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Note: Contact information for the Alaska Section of Epidemiology can be found at the end of this message.

Alaska Public Health Advisory

One Case of Mumps Confirmed in Anchorage

May 11, 2017

Updated

Summary

An adult with laboratory-confirmed mumps has been identified in Anchorage. No recent travel was reported. The patient reported a relative who was visiting from abroad last month might have been the source of infection. The patient is known to have received one dose of mumps vaccine. Alaska healthcare providers should be alert to cases of suspected mumps. This is a good time for everyone to review their vaccination history to ensure they are up to date.

Mumps Background

- Mumps is a contagious, vaccine preventable viral illness.
- Mumps is best known for the puffy cheeks and swollen jaw that it causes. This is a result of swollen salivary glands (parotitis). Other symptoms often include fever, headache, muscle ache, tiredness, and loss of appetite.
- Symptoms typically appear 16-18 days after infection (range 12-25 days).
- Persons with mumps are most infectious from 2 days prior to 5 days after the onset of parotitis. Therefore, persons with suspected mumps must be isolated for 5 days after swelling onset. Infected people without symptoms of mumps may still be able to transmit the virus.
- Some people who get mumps have very mild or no symptoms, and often they do not know they have the disease. Most people with mumps recover completely in a few weeks
- Mumps is spread through respiratory droplets (created when you cough and sneeze) and saliva. Sharing cups and utensils may also spread the virus.
- Two doses of the mumps vaccination are about 88% effective at preventing mumps. That means that if you have 100 people who are fully vaccinated, 88 of them will be fully protected. The remaining 12 will still be vulnerable to mumps.
- In 2016 and 2017, several states have experienced large mumps outbreaks, including an outbreak in Arkansas involving nearly 3,000 cases. In the Arkansas outbreak, >90% of school-aged children and >30% of adults who became ill were fully immunized against mumps.

What To Do For Providers: Reporting and Testing

- Health care providers should promptly report persons identified with suspected mumps to the Section of Epidemiology at 907-269-8000, or 1-800-478-0084 after hours.
- Specimens should be obtained on all suspected cases. Mumps PCR is the preferred test
 for rapid clinical diagnosis but may not be available at commercial labs. Contact SOE for
 assistance in accessing PCR testing through the State Lab.
- Collection of a buccal specimen (preferred) within 1 to 3 days of parotitis onset is optimal; however, the virus may be detected for up to 9 days after parotitis onset.
- A throat swab may also be collected.
- Specimens should be collected using a Dacron® or other synthetic swab on a plastic shaft. Place swab in a tube containing universal transport media (UTM).
- Specimens should be shipped on cold packs within 24 hours. If shipping is delayed, freeze and ship frozen.
- Contact the Section of Epidemiology (907-269-8000) for assistance in routing the specimens to the Lab.
- More detailed information for providers can be found here:
 http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Mumps/InformationforHCPsSuspectCaseofMumps.pdf

Recommendations for the General Public

- Ensure that you and your family members are up-to-date on your mumps vaccine (see below for schedules).
- If you have parotitis (inflamed parotid glands, located on either side of the face) and/or other symptoms of mumps, *call* your health care provider or the emergency department *before* coming into the clinic for instructions about how and where to be evaluated. The reason to call ahead of time is to minimize the potential for exposing others by showing up unexpectedly in a clinic or ER waiting room.

Prevention by Vaccination

- Vaccination against mumps (with measles mumps, and rubella MMR vaccine) is the best way to protect yourself from mumps infection. However, it should be noted that about 12% of fully vaccinated individuals may still become infected.
- Children usually receive the first MMR at 12–15 month of age and the second dose at 4–6 year of age. MMR vaccine is not recommended for children under 1 year of age.
- Adults who have not had one dose of MMR vaccine or who do not have evidence of immunity should get vaccinated promptly. Certain adults at risk of exposure may need a second dose. *Note: pregnant women or people that are immunocompromised should not receive the MMR vaccine.* [Updated]
- If you are unsure of your child's vaccination status or if your child has not received the vaccine or has only received one dose, consult your health care provider.
- Recommended adult and childhood immunization schedules are available on-line: http://dhss.alaska.gov/dph/Epi/iz/Pages/parents.aspx

- Note that health care settings have slightly different criteria for acceptable presumptive
 evidence of immunity for health care workers, and these criteria are available here:
 https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html
- Vaccine is available at various locations around Alaska, including clinics and retail pharmacies. Call ahead to ensure availability.

Resources

- Section of Epidemiology Mumps webpage: http://dhss.alaska.gov/dph/Epi/id/Pages/Mumps.aspx
- Section of Laboratories Mumps Testing information: http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf (see page 42)
- Centers for Disease Control and Prevention's Mumps webpage: https://www.cdc.gov/mumps/

You are subscribed to the AK Public Health Alert Network for the Alaska Department of Health and Social Services. This information has recently been updated, and is now available.

This message is sent to you as a service of the State of Alaska DHSS, Division of Public Health, through the Section of Epidemiology, 3601 C Street, Suite 540, Anchorage, Alaska 99503, (907) 269-8000. The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084. Internet site: http://dhss.alaska.gov/dph/Epi.

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