

## Auckland mumps outbreak: 29 June 2017

- **Mumps is widespread across Auckland**
- **A new process for managing mumps cases and close contacts starts Monday July 3rd**
- **Health professionals to give information to cases and contacts - and notify**
- **Public health to manage high risk contacts and settings**

Mumps is now established throughout Auckland communities, requiring a new management process.

Auckland Regional Public Health Service (ARPHS) will focus on:

1. Promoting MMR vaccination.
2. Protecting those who are most at risk of severe mumps and/or its complications.

### Mumps – Key Facts

- Mumps is a serious and highly infectious viral illness that is prevented by the MMR vaccine.
- Mumps is spread through aerosolised oral and respiratory secretions and direct contact with contaminated surfaces.
- Symptoms include fever, headache, muscle aches, tiredness and loss of appetite. After two days, the salivary glands on one or both sides of the face become swollen and sore.
- Complications include – first trimester miscarriage, orchitis, oophoritis, deafness, aseptic meningitis and encephalitis.
- Incubation is two to four weeks. Most mumps cases are infectious from two days prior to, and up to five days after, parotitis.

### New process for mumps

- ARPHS will continue to receive notifications
- Information is available for health professionals to distribute to cases and contacts here: [www.arphs.govt.nz/managing-the-mumps-outbreak](http://www.arphs.govt.nz/managing-the-mumps-outbreak)
- ARPHS will not routinely follow up on cases and close contacts
- ARPHS will follow up **high risk close contacts** and **high risk settings**

### MANAGING SUSPECTED CASES - **Notify - Isolate - Advise - Immunise**

People meet clinical criteria for mumps if they have:

Acute onset fever **AND** unilateral or bilateral tender, swelling of the parotid or other salivary gland, lasting more than two days **AND** without other apparent cause. Not all parotitis is mumps: consider other diagnoses.

### Notify on suspicion

- If your patient has a clinically compatible illness and/or the diagnosis is most likely mumps, notify ARPHS. Do not wait for investigations to be completed.
- A patient can be fully immunised and still catch mumps.
- You will need to have some information ready when you notify ARPHS. The Mumps Notification Form on the mumps ARPHS web page contains everything you need to know for notification. You can download it [here](#).

### Investigate only where necessary

- Investigation is NOT required for all suspect cases.
- ARPHS does NOT recommend testing for patients that meet the case definition for mumps.
- Diagnostic testing should be considered ONLY if the result will alter the management of cases with **high risk close contacts** or if workplace issues are a factor.

### Isolate the case

- Cases should be advised to stay home for **five days** in isolation following the onset of parotitis and away from **high risk contacts** such as:
  - children aged less than 15 months,
  - non-immune pregnant women,
  - those who cannot receive the MMR vaccine because they are immune-compromised or allergic to components of the vaccine - gelatin or the antibiotic neomycin.

### Advise

- Provide information sheets for cases here: [www.arphs.govt.nz/managing-the-mumps-outbreak](http://www.arphs.govt.nz/managing-the-mumps-outbreak)
- Ask the case to inform their school, tertiary institutions, work, and close contacts.
- Advise personal cares – cover coughs/sneezes, wash hands thoroughly, don't share saliva/drinks/food/kissing. Disinfect surfaces that may be contaminated.
- Advise case to seek medical attention if symptoms worsen or if they have any concerns.

### Immunise

- Review the immune status of all household members and offer MMR as necessary - see table.
- Every opportunity to vaccinate should be taken.

Establishing mumps immune status	
<b>Considered <u>Immune</u> if:</b>	<ul style="list-style-type: none"><li>– born prior to 1981, or</li><li>– diagnosed with mumps by a doctor previously, or</li><li>– received two <i>documented</i> doses of MMR vaccine, or</li><li>– had blood tests which confirm immunity to mumps</li></ul>
<b>Considered <u>Not Immune</u> if:</b>	<ul style="list-style-type: none"><li>– not received two <i>documented</i> doses of MMR vaccine, or</li><li>– has a weakened immune system, or</li><li>– a child aged less than 15 months (has not received MMR1), or</li><li>– a child 15 months to four years, (likely to have only received MMR1)</li></ul>

## MANAGING CLOSE CONTACTS OF MUMPS

### Identify – Check Immune Status - Quarantine - Advise – Immunise

Please provide information to cases for distribution to their close contacts.

ARPHS will follow up high risk close contacts and high risk settings such as ECEC or healthcare institutions.

