

EPI Update for Friday, April 21
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's Special Mumps Edition of EPI Update include:

- **Statewide campaign to immunize college-age Iowans**
- **Update on current cases**
- **Important guidelines for mumps testing**
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Statewide campaign to immunize college age Iowans

With the highest number of Iowa mumps cases occurring in the young adult (18 to 22 years of age) population, the Iowa Department of Public Health (IDPH), and its local public health partners, have announced a statewide campaign to vaccinate 18 thru 22 year old Iowans. Ensuring that those at high risk receive two doses of the mumps vaccine is the cornerstone of mumps prevention. Since some of the cases in Iowa have occurred in people who haven't been vaccinated against mumps, or who have only received one dose, this campaign will focus on getting those groups up-to-date with the mumps vaccine.

The focus next week will be on the 35 counties that have college or university facilities and will include non-students in the 18 thru 22 age group as well. With this campaign, we are trying to get students vaccinated before they leave at the end of the school year. Parents can also help by encouraging their children in the targeted age group to get vaccinated.

Specific dates of clinics in individual counties will be announced by the local public health agencies involved.

Update on current cases

As of Wednesday, April 19, 975 confirmed, probable, and suspect cases have been reported to IDPH. Sixty-six counties are now affected. Please continue to check the mumps Web site for new information at www.idph.state.ia.us/adper/mumps.asp.

Important guidelines for mumps testing

The University Hygienic Laboratory is receiving specimens for mumps testing from individuals who do not have mumps symptoms. All patients tested for mumps should have signs and symptoms consistent with the mumps. Relevant symptoms include swelling or pain of the parotid or other salivary glands, swelling of the testes, or ear pain. Performing IgM testing or mumps culture on someone who has no clinical symptoms of mumps, even if they were exposed to a known case, leads to unnecessary use of limited testing and local health department resources, slows laboratory response time and increases the proportion of false positive results. Specimens collected for immunity checking for IgG should be submitted to a private laboratory and not the University

Hygienic Laboratory.

Also, recent vaccination history **MUST** be reported with specimen submission. It is not recommended that immune status be checked after vaccination. (If a person has been recently vaccinated, they may have a true positive test result; however, it is not likely to be clinically relevant. The MMR vaccine is a live, attenuated virus vaccine, and there will be an IgM and/or IgG response. There is a potential to also grow the vaccine strain in culture.)

Mumps disease reporting process

The IDPH Center for Acute Disease Epidemiology (CADE) may report potential cases multiple times to local public health agencies (LPHA) due to the submission of multiple specimens for suspected mumps cases and the different lengths of time various laboratory tests take to complete. CADE will send out all lab reports to LPHA regardless of the whether or not the follow-up has been completed and sent. CADE may also send reports of patients with only symptoms clinically compatible with mumps. A new investigation form does not need to be completed with each additional lab report if one has already been sent to CADE.

LPHA does not have to hold onto the investigation form for laboratory results if the patient has classic mumps symptoms (swelling or pain in the jaw, neck or ear lasting more than two days). Without lab confirmation, the patient must have had classic symptoms for at least **two days** for CADE to classify the person as a case. If labs are received on these cases after the form is sent to CADE, CADE will add the lab information to the form.

As a reminder, laboratory results should contribute to determining whether a patient is a case but should not be used to rule out cases that have classic mumps symptoms.

This data is essential in helping IDPH determine where mumps is spreading and to whom. We examine every single piece of data sent to us daily, conduct in-depth analysis twice each week as well as weekly assessments to help determine the most appropriate disease prevention and control measures. LPHA is integral in this process and their efforts are valued.

Examples of mumps spread

The CDC (Centers for Disease Control and Prevention)/IDPH investigators telephoned local public health agencies and health care facilities with mumps cases to collect additional information about how mumps is spreading. After each setting, there are recommendations about measures that should be taken to decrease the spread of disease.

Hospital:

Since the beginning of March, one hospital has had several cases of mumps in various health care staff. It initially started with two employees working in different areas of the hospital, but who had spent time together on breaks. Within two to three weeks, several

additional cases of mumps were identified in their co-workers. There was no policy for ensuring immunity to mumps among all staff and no post exposure policy in place.

Recommendations: Because of the impact of the mumps outbreak on the health care system, it is recommended to document immunity in all hospital staff, (especially those in acute care and those working with high risk patients). Staff who are not immune should be vaccinated. Educate staff on the signs and symptoms for mumps and infection control measures and enforce exclusion policy for exposed susceptible staff and any symptomatic staff. Also, hospitals should have guidelines for determining immunity and criteria for post-exposure exclusion.

Medical clinic:

A health clinic worker developed mumps symptoms after exposed to patients with mumps symptoms. Later, two relatives of the employee developed mumps.

Recommendations: The recommendations for hospitals are relevant for clinic staff. In addition, the Iowa Code requires reporting of mumps and suspected cases of mumps by health care providers, and allows public health to provide information to families of patients and patients exposed to mumps about mumps, to prevent further spread if disease develops.

College:

Students at a particular college were instructed on isolation measures and good hygiene. However, those with disease disregarded these instructions and attended various events and shared personal effects, resulting in the spread of mumps.

Recommendations: Students should be educated about how the disease is spread and the importance of complying with instructions. Ill students should remain isolated in their room or at home. When they must enter common areas (such as going to a communal bathroom), ill students should maintain social distance and cover their mouths and noses, especially when they cough or sneeze.

Child care setting:

Because mumps has not occurred in high numbers in young children, children and staff at a child care facility are not at high risk. However there have been two situations where a staff member developed mumps after cases occurred among the children.

Recommendations: Many child care staff may have completed school prior to the implementation of the two-dose MMR school entry policy. Staff may wish to contact their own health care provider about further vaccinations. Also, any children and staff who are symptomatic should stay home. Staff members should continue to ensure good hygiene such as washing hands and using tissues for nose-blowing and coughing. Staff should be educated on the signs and symptoms of mumps.

Meeting announcement and training opportunities

Tuberculosis: Diagnosed in 24 Hours

This conference will be presented Tuesday, May 9 via conference call from Noon – 1:00 p.m.

Join the University Hygenics Laboratory (UHL), IDPH, and the University of Iowa College of Medicine to learn about the epidemiology of tuberculosis in Iowa and the MTD testing now available from UHL for a more rapid diagnosis. There is no charge for this event. Click on the link below for more information and to register. Deadline for registration is April 28.

www.uhl.uiowa.edu/educationoutreach/conferencesevents/tuberculosis_teleconference/index.html

Have a healthy and happy week!

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Iowa Department of Public Health

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