Interior Health

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IS1300 Mumps	**EFFECTIVE DATE:** February 2012 **REVISED DATE:** December 2012, October 2019 **REVIEWED DATE:**

1.0 PURPOSE

To provide guidance to staff on how to report a case of mumps to Public Health.
To prevent transmission of mumps to patients and staff.

2.0 DEFINITIONS

Mumps is a severe illness caused by the mumps virus. Mumps was previously a childhood disease however, now it is more common in young adults. Symptoms include fever, aches and pains, headaches and swelling of the salivary glands, especially in the parotid glands. Up to 1 in 5 people do not have symptoms; however they can still spread the mumps virus to other people.

Complications of mumps includes painful swelling of the testicles in about 1:4 adult men and post-pubertal boys and swelling of the ovaries in about 1:20 women – both of these conditions are temporary and rarely result in permanent damage or sterility. Mumps can also cause temporary or permanent deafness or serious illness such as encephalitis which can lead to convulsions or brain damage. Mumps in early stages of pregnancy may increase the rate of miscarriage. Mumps do not appear to cause birth defects.

Healthcare provider (staff) contact of a case of mumps – defined as individuals who have had direct contact with oral/nasal secretions of an infectious case of mumps.

Prodomal period – the time during which the infectious process has begun but is not yet clinically manifested by signs and symptoms.

WH&S - Workplace Health and Safety (WH&S) – provides the baseline assessment of all healthcare workers' immunity and vaccination status and follow up in cases of an occupational exposure

2.1. Infectious Period

- Maximum infectiousness occurs between 2 days before to 5 days following the onset of parotid swelling. However, virus has been isolated from saliva from 7 days before through 9 days after onset of swelling and may be detected in urine for up to 14 days after onset of swelling. Inapparent infections can be communicable.
- Symptoms can appear from 16-25 days after a person is infected with the mumps virus

2.2. Transmission

- Direct contact with saliva or respiratory droplets aerosolized from the nose or throat, spread through coughing, sneezing, sharing drinks, or kissing, or from contact with any surface that has been contaminated with the mumps virus.

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2.3. Diagnostic testing

- Done by both serology and virus detection.
- Requires collection of both acute and convalescent serum specimens.
- If patient presents at ≤ 5 days after symptom onset, collect oral specimen.
- If patient presents at > 5 days after symptom onset, collect urine specimen.
- Buccal swab or saliva from the buccal cavity collected within the first 3 to 5 days of parotitis or symptom onset is the preferred specimen.
- All specimens are sent to BCCDC for testing. Refer to Communicable Disease Control Mumps

3.0 GUIDING PRINCIPLES

Consider as immune those persons who have had any of the following:

- Birth date before January 1, 1970 (1957 for health care workers).1
- Prior clinical diagnosis of acute mumps and laboratory confirmation of same; or
- Born on or after January 1, 1970 with:
  - documented evidence of two doses of mumps-containing vaccine on or after the first birthday and given at least 4 weeks apart; or
  - there is no known serologic threshold that correlates with immunity to mumps, and therefore mumps serology is not to be used for assessment of immunity. The only exception is post-exposure serology for exposed health care workers where exclusion is being considered and no other information is available.

4.0 PROCEDURE

4.1. Additional Precautions

- Confirmed or suspect cases must be placed on Droplet Precautions – do not await laboratory confirmation of the case.

4.2 Discontinuing Precautions

- Precautions may be discontinued **9 days after the onset of parotid swelling.**

4.3 Reporting

- Investigate all clinically identified and laboratory reported cases of mumps as soon as possible and immediately notify the CD Unit (1-866-778-7736) Monday to Friday 0830-1630 or the Medical Health Officer On-Call (1-866-457-5648) after hours
- Report case to Infection Control
- Infection Control will ask Unit Managers to identify staff who meet the contact definition with the patient since admission and report these names to WH&S for follow-up

4.4 Management of Non-immune Healthcare Provider Contacts to a Case of Mumps

- Offer MMR vaccine to susceptible contacts who do not have a contraindication to the vaccine.
- Although mumps immunization after exposure to mumps may not prevent the disease, it is not harmful.
- Immune globulin is not recommended for mumps for post exposure prophylaxis
- Exclude the healthcare provider from the 10th day after the first exposure until the 26th day (inclusive) after the last exposure to the case of mumps.
- Refer to WH&S for follow up and BCCDC guidelines

4.5 Management of Healthcare Provider (Staff) Cases of Mumps

- Healthcare providers who are diagnosed with mumps should be excluded from work until at least five days after the onset of salivary gland swelling.
- This exclusion may be extended up to 9 days if the healthcare provider remains symptomatic or if they work with vulnerable patients (e.g., immunocompromised).
- Staff working with immunocompromised or other vulnerable patients may be reassigned to another area after day five, at the discretion of WH&S.
- Prior to return to work the healthcare provider should contact WH&S to ensure they are no longer contagious.

5.0 REFERENCE

1) Communicable Disease Control Mumps: BC Centre for Disease Control http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/MumpsSeptember2014.pdf accessed October 23 2019.