### Identify close contacts

- Defined as persons who have recently been in close face-to-face contact (within a metre) of a person infected with mumps, or come into direct contact with contaminated surfaces.
- Can include a household member, friend, or colleague in the same crèche, class, work space, hostel, sports team e.g. a rugby team, special interest or cultural group e.g. kapa haka.

### Identify high risk contacts and settings AND Notify ARPHS of these

- You will need to have some information ready when you notify ARPHS. The Mumps Notification Form on the mumps ARPHS web page contains everything you need to know for notification. You can download it [here](#).

- High risk contacts are people who cannot or have not received the MMR vaccine and include:
  - Children under 15 months of age
  - Non immune pregnant women
  - Non immune adolescents
  - Those who are immune compromised
  - Those allergic to components of the MMR vaccine
- High risk settings include educational and health care institutions.

Deciding which close contacts to exclude (quarantine)		Quarantine at home
<b>Exclude if:</b>	<ul style="list-style-type: none"> <li>- not received any documented MMR vaccinations</li> <li>- an adult and only had one MMR and they do not intend to get the second MMR vaccination required to make them immune</li> <li>- unsure of immunity.</li> <li>- a child aged under 15 months</li> <li>- considered high risk (see heading: Identify high risk contacts)</li> <li>- a fever and facial swelling for two days or more</li> <li>- suspected of having mumps</li> </ul>	<b>Yes</b>
<b>Can still attend if:</b>	<ul style="list-style-type: none"> <li>- a child aged 15 months to four years who has received vaccinations on time according to their age (MMR1)</li> <li>- Note: A second vaccination (MMR2) can be given any time as long as it is four weeks after the first MMR vaccination.</li> <li>- a child between 12 to 15 months and have received an early dose of MMR vaccine</li> <li>- an adult with only one MMR vaccination but they have immediately received a second MMR vaccine (at least 4 weeks after the first MMR)</li> <li>- blood tests which confirm immunity to mumps</li> <li>- received two doses of the MMR vaccine</li> </ul>	<b>No</b>

- The quarantine period starts 12 days after your first contact with an infected person, lasting until 25 days after your last contact.
- For example if you were initially in close contact with an infected person on 1 June and again on 5 June, then the quarantine period is 13 June – 30 June (which is 17 days inclusive, for this example).

### Advise

- Ensure the case has information to provide to contacts. Resources here: [www.arphs.govt.nz/managing-the-mumps-outbreak](http://www.arphs.govt.nz/managing-the-mumps-outbreak)

### Immunise

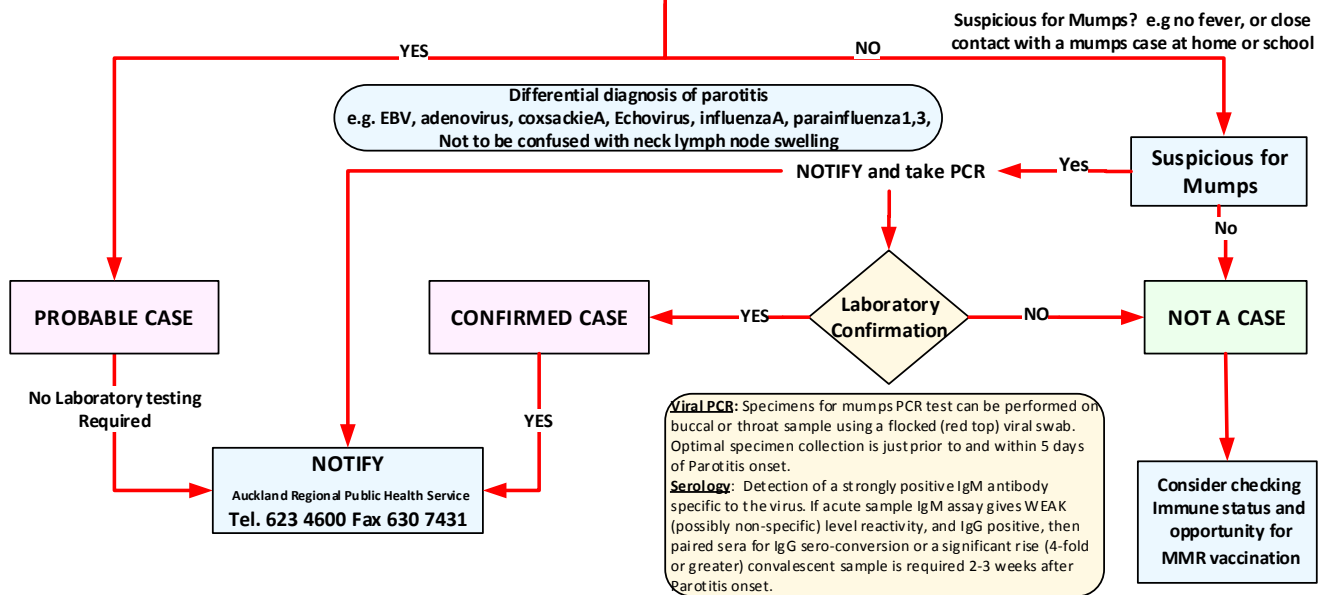
- Immunisation remains the mainstay for controlling mumps outbreaks. Please take every opportunity to provide catch up MMR vaccinations.

For more information phone ARPHS (09) 623 4600 or fax (09) 623 4633 or visit [www.arphs.govt.nz/managing-the-mumps-outbreak](http://www.arphs.govt.nz/managing-the-mumps-outbreak).

# MUMPS

## Clinical Pathway for Health Professionals – Protecting the Most Vulnerable

Acute onset fever **AND** unilateral or bilateral tender, swelling of the parotid (parotitis) or other salivary gland (face, cheek, or jaw), lasting more than two days **AND** without other apparent cause.



## Health Professionals' Advice for Mumps Cases and Close Contacts

### Advice for Confirmed, Probable or Suspicious Cases of Mumps

#### 1. Exclusion for 5 days

(Infectious period is 2 days before parotitis to 5 days after parotitis)

- STAY HOME FOR 5 DAYS from onset of parotitis
- STAY AWAY from Vulnerable or High risk persons

### Advice and Information for Mumps Cases and Close Contacts

#### 1. Personal Care - ongoing

- Cover coughs and sneezes with tissue and throw used tissues in the bin
- Wash and dry hands thoroughly
- Avoid sharing saliva e.g. food, drinks, kissing
- Clean and disinfect contaminated surfaces

#### 2. Information

- Inform ECEC, school, tertiary institutions, work
- Consider symptomatic treatment for fever and pain
- See GP if symptoms worsen/concerns
- Provide info. sheets mumps/mumps case/mumps close contact
- Direct to ARPHS website for more information

### Considered **NOT IMMUNE** to Mumps

- has not received two doses of MMR
- children aged less than 15 months
- persons who cannot receive MMR
  - immune-compromised
  - non-immune pregnant women
  - those allergic to gelatin & neomycin

### Considered **IMMUNE** to Mumps

- born prior to 1981
- diagnosed with mumps previously
- received two doses of MMR
- serological (IgG) evidence of immunity

### Advice for Close Contacts of Mumps Cases

- household, daycare, school, tertiary institution, work  
(Close contact is defined as face to face contact within 1 metre)

#### Check Immune Status:

- If NOT IMMUNE – see below.

#### 1. Targeted Quarantine at home

- STAY HOME from day 12 after first contact with case, until day 25 after last contact with case
- STAY AWAY from Vulnerable and High risk persons

#### 2. MMR Vaccination – to avoid quarantine at home

- must be given as soon as possible
- those 12-15 months - accelerated MMR1, then MMR2 after 4/52
- those ≥ 15 months catch-up MMR1/MMR2 (children and adults)

#### Note for workers in Vulnerable and High risk settings

- ECEC Worker can continue to work if gets MMR1/MMR2
- HC Worker can continue to work if gets MMR2
- HC Worker must stay home in quarantine if gets MMR1

### Vulnerable or High risk persons

- persons who cannot receive MMR
  - immune-compromised
  - non-immune pregnant women
  - those allergic to gelatin or neomycin
- children aged less than 15 months
- non-immune adolescents

### Vulnerable or High risk settings

- Healthcare (HC)
- Early Childhood Education Centre (ECEC)

Resources for Mumps - <http://www.arphs.govt.nz/>  
Cases, Contacts, ECEC, Schools, Tertiary Institutions, Workplace, ECEC workers/Health care workers, health professionals

Visit [www.arphs.govt.nz](http://www.arphs.govt.nz) | Call 09 623 4600 | Fax 09 623 4633 | Auckland Regional Public Health Service | @aklpublichealth

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