



## OUTBREAKS OF MUMPS REPORTED IN MIDWEST REGION OF UNITED STATES

**TO:** West Virginia Local Health Departments, Health Care Providers, Health Care Facilities, Health Professional Organizations and Other Health Partners

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**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The CDC is reporting outbreaks of mumps in the Midwest region of the United States: Iowa, Illinois, Kansas, Nebraska, Wisconsin, Minnesota, and Missouri (MMWR report – April 7, 2006: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5513a3.htm> and April 14, 2006: CDC Health Advisory on Mumps Outbreaks at <http://www.phppo.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00244>.)

Mumps is an acute viral illness characterized by a non-specific prodrome including myalgia, anorexia, malaise, headache, and fever, followed by acute onset of unilateral or bilateral tender swelling of parotid or other salivary glands. In unvaccinated populations, an estimated 30-70% of mumps infections are associated with typical acute parotitis. About 20% of infections are asymptomatic and nearly 50% are associated with non-specific or primarily respiratory symptoms, with or without parotitis.

The incubation period is generally 16-18 days (range 12-25 days). The infectious period is from 2 days before until 9 days after onset of parotitis. The mumps virus can be spread by direct contact with respiratory droplets, saliva or contact with contaminated fomites. Mumps virus has been isolated from saliva from between two and seven days before symptom onset until nine days after onset of symptoms.

To confirm a case of mumps in addition to clinical presentation, one of the following laboratory test results should be present:

- positive serologic test for **serum mumps IgM antibody**, OR
- four-fold rise between acute- and convalescent-phase titers in **serum mumps IgG antibody** level by any standard serologic assay, OR
- **isolation of mumps virus** from clinical specimen, OR
- detection of viral RNA by reverse transcription polymerase chain reaction (**RT- PCR**)

Complications of mumps infection can include deafness, orchitis, oophoritis, mastitis, pancreatitis, meningitis/encephalitis, and spontaneous abortion.

Since vaccination is the cornerstone of mumps prevention, the principal strategy to prevent mumps is to achieve and maintain high immunization levels. The Advisory Committee on Immunization Practices (ACIP) recommends:

- All preschool aged children 12 months of age and older receive one dose of measles-mumps-rubella (MMR) vaccine and all school-aged children receive two doses of MMR.
- All adults have evidence of immunity against mumps.
- During outbreaks and for at-risk populations, ensuring high vaccination coverage with two doses is encouraged.

During the multi-state epidemic of mumps, the West Virginia Department of Health and Human Resources (WVDHHR) recommends:

All Healthcare Providers should:

- Receive two doses of MMR vaccine if not already immune from mumps virus.
- If you identify a suspected case of mumps:
  - Report the suspected case of mumps immediately to your local health department.
  - Test the suspected case (CDC's information on collection and testing of clinical specimens for mumps is available at <http://www.cdc.gov/nip/diseases/mumps/mumps-lab.htm>)
  - Define the at-risk population and transmission setting.
  - Identify and isolate suspected cases of mumps for 9 days after symptom onset.
  - Use respiratory precautions in health care settings.
  - Rapidly identify and vaccinate susceptible persons.

In addition to the above recommendations, local health departments should:

- Conduct a case investigation immediately upon receiving a report of a suspected mumps case.
- Contact the WVDHHR Infectious Disease Epidemiology Program (IDEP) immediately upon receiving a report of a suspected mumps case at 304-558-5358.
- In all areas affected by mumps, conduct enhanced surveillance of persons with parotitis or other salivary gland inflammation for 50 days (2 times the maximum incubation period).
- Assist health care provider/facility with specimen collection and shipping of the specimen to CDC, if needed.
- Consider exclusion of persons without evidence of immunity to mumps from institutions such as schools and colleges affected by a mumps outbreak (and other, unaffected institutions judged by local public health authorities to be at risk for transmission of disease). Once vaccinated, students can be readmitted to school. Unvaccinated persons should remain excluded for at least 25 days after the onset of parotitis in the last person with mumps in the affected institution.

Mumps information is available on the WVDHHR website at <http://www.wvdhhr.org/idep/a-z/a-z-mumps.asp> and the CDC website at <http://www.cdc.gov/nip/diseases/mumps/default.htm> . For disease reporting or further questions, contact your local health department or the Infectious Disease Epidemiology Program at 304-558-5358.

Reference: Centers for Disease Control and Prevention Health Advisory #00244, April 14, 2006.

This Message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments, Professional Societies listed in the WV Health Alert Network, and the WVDHHR Disaster Network. Receiving entities are responsible for further disseminating the information to the targeted audiences noted.

**Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance, warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation. May not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation. Unlikely to require immediate action.