everyone. The objective of this interview guide is to improve our understanding of how and where the client may have been exposed to mumps and if anyone was exposed while they were infectious. Below are some notes that may be helpful as you complete each section. There are 8 parts to the interview guide:

**Part 1 – Demographic information**: While most of this may be found in the health facility notes, please be sure to ask for/confirm the race/ethnicity of the client.

**Part 2 – Symptoms**: Please indicate if the client had any of the symptoms listed. We would like you to note the onset of any salivary gland swelling and its duration. If the client mentions salivary gland swelling, jaw pain and orchitis please note if it was unilateral or bilateral and specify the side. In the small box there is also room to list any other symptoms the client mentions and any other relevant information.

**Part 3 – Vaccination status**: Please obtain vaccination dates from VacTrAK or verify with available documentation. In the absence of documentation, the client frequently will not know if they have been vaccinated (most clients assume they were vaccinated as a child) or when it occurred. Please note it if the client mentions they have a vaccine exemption.

**Part 4 – Household composition:** In collaboration with the client, please summarize the number of people who reside in their household, by age category.

Part 5 – Possible Epi Links and Exposures: In this section we are trying to understand where the client may have been exposed to mumps. Transmission generally occurs through droplets – by sneezing, coughing, talking, sharing utensils or cups with an infected individual, and touching contaminated surfaces without washing hands. The period we are asking about is the 12-25 days before the clients symptoms started. If the client answers yes to any question please use the details column and the notes sections to elaborate on, who, where and when – feel free to use the questions in italics as a guide for your follow-up. We would like as much detail as possible including names and locations.

Part 7 – Transmission: Here we would like to know where the client went while they may have been infectious. The infectious period for mumps is approximately 2 days before to 5 days after symptom onset (Part 6 – Infectious Period Estimation can help you specify this period). If the client answers yes to any question, please use the details column to explain, who, where and when. In addition to the questions listed, please note any other observations you have during the conversation that may help us understand where they were infected or who they may have infected in the space for additional notes.

**Part 8 – Laboratory follow-up and result**: Unless you have collected the sample you will not need to complete any part of this section. If you have collected the sample, please complete the first question, was the sample collected and specify the type of sample and the date.

Please return the 2 pages of the interview guide (you can keep this one) by fax as soon as it is complete. Please give us a call if you have any questions: 1-907-269-8000 or 1-800-478-0084 (after hours)

Thank you – AK Section of Epidemiology

Alaska Mumps Interview Guide								
Patient Name:	AK STARS #:							
Patient Phone number (working):				Attempt # & date:				
Date of interview:/2018				Interviewer:				
Date of care seeking://2018 Location	care seeking: / /2018 Location of care:			Patient date of birth:/				
Race/Ethnicity: () American Indian or Alaska Nat								
() Native Hawaiian/Pacific Islander () White ()	Other (specify)			( ) Unknown	Female ( ) Unknown			
Symptoms:	Unk	No	Yes	Onset date		Duration (days)		
Any salivary gland swelling (including parotitis)?								
Bilateral? Unilateral?			(D/L)	<del> </del>				
Fever?			(R/L)	Other - list any other symptoms mentioned (e.g. ear pain,				
Headache?			+	along with relevant information including duration.				
Sore throat?			+	1				
Jaw pain?			(R/L)	- -				
Orchitis?								
Muscle aches?			(R/L)	+				
Vaccination status:	Unk	No	Vos	Data				
Dose 1	Unk	No	Yes	Date		**obtain these dates		
Dose 2			+	_		from VacTrAK or verify with documentation		
Dose 3 (when applicable)			+			when possible**		
Household composition:			1			<u> </u>		
How many people in your household are:								
0-6 years of age			10-35 v	rears of age				
7-18 years of age				rs of age				
Possible Epi Links and Exposures:	Unk							
In the 12-25 days prior to symptom onset did you	0			il. Additional information c	an b	e written in notes below.		
Travel?		Т						
In state				Where? Why? When?				
Out of state				Where? Why? When?				
Have any visitors (friends/family)?								
From out of state/out of town				Who visited and what is their relationship to the patient? Where did they come from?				
Attend a group function(s) such as?								
Church				Which church? Where is it?				
Daycare/play date				Which daycare? Whose house?				
Wedding or similar even				Where was the event? Who was married or who hosted?				
Other (specify) group even				Who? What was the event? Where was it? When was it?				
Have contact with a mumps case (confirmed or probable) or someone with mumps symptoms?				What is the name of their contact? What is their relationship with them? When and where did the contact happen?				
Space for additional notes/details:								

Infectious Period Estimation:								
	Day -2	Day -1	Parotitis/ swelling onset	Day 1	Day 2	Day 3	Day 4	Day 5
Date								
Location Where was the patient?	Where?	Where?	Where?	Where?	Where?	Where?	Where?	Where?

## Please refer to the infectious period estimation above for the following section on transmission.

Transmission:	Unk	No	Yes	Details
In the 2 days before to 5 days after symptoms onset did y	ou			Please provide detail.
Continue working?				Where do they work?
Go to school?				Where do they go to school?
Participate in extracurricular activities/clubs?				Specify which club/activity. Did they have any activities during their infectious period (where & when)?
Carry out daily activities?				Where did they go?

Laboratory Follow-up and Result:	
Was a sample collected? () Unk () No () Yes	
If yes, date and type: ( ) Buccal Swab ( ) Urine ( ) Other, specify	Date of collection://
If yes above, Was the sample authorized and tested? () Unk () No () Yes	
Date of SOE receiving the result:	
Date of patient notification:	
Final result: () Positive () Negative () Indeterminate	
Final classification: ( ) Confirmed case ( ) Probable case ( ) Suspect Case ( ) Not a case	
Notes:	
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