

FOR IMMEDIATE RELEASE 04/19/2019

TO: Grant County Healthcare Providers
Grant County Emergency Management

FOR INFORMATION CONTACT

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Mumps Confirmed in Grant County Resident

One confirmed and one probable case under investigation

GRANT COUNTY, WA – Grant County Health Officer, Dr. Alexander Brzezny, issues an alert to inform all healthcare providers regarding two case of mumps in Grant County Residents, among farmworkers. The situation is under active investigation by GCHD.

Grant County Mumps Case Investigation

Mumps has been confirmed in one person and another has been classified as probable, bringing the total so far to two individuals with mumps. Vaccination statues are being investigated. The individual with confirmed mumps developed symptoms on **April 6th, 2019** and could have been contagious up to 7 days before and 9 days after onset of parotitis. Per DOH guidelines, the recommended period for contact investigation for this case is from **April 4th through April 11th, 2019 (2 days before and 5 days after onset)**. During the contact investigation period the resident was present at one healthcare facility: Wahluke Family Medical Center. In addition, the case was also present at Walmart in Othello.

Approximate locations, dates & times include:

Walmart (Othello)

4/5/ 2019 Approximately 16:00-18:00 PM

Wahluke Family Medical Center (Mattawa)

4/9/ 2019 10:20—11:00 AM

GCHD urges all healthcare providers to consider testing for mumps in any individual with clinical symptoms of mumps, especially in any healthcare worker, patient, or community resident present in the above-stated locations during the stated dates/times. **If mumps is suspected, please isolated the patient until the 6th day after the date of parotitis onset.** Contact GCHD to report the suspect case and for assistance with specimen collecting and testing. **Anyone with a possible exposure should be monitored for signs and symptoms of mumps for 25 days after the most recent exposure and isolated immediately; if symptoms that are consistent with mumps develop.** GCHD is recommending that everyone should check their immunization status and assure immunity for mumps (at least one dose of MMR vaccine for adults and preschool children not at high risk, and two doses of MMR vaccine for school aged children and high risk adults (health care workers, international travelers, and students at post high school educational institutions), or positive mumps IgG titer, or birth prior to 1957, or physician documented mumps disease in the past).

GCHD staff are collaborating with the healthcare facilities to contact staff and patients who may have been exposed to the ill individual to assess evidence of immunity and ask them to monitor themselves and any family members that were present at the clinic for signs and symptoms of mumps through May 6th, 2019. Mumps incubation period is generally 12-25 days.



GCHD is asking all clinicians to use a high level of suspicion for mumps in anyone with compatible symptoms. There is no specific treatment for mumps, but suspected cases require isolation, correct and approved testing (PCR on buccal swab and urine can be performed at the Washington State Department of Health Public Health Laboratories), and prompt notification of public health officials.

Actions Requested

- Be familiar with the symptoms of mumps and maintain vigilance for possible cases, particularly in patients with parotitis.
- **Review guidance for immunization of healthcare workers with MMR vaccine and ensure healthcare personnel have documented evidence of mumps immunity (before an exposure):**
 - Documented receipt of 2 doses of MMR (or mumps) vaccine (at least 28 days apart).
 - Serologic evidence of immunity.
- Review your vaccine inventory and order appropriately.
- **Please report suspected cases to GCHD at (509) 766-7960 for investigation and coordination of laboratory testing.**

Immunizations:

Two doses of MMR vaccine provides about 88% immunity (one dose about 78% effective). The mumps vaccine is not effective for use as a post-exposure prophylaxis. MMR is contraindicated in pregnancy and other usual immunosuppressed individuals. Even though two doses of MMR are preferred (as per age and indications), the following is sufficient proof of immunity against mumps:

- 1 dose MMR--for preschoolers and low-risk adults, OR
- 2 doses of MMR--for school-age children, college students, international travelers and health care workers, OR
- Serologic evidence of immunity (IgG positive), OR
- Birth before 1957 (not applicable for use among healthcare workers in an outbreak setting), OR
- Evidence of physician-documented prior mumps infection.

Exclusion of person with mumps symptoms

All people with symptoms of mumps should be excluded from public places, including workplaces, schools, and/or child care until they have been evaluated for possible mumps. Those suspected for mumps should be evaluated, tested, and excluded for a minimum of five (5) full days following the day of symptom onset (day 0).

Healthcare workers exposed to mumps who have no symptoms and no proof of immunity as outlined above **will be excluded from public locations, including from their workplace starting on the 12th day after the first exposure through the 25th day after the last exposure.**

Infection Control Recommendations

- Hospitalized patients should be cared for using droplet precautions until the 6th day after the date of parotitis onset.
- **Isolate all cases with parotitis for at least five days or until negative results.**
 - Cases (including suspected cases) should stay home and not go to school, work, public places, or social activities until 5 full days have passed since the date of parotitis onset. Family members who are not immune should avoid contact during the time the case is infectious. **Healthcare workers with mumps illness should be excluded from work until the 6th day after the onset of parotitis, with the date of onset being day 0.**
- Cases should be taught “respiratory etiquette”.

Collection of Specimens for PCR Testing

Mumps can be most reliably diagnosed by isolation of mumps virus or detection of mumps nucleic acid by PCR assay from buccal mucosa secretions (first 5 days) or urine (up to 10 days after onset). In most cases if serologic testing is desired, send serum commercially and **request both IgM and IgG results.**

- On days 0-3 after onset of parotitis, **collect a buccal swab only.**
- On days 4-10 after onset of parotitis, **collect both a buccal swab and urine.**
- Please consult with GCHD about what testing can be considered if more than 10 days has elapsed since onset of parotitis.

Testing- Buccal Swab Collection:

- For patients with symptoms of mumps, **collect a buccal swab and urine for viral PCR and culture** at Washington State Public Health Laboratory. Buccal swab should be collected within 3 days (and not longer than 5 days) of symptom onset.
- Massage the parotid gland for about 30 seconds prior to collecting the specimen. Place a Dacron swab between rear molars and cheek (on the affected side if parotitis is unilateral) and leave in place 10–15 seconds. Place both swab in a tube containing 2-3 ml of cold viral transport medium (VTM).
- Send serum to commercial lab for mumps IgM and IgG.
- Use droplet precautions (mask and eye protection).
- Ask patients to remain at home for 5-days post symptom onset.

Mumps Reporting Requirements:

Healthcare providers, healthcare facilities, laboratories: notifiable to GCHD within 24 hours suspected case to arrange specimen testing. Call GCHD and speak with a public health nurse if you have and questions- 509-766-7960.

- All requests for mumps testing at Public Health Lab (PHL) must have approval from GCHD.

Mumps Information for Healthcare Providers:

- [DOH Mumps Guidelines](#) | WA-DOH
- [Manual for the Surveillance of Vaccine-Preventable Diseases, Chapter 9: Mumps](#) | CDC
- [Mumps Information for Health Providers](#) | CDC

Consultations:

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