



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

June 29, 2011

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to Communicable Disease Control Manual
Chapter I – Communicable Disease Control: **INTERIM Guidelines for the Control of Mumps**

The purpose of this Administrative Circular is to draw attention to the actions that are most relevant when managing a case of mumps. The guideline is being posted on an **interim** basis as the BC Communicable Disease Policy Committee is embarking on a new process for the development of communicable disease control guidelines.

BCCDC began revising the mumps control guideline in 2006 and there has been substantive input from Regional Health Authorities and the BCCDC Public Health Microbiology & Reference Laboratory.

Please note the following changes to the guideline:

- **The formatting of the guidelines has been revised.** The ordering of information in the document has changed to ensure that information needed for actions related to case and contact management is at the front and background information is at the back of the document.
- Due to the BCCDC reorganization, the term “Epidemiology Services” has been replaced with “BCCDC Immunization Programs and Vaccine Preventable Diseases Service (IP-VPD Service).”

Administrative Circular 2011:08

BC CENTRE FOR DISEASE CONTROL
655 WEST 12TH AVENUE, VANCOUVER BC V5Z 4R4
PHONE: (604) 707-2517 | FAX: (604) 707-2516
WWW.BCCDC.CA



Page 2, Section 4.0 “MUMPS FLOW CHART:”

- This is new. The flow chart is intended as a quick reference to assist Public Health with case and contact management.

Page 3, Subsection 5.1 “Confirm the Diagnosis:”

- All confirmed, clinical (probable) and suspect cases of mumps should be reported to the local MHO.
- Case definitions are consistent with the 2009 “Case definitions for diseases under national surveillance” from the Public Health Agency of Canada.
- Note that footnote ② describes “mumps-compatible illness” while footnote ④ describes “illness that could be mumps”. Footnote ④ applies to individuals who are contacts of a confirmed or clinical case of mumps.

Page 4, Subsection 6.1 “Laboratory Testing:”

- Probable and suspect cases of mumps should be tested by both virus detection and serology.

Page 4, Subsection 6.1.1 “Virus Identification:”

- A buccal swab or saliva from the buccal cavity is the preferred specimen for viral testing.
- An oral specimen should be collected if client presents ≤ 5 days of symptom onset. If > 5 days have elapsed since symptom onset, a urine specimen should be collected.

Page 5, Subsection 6.1.2 “Serology:”

- Acute and convalescent sera should be collected to assess mumps IgM and IgG levels.

Page 6, Subsection 6.2 “Interpretation of Test Results:”

- Interpretation of IgG testing results may be challenging. The BCCDC Public Health Microbiology & Reference Laboratory can provide quantitative results of the enzyme immunoassay signal to assist health care providers.

Page 7, Subsection 6.2 “Interpretation of Test Results (cont’d):”

- The table “Mumps Testing Results” is intended to assist health care providers with interpreting the results of laboratory tests.
- Note: a reactive IgM antibody may indicate a possible acute mumps infection. However, without additional confirmatory testing (i.e., IgG sero-conversion or virus identification) it may be a false positive IgM result. Such cases should be reported as clinical/probable unless epidemiologically-linked to a laboratory confirmed case or is outbreak related.

Page 7, Subsection 6.3 “Case History:”

- In order to properly interpret laboratory results, health care providers should consider clinical, epidemiologic, and laboratory information.
- Information regarding period of communicability is included in this section as it directly pertains to the case. A diagram depicting incubation period, period of maximum communicability, period of possible communicability, and onset of symptoms is included in Subsection 7.1 “Contact Identification” as the information is essential when identifying contacts.
- The Measles, Mumps, and Rubella Enhanced Surveillance Case Report Form can be used to facilitate data collection and recording. The form is available on the BCCDC website at [http://www.bccdc.ca/di-
cond/CDSurveillanceForms/default.htm](http://www.bccdc.ca/di-
cond/CDSurveillanceForms/default.htm)

Page 8, Subsection 6.4 “Case Treatment:”

- Treatment for mumps is supportive. To prevent transmission to others, cases should be encouraged to practice good hand hygiene, avoid sharing drinking glasses or utensils, and cover coughs and sneezes with a tissue or forearm.

Page 8, Subsection 6.5.1 “Exclusion of health care workers:”

- A definition of health care workers is included for clarity.
- If the case is a HCW, the MHO should exclude them from work for a minimum of 5 days after the onset of salivary gland swelling. The exclusion may be extended to 9 days if the health care worker is still symptomatic or works with vulnerable patients.

Page 9, Subsection 6.5.2 “Exclusion from workplace, school, or child care settings:”

- The MHO should exclude cases for at least 5 days and up to 9 days (if symptomatic) after the onset of salivary gland swelling.

Page 9, Subsection 6.6 “Case Travel:”

- When a mumps case has travelled during the period of communicability, the MHO and BCCDC should be informed. BCCDC may notify other provincial/territorial jurisdictions.

Page 9, Subsection 7.1 “Contact Identification:”

- The purpose of contact identification is to identify contacts that are susceptible to mumps, particularly health care workers.
- Information regarding the incubation period and mode of transmission are included to assist with identifying contacts.
- Criteria for assessing whether contacts are immune or susceptible to mumps are included.

Page 10, Subsection 7.3 “Immunoprophylaxis of Susceptible Contacts:”

- MMR vaccine should be offered to all susceptible contacts who do not have a contraindication to the vaccine. There is no indication for antibody testing prior to immunization.
- Susceptible contacts who receive a dose of MMR vaccine should be advised about the potential for vaccine - associated parotitis and the need for virus testing only (serology will not be helpful) should symptoms develop after immunization.

Page 11, Subsection 7.4.1 “Exclusion of susceptible contacts: Health care settings:”

- When a susceptible HCW is exposed to a case of mumps, a risk assessment must be made to determine whether the HCW may return to work. Best practice is to exclude the HCW from any work in the health care setting from the 10th day after the first exposure until the 26th day (inclusive) after the last exposure to the case of mumps.

Page 11, Subsection 7.4.2 “Workplace, school, or child care settings:”

- Exclusion of susceptible contacts is not indicated.

Page 12, Figure 1 “Management of Health Care Workers Who Are Close Contacts of a Case of Mumps:”

- The flow chart is to assist with decision making regarding the assessment of susceptibility and recommendations pertaining to immunization and exclusion. It is taken, in whole, from Occupational Health and Mumps Vaccine Expert Working Group. (2009). *Recommendations for baseline assessment and management of health care workers (HCW) who are cases or contacts of mumps*. Vancouver, BC: Provincial Infection Control Network of BC.

Page 13, Section 8.0 “Reporting:”

- Suspect, clinical/probable, and confirmed cases of mumps should be reported to the MHO and BCCDC (via iPHIS or PARIS).
- The Measles, Mumps, and Rubella Case Report Form should be completed and faxed to BCCDC.

Page 13, Section 9.0 “Outbreak Management:”

- The definition of a mumps outbreak and an overview of the public health response to a mumps outbreak are provided.

Page 14, Subsection 9.1 “Intensify Surveillance:”

- When an outbreak is suspected or confirmed, consultation with BCCDC Immunization Programs and Vaccine Preventable Diseases Service is recommended.

Page 14, Subsection 9.2 “Immunization:”

- Notify BCCDC Immunization Programs and Vaccine Preventable Diseases Service of the outbreak and provide an estimate of the number of excess doses of MMR vaccine required if expanded immunization services are being planned.
- In 2008, BC added a second dose of mumps to its immunization schedule recommendations for people born after 1969. The strategy for its implementation has been through opportunistic health encounters rather than mass catch-up. During a mumps outbreak, additional opportunities for immunization may be offered in locations readily accessible by the affected community.

Page 15, Subsection 9.3 “Communication:”

- Hospitals and physicians should be notified by Public Health at the start of the outbreak.
- Suggestions for public communication strategies are provided.

Page 15, Subsection 9.3.1 “Contact Notification:”

- During an outbreak, public health may not be able to conduct contact notification. Information is provided to facilitate contact notification by cases.

Page 16, Subsection 9.3.2 “Mass Gatherings:”

- Planned events do not need to be cancelled during a mumps outbreak.
- Participants should be advised about how mumps is transmitted, measures they can take to protect themselves, symptoms of mumps, and the importance of seeing a health care provider if they develop symptoms of mumps.

Page 16, Subsection 9.5 “Health Care Workers:”

- During a mumps outbreak, it is particularly important that health care workers review their immunization status and ensure they are up to date. Health care workers should also be aware of the signs and symptoms of mumps and be advised to report to Occupational Health or Infection Control should they develop symptoms of mumps.

Page 17, Section 10.0 “Clinical Description:”

- Background information regarding signs, symptoms, and potential complications of mumps infection is provided.

Page 17, Section 11.0 “Epidemiology:”

- Background information regarding the incidence and epidemiology of mumps in B.C.

Page 19, Subsection 11.1 “Mumps Immunization in BC:”

- Background information regarding the history of mumps immunization in B.C.
- The table summarizes the number of doses of MMR vaccine recommended for BC residents based on each of its components (i.e., measles, mumps, and rubella).

Page 20, Section 12.0 “Measles, Mumps, and Rubella Enhanced Surveillance Case Report Form:”

- The form is provided to facilitate case and contact management.
- The form is available on the BCCDC website at <http://www.bccdc.ca/discord/CDSurveillanceForms/default.htm>

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 1 – Communicable Disease Control: Mumps

Pages 1 – 4

Dated June 1998

Please insert the following pages in the Communicable Disease Control Manual, Chapter 1 – Communicable Disease Control: Mumps

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If you have any questions or concerns, please contact Karen Pielak, Clinical Nurse Specialist, or Cheryl McIntyre, Public Health Resource Nurse, at telephone (604) 707-2510, fax (604) 707-2516 or by email at karen.pielak@bccdc.ca or cheryl.mcintyre@bccdc.ca

Sincerely,



Dr. Monika Naus, MD MHS Sc FRCPC FACPM
Medical Director
Immunization Programs and Vaccine Preventable Diseases Service
BC Centre for Disease Control

pc: Ministry of Health Services:

Dr. Perry Kendall
Provincial Health Officer

