

Mumps Increase in Unimmunized Children in the Collingwood Area

Attention: Physicians, Long-Term Care Facilities, Retirement Homes, Emergency Departments, Infection Control Practitioners, Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Central LHIN, NSM LHIN, Occupational Health Professionals, Neighbouring Health Units, County of Simcoe Paramedic Services, Medavie EMS Ontario – Muskoka, Rama Mnjikaning EMS

Date: February 5, 2019

The Collingwood area is seeing an increase in individuals with mumps (four lab confirmed, and one probable, epidemiologically linked case) in unimmunized individuals ten years of age and under. All five current cases are from two families and we have not yet seen transmission outside of these unimmunized families. Typically, in Simcoe-Muskoka, we see 1 to 2 cases per year.

Vaccination reduces the risk of mumps complications. One dose of vaccine is 75% (62% to 91%) effective against mumps and two doses is about 85% (76% to 95%) effective. Please ensure your patients are up to date with their mumps immunization.

Primary health care providers should consider testing for mumps in symptomatic individuals with parotitis, regardless of their vaccination history. Signs and symptoms of mumps include swelling and pain in one or more salivary glands, fever, headache, myalgia, fatigue and anorexia. These symptoms can last up to ten days. In recent U.S. mumps outbreaks, orchitis occurred in 3% to 10% of post-pubertal males, and oophoritis in $\leq 1\%$ of adolescent and adult females. Pancreatitis, hearing loss, meningitis and encephalitis occurred in $< 1\%$ of cases in these outbreaks.

Suspect or confirmed mumps cases are to be advised to self-isolate for five days after onset of symptoms to prevent potential transmission.

Testing Recommendations

Order virus isolation and serologic testing to confirm mumps infection including all three of the following tests:

- Blood test: Mumps IgM and IgG antibodies; and
- Urine: Mumps virus PCR; and
- Buccal (preferred) or throat swab: Mumps virus PCR (in viral culture media)

It is very important that both a urine and a buccal or throat swab are collected as serology alone is often inconclusive. Optimal recovery of mumps virus or detection of mumps RNA is achieved if specimens are obtained 3 to 5 days after symptom onset. However, the buccal and throat swab can be collected up to nine days after symptom onset, and 14 days for the urine. Mark "suspect mumps" on the Public Health Ontario Lab requisition and include symptoms, date of onset, travel/exposure history and vaccination status.



Please refer to the Public Health Ontario Laboratories Testing Recommendations for further information:
<http://www.publichealthontario.ca/en/eRepository/Diagnostic%20Test%20Recommendations%20for%20Mumps%20-%20April%202010%20final.pdf>

Vaccine Recommendations

- Anyone born in 1970 or later should receive two doses of mumps containing vaccine.
Note: those born from 1970 to 1992 may have only received one dose of MMR vaccine.
- If an individual is unsure of their vaccination history, a booster dose of MMR can be given.

Infection Prevention and Control Recommendations

- Use droplet precautions in addition to routine practices when caring for a suspect or confirmed case of mumps.
- Suspect or confirmed mumps cases are to be advised to self-isolate for five days after onset of symptoms to prevent potential transmission.

Immediately report any suspect or confirmed cases of mumps to the Infectious Diseases Program at (705) 721-7520 or 1-877-721-7520 extension 8809 during business hours or after hours to 1-888-225-7851