

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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**To:** Primary Care Staff, Infectious Disease, Emergency Medicine, Internal Medicine, Pediatrics, Family Medicine, Laboratory Medicine, and Infection Control Personnel

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**Date:** December 23, 2019

**Subject:** Mumps Disease Advisory

### Summary:

- Currently, increased mumps activity is being observed across the country. During 2019, 3,252 cases have been reported nationally (as of 12/6/2019).
- Mumps outbreaks have been reported at several colleges and universities across the country.
- Recently, 3 probable cases of mumps occurring at the University of Connecticut (Storrs) have been reported to the Connecticut Department of Public Health (CTDPH).
- As the holiday travel season approaches, college students and other exposed individuals traveling home or to other locations may increase opportunities for mumps transmission.

### Recommendations for Providers:

- Consider a diagnosis of mumps in patients with consistent clinical symptoms, even if they are fully vaccinated.
- Obtain appropriate specimens for diagnostic testing.
- Isolate suspect and confirmed cases for 5 days after onset of parotitis.
- Use droplet and standard precautions to limit transmission in the medical setting.
- Ensure all healthcare staff are immune to mumps in accordance with ACIP recommendations: <http://www.cdc.gov/mumps/vaccination.html>.
- Vaccinate those without evidence of immunity to mumps, including students, teachers, and staff and reach out to those with medical and religious exemptions to determine if vaccination is now an option.
- **Report all suspected cases to CTDPH Immunization Program at (860) 509-7929.**

**Illness Description:** Mumps is an illness characterized by acute onset of unilateral or bilateral swelling of the parotid or other salivary gland, lasting 2 or more days, and without other apparent cause. Mumps is typically a mild illness, but may have severe complications including: orchitis, oophritis, meningitis,



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encephalitis, or hearing loss. The infectious period for mumps is from 2 days before symptom onset until 5 days after symptoms appear; individuals suspected of having mumps should be isolated until 5 days after onset of parotitis. The incubation period from exposure to onset ranges from 12-25 days.

**Diagnostic Testing:** Per the Centers for Disease Control and Prevention (CDC), if it has been  $\leq 3$  days since symptom onset, collect a buccal swab specimen for detection of viral RNA by RT-qPCR. If it has been  $> 3$  days since symptom onset, collect a buccal swab specimen for RT- qPCR *and* a serum specimen for IgM detection. To collect a buccal swab specimen, the parotid gland (the area between the teeth and the cheek just below the ear) should be massaged for 30 seconds prior to obtaining the specimen. For more information on mumps testing visit <https://www.cdc.gov/mumps/lab/specimen-collect.html>.

***The CTDPH Laboratory offers PCR testing for mumps. All requests for mumps testing at the CTDPH Laboratory must be reported and approved by the Immunization Program.*** PCR testing for mumps is also available from Quest Diagnostics; other clinical laboratories may also offer testing. Serological testing is available through clinical commercial laboratories to detect IgM antibodies, but not available through CTDPH Laboratory.

**Vaccination:** Two doses of MMR vaccine are estimated to be 88% effective at preventing mumps and a single dose 78% effective. Because immunity may wane over time, persons who are fully vaccinated may still develop mumps illness. As an example, at 90% effectiveness, 10 of every 100 people vaccinated would still be susceptible to infection. The benefits of MMR vaccination should be discussed with patients without evidence of immunity.

**Outbreaks:** Outbreaks of mumps can still occur in highly vaccinated U.S. communities, particularly in close-contact settings. In recent years, outbreaks have occurred in schools, colleges, and camps. However, high vaccination coverage helps limit the size, duration, and spread of mumps outbreaks.

**Healthcare Recommendations:** In the healthcare settings, suspect mumps cases should be given a mask to wear; healthcare providers should institute standard and droplet precautions. Exposed healthcare workers who do not have evidence of immunity at the time of exposure should stay home from days 12 through 25 after exposure. A physician documented history of mumps or documentation of receipt of two mumps containing vaccines are considered evidence of mumps immunity. All healthcare workers born on or after 1957 with no physician documented history of prior infection are recommended to receive 2 doses of mumps containing vaccine. Healthcare workers born before 1957 who do not have a history of physician diagnosed mumps should consider receiving 1 dose of mumps containing vaccine and, in an outbreak setting, a second dose of mumps containing vaccine.

Additional information for clinicians is available from the CDC at <http://www.cdc.gov/mumps/hcp.html>.

**For questions about mumps or to report a suspected case, please call the CTDPH Immunization Program at (860) 509-7929.**