

January 3, 2020

Increase in Kitsap Mumps Cases

Actions Requested

- **Call KPHD if you have a patient you suspect has mumps infection.** 24/7 reporting line: (360) 728-2235, select option nine to reach the answering service after hours.
- **Understand the signs and symptoms** of mumps. Refer to the attached “Suspect Mumps Case Checklist” for more detailed information about signs and symptoms and specimen collection.
- **Rule out other possible causes of the signs and symptoms.** Differential could include influenza (especially during flu season), EBV, HHV-6, cytomegalovirus, parainfluenza virus 1 & 3, coxsackie, tumors, immunologic disease, salivary duct obstruction.
- **If mumps is suspected, collect specimens** as close to the onset of symptoms as possible. Testing is performed at the WA Public Health Laboratories. Approval from KPHD is required to send specimens.
 - **Buccal swab and urine samples for RT-PCR testing**
 - **Serum for mumps IgG and IgM EIA**
- **Know the immunization status** of staff, patients, and clients and encourage unvaccinated individuals to consider vaccination. Mumps-containing vaccine cannot be used to prevent the development of mumps after exposure.
- **Use droplet and standard precautions** when caring for a patient suspected to have mumps. Ensure suspect mumps cases wear a mask that covers the nose and mouth and ensure that only staff with documented immunity to mumps are allowed to enter the patient’s room.
- **Instruct patient to isolate.** Suspect mumps cases should not return to work or school and should avoid contact with others until the 6th day after onset of parotitis.

For questions, please contact our Communicable Disease staff at 360-728-2235.

Background

Kitsap Public Health District is currently investigating an increase in mumps cases in Kitsap County. Mumps can present in vaccinated and unvaccinated individuals. Mumps usually involves pain, tenderness, and swelling in one or both parotid salivary glands (cheek and jaw area). Nonspecific prodromal symptoms may precede parotitis by several days, including low-grade fever which may last three to four days, myalgia, anorexia, malaise, and headache. Fever may persist for 3 to 4 days or may be absent. Parotitis lasts at least 2 days, but may persist longer than 10 days. However, mumps infection may present only with nonspecific or primarily respiratory symptoms or may be asymptomatic.

Mumps infection is most often confused with swelling of the lymph nodes of the neck. Lymph node swelling can be differentiated by the well-defined borders of the lymph nodes, their location behind the angle of the jawbone, and lack of the ear protrusion or obscuring of the angle of the jaw, which are characteristics of mumps. People with mumps are usually considered most infectious for approximately two days before and five days after onset of parotitis.

Resources

Attachments: (1) Kitsap Public Health District - Suspect Mumps Case Checklist

Resources: (1) WA DOH Mumps web page - <https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Mumps>
(2) WA DOH Mumps investigation and reporting guideline - <https://www.doh.wa.gov/Portals/1/Documents/5100/420-065-Guideline-Mumps.pdf>

Suspect Mumps Case Checklist



KITSAP PUBLIC
HEALTH DISTRICT

Consider mumps in the differential diagnosis of patients with compatible symptoms, including:

- Non-specific prodrome of low-grade fever, malaise, headache, myalgia, and anorexia.
- Swollen tender salivary glands near lower ears on one or both sides (parotitis).
- Orchitis, most commonly unilateral, occurs in 20-30% of post-pubertal males with mumps infection.

- Call Kitsap Public Health District at (360) 728-2235 (24/7) for guidance on testing and to report possible mumps cases.** Ideally call before the patient leaves the clinic.
- Use droplet and standard precautions.** Ensure suspect mumps cases wear a mask that covers the nose and mouth and ensure that only staff with documented immunity to mumps are allowed to enter the patient's room.
- Order RT-PCR and IgG/IgM EIA tests for mumps through the public health lab.**
 - **Collect buccal swab, urine, and serum when the patient presents for care.**
 - **Buccal swab collection:** Massage the parotid gland for 30 seconds prior to collecting specimen. Place a Dacron (or polyester, NOT cotton) swab between the rear molars and cheek (on the affected side if parotitis is unilateral) and leave in place 10-15 second. Place swab in a tube containing 2-3 mL of cold viral transport medium.
 - **Urine collection:** Collect at least 50 mL urine in a sterile cup. Send urine in a sputum cup if possible as these leak less in shipment.
 - **Serum collection:** Collect at least 4 ml of blood in a red top or red-gray top tube. At least 1 mL is required for each test (IgG, IgM)
 - Tape or parafilm the tubes to prevent leaking. Store samples under refrigeration. Make sure patient name and second identifier are on the samples.
 - When ordering, indicate that specimens are to be **shipped to Washington State Public Health Lab** for RT-PCR and IgG/IgM EIA for mumps.
 - **Complete a requisition** form for the Washington State Public Health Laboratories for each specimen submitted: <http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>. Make sure all the following information is filled out:
 - Patient name, second identifier (e.g. date of birth) and county of residence.
 - Specimen type, date of collection, parotitis onset date, and test requested (mumps RT-PCR).
 - Submitter name, address, and telephone/fax numbers.
- Instruct patient to isolate.** Suspect mumps cases should not return to work or school and should avoid contact with others until the 6th day after onset of parotitis.
- Rule out other possible causes of signs and symptoms such as influenza (especially during flu season), EBV, HHV-6, cytomegalovirus, parainfluenza virus 1 & 3
- , coxsackie, tumors, immunologic disease, salivary duct obstruction.

Call Kitsap Public Health District at (360) 728-2235 (24/7) for guidance on testing and to report possible mumps cases.