

Alameda County Public Health Department



MUMPS ALERT October 5, 2011

On Friday, September 30, 2011, Dr. Janet Berreman, Health Officer for the city of Berkeley, released an alert reporting 4 confirmed and 3 probable cases of Mumps that are epidemiologically linked. Given this, we feel it prudent to alert providers throughout Alameda County of the possibility of a growing outbreak. Individuals are at increased risk for mumps if they are unvaccinated. However, mumps should be considered in the differential diagnosis, even in fully immunized individuals, if they have symptoms that are clinically consistent with mumps. MMR vaccine is about 75-95% effective as protection against mumps.

Should a patient present to you with evidence of an illness that meets the CDC clinical case definition for mumps:
An illness with acute onset of unilateral or bilateral, tender, self-limited swelling of the parotid or other salivary gland(s), lasting at least 2 days, and without other apparent cause.

Per California Department of Public Health guidance: “Because up to 1/3 of mumps infections do not cause clinically apparent salivary gland swelling and may manifest primarily as respiratory tract infections, close contacts of confirmed cases who have symptoms of respiratory tract infection may also be considered for testing.”

1. Please **immediately** do the following with a suspected case at the time they present:

REPORT	Suspect Cases that are (non-Berkeley) Alameda County residents	Alameda County Public Health Department at (510) 267-3250 during day, or after-hours/evenings/weekends at (925) 422-7595
	Suspect Cases that are city of Berkeley residents	Berkeley Public Health at (510) 981-5302

2. All suspected cases should be **tested for mumps**.

TEST	<p>Collect a buccal swab for mumps testing by PCR. Instructions for obtaining a specimen can be located as follows: http://www.cdph.ca.gov/HealthInfo/discond/Documents/MumpsLabTesting.pdf</p> <p>In an outbreak setting, a buccal specimen is the preferred specimen for testing. However, if specimen collection occurs >1 week after parotitis onset, blood should be collected for Mumps IgM and IgG in addition to the buccal swab.</p>	<p>Specimens that must be held overnight or over the weekend should be refrigerated (not frozen). Specimens will be forwarded to the State Viral and Rickettsial Disease Lab (VRDL) for testing by PCR.</p>
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3. All suspected cases should be **isolated for 5 days after onset of symptoms**. Communicability is highest from 2 days before to 5 days after onset of parotitis.

4. Post-exposure prophylaxis (PEP):

Neither mumps vaccine nor immune globulin (IG) is effective for mumps PEP. However, **exposed persons who have had only one dose of MMR should be recommended to receive a 2nd dose ≥28 days after the first dose**. Susceptible persons or persons with unknown immunization status with potential for exposure should also be recommended to receive MMR.

5. Protect yourself and your staff by using a surgical mask.