



**LAC DPH Health Advisory:
Mumps Outbreak in Men's Central Jail**

November 7, 2019



*This message is intended for primary care, urgent care, emergency medicine,
internal medicine, and infectious disease providers.
Please distribute as appropriate.*

Key Messages

- There is an outbreak of mumps among staff and persons in custody at the Los Angeles County Men's Central Jail (MCJ). Jail staff or persons who were recently in custody may present for care with symptoms of mumps.
- Healthcare providers should consider the diagnosis of mumps among patients presenting with parotitis, other salivary gland swelling, and/or orchitis, even if patients have been immunized, especially if they were present at the MCJ anytime since October 14, 2019.
- Droplet precautions should be used immediately with suspect mumps patients.
- Providers should ensure that patients have completed the two-dose series of measles-mumps-rubella (MMR) immunizations. An extra MMR immunization is recommended for all individuals who were potentially exposed to mumps at MCJ.
- Suspect mumps cases should be reported by telephone promptly to Public Health. Do not wait for laboratory confirmation.

Situation

Mumps is highly infectious and spreads through congregate living/social settings and has caused recent outbreaks in the United States.

Since October 25, 2019, there have been 25 confirmed cases of mumps among staff and persons in custody at MCJ. Any person who was present at the MCJ since October 14, 2019 may have been exposed to mumps and become infected if they lacked immunity.

This communication is to request increased vigilance for possible mumps cases associated with the current jail outbreak and to review the presentation, diagnosis, and management of mumps in Los Angeles County. Many recent LA County mumps cases have been initially misdiagnosed, most commonly as salivary duct stones and lymphadenopathy.

Actions Requested of Providers

- Consider mumps when evaluating any patient who has parotitis, other salivary

gland swelling, or orchitis, even in immunized patients. For patients presenting with fever, malaise, headache, anorexia, myalgia or non-specific respiratory symptoms inquire about possible exposure to mumps [see Clinical Presentation]. Obtain a detailed history including any visits or presence in the MCJ since October 14, 2019.

- Immediately implement droplet precautions for patients with mumps-like symptoms.
- Obtain appropriate specimens for confirmation of diagnosis [see Specimen Collection].
- Inform suspect mumps patients that they should remain home and away from public spaces such as school and work for five days after parotitis onset or, in its absence, until the resolution of constitutional symptoms.
- Promptly report suspect cases without waiting for laboratory confirmation [see Reporting].
- Consult DPH Vaccine Preventable Disease Control Program with any questions about a potential mumps case [see Resources].
- Ensure that all clinic staff who have contact with patients have immunity to mumps (two documented doses of MMR or serologic evidence of immunity).
- Ensure that patients have completed the two-dose series of MMR immunizations. Recommend an extra MMR dose for individuals who were present at the MCJ on October 14, 2019 to present.

Clinical Presentation

Unvaccinated individuals are at highest risk for infection, though mumps should also be suspected among vaccinated individuals. Mumps incubation period ranges from 12-25 days, but symptoms typically develop 16 to 18 days after exposure to mumps virus.

Mumps typically begins with a few days of fever, headache, myalgia, fatigue, and anorexia followed by development of salivary gland swelling, pain, and tenderness. Mumps usually involves one or both parotid salivary glands but in 10% of cases other salivary glands (submandibular and sublingual) are symptomatic. In vaccinated patients, symptoms may be non-specific.

Orchitis is the most common complication and can occur without prior presentation of parotitis/salivary gland swelling. Clinicians should inquire about scrotal or testicular pain in men with fever and other non-specific symptoms. Other complications of mumps may include oophoritis and neurologic manifestations (including meningitis, encephalitis, and deafness).

Specimen Collection and Testing at Public Health Laboratory

Specimens for Mumps Testing:

- Buccal/parotid duct PCR: Massage parotid glands for ~30 seconds. With a synthetic swab, swab where the parotid duct enters oral cavity/buccal area (Stenson's duct) on both sides of oral cavity. Use only viral or universal transport

media.

- Serum for IgM/IgG: 7 - 10 ml in gold top/serum separator tube.
- Urine for PCR: 10 – 50 ml midstream, clean-catch.



The Public Health Laboratory will transport and process all mumps specimens. Note: specimens will not be processed until the suspect case has been reported to Public Health. Visit the [DPH specimen collection website](#) for laboratory forms and details on mumps specimen labeling, storage and transport.

Click the image to download the *Specimen Collection for Common Vaccine Preventable Diseases* [poster](#)

Transmission and Infection Control

Mumps is highly infectious and is transmitted by contact with airborne respiratory secretions or saliva or through fomites. A major factor contributing to outbreaks of mumps is being in a crowded environment. Also, certain behaviors that result in exchanging saliva, such as kissing or sharing utensils, cups, lipstick or cigarettes, may increase the spread of the virus.

Typically, mumps patients are contagious from two days before through five days after onset of parotitis or constitutional symptoms (if they do not have parotid swelling). Suspected mumps cases should wear a mask and sit apart from other patients (3-6 feet). Routine surgical masks are sufficient, N95 is not needed. Patients should be told to stay at home and avoid public spaces for five days after the onset of parotid swelling, or, if they do not have parotid swelling, until constitutional symptoms have resolved.

Prevention

Routine vaccination with two doses of mumps-containing vaccine is the most effective way to prevent disease. It is routinely recommended for all children and is a requirement for school attendance. Adults without proof of immunity should receive a two-dose series of MMR. An extra dose of MMR vaccine in those previously immunized may limit the duration and size of mumps outbreaks and is [recommended](#) during outbreaks for persons at increased risk for acquiring mumps.

Management of exposed individuals: DPH will assist in the management of all suspect mumps cases and their contacts.

Reporting

Mumps suspect cases should be reported by telephone promptly to the local health department. Do not wait for laboratory confirmation.

Los Angeles County DPH:

- Weekdays 8:30am-5pm: call 888-397-3993.
- After-hours: call 213-974-1234 and ask for the physician on call.

Long Beach Health and Human Services:

- Weekdays 8am-5pm: call 562-570-4302.
- After hours: call the Duty Officer at 562-500-5537.

Pasadena Public Health Department:

- Weekdays 8am-5pm (closed every other Friday): call 626-744-6089.
- After hours: call 626-744-6043.

Additional Resources

- Technical or clinical assistance-contact LAC DPH Vaccine Preventable Disease Control Program's Surveillance Unit:
 - Weekdays: 8:00 am to 5:00 pm call: 213-351-7800.
 - After hours-urgent consults only-call: 213-974-1234 and ask for the physician on call.
- Mumps for Healthcare Providers
 - (LAC DPH) *Rx for Prevention* article with free CME: 'Recognizing and Managing Mumps in Adults' <http://rx.ph.lacounty.gov/RxMumps0917rev0918>
 - (LAC DPH) Mumps Toolkit-*Fact Sheet for Providers* and *Checklist for Providers*: http://publichealth.lacounty.gov/ip/providers_resources.htm
 - (CDC) Mumps: <https://www.cdc.gov/mumps/hcp.html>
- Mumps Cases and Outbreaks (CDC): <https://www.cdc.gov/mumps/outbreaks.html>

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