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MUMPS ALERT

LOS ANGELES COUNTY PUBLIC HEALTH URGES HEIGHTENED SURVEILLANCE FOR MUMPS

The CDC has issued a health advisory regarding the large mumps outbreak that is currently affecting the Hasidic (Jewish) populations from New York and New Jersey. Over 1500 cases have been reported as of January 2010.¹ The outbreak is also occurring among members of the Hasidic community in Israel. The onset of Passover (March 30th through April 5th) may offer new opportunities for further mumps transmission as people travel to observe the religious holiday. It is important to remember that although the outbreak has primarily affected members of the Hasidic community, mumps can spread rapidly in congregate settings (e.g., camps, schools, colleges, other large gatherings). Thus, any individuals who have contact with this community, are traveling to the affected areas, or have been exposed to another person with mumps-like symptoms should ensure that they are immune to mumps. **Healthcare providers should check that all patients, including both children and adults, have been appropriately vaccinated with 2 doses of the MMR vaccine.**

Mumps is an acute viral illness that is transmitted by respiratory droplets. The incubation period ranges from 12-25 days. Persons with mumps are considered most infectious from 2 days before to 5 days after onset of symptoms. The classic symptom of mumps is parotitis, either unilateral or bilateral. Other salivary glands can also be affected. Nonspecific symptoms such as myalgia, anorexia, malaise, headache, and low-grade fever may precede parotitis by several days. Symptoms tend to decrease after 1 week and usually resolve after 10 days. As many as 20% of cases are subclinical, but such cases remain contagious. Complications include inflammation of the testicles or ovaries, meningitis, encephalitis, pancreatitis, and deafness.

When assessing a patient for possible mumps, staff should follow standard respiratory droplet precautions and the patient should remain isolated at home for 5 days after onset of parotitis. Since parotitis can be caused by agents other than the mumps virus, it is important to make a laboratory diagnosis of mumps. Acute mumps can be confirmed by the presence of serum mumps IgM, a significant rise in IgG antibody, or detection of mumps virus from buccal specimens by PCR, culture or other methods. Sera should be collected as soon as possible after symptom onset for IgM testing and acute IgG testing. Suspected cases who have previously received one or more doses of MMR vaccine may have an IgM response that is missing, delayed, or transient. Thus, it is important to collect sera 2 weeks later for convalescent IgG testing. The acute IgG and convalescent IgG can then be compared to determine if there is a 4-fold rise in mumps antibody level. **If technical assistance is needed, please consult the Los Angeles County Immunization Program Surveillance Unit (213-351-7800).**

Prompt reporting of suspect mumps cases is critical to prevent secondary cases of mumps. Do not wait for laboratory confirmation before reporting a suspected case of mumps. Report suspect cases in Los Angeles County to the Morbidity Central Reporting Unit at 888-397-3993 (phone) or 888-397-3778 (fax). For cases among residents of the Cities of Long Beach or Pasadena, call the Long Beach City Health Department (562-570-4302) or the Pasadena City Health Department (626-744-6000).

References:

¹ CDC. Update: Mumps Outbreak --- New York and New Jersey, June 2009 – January 2010. *MWWR* 2010;59(5):125-129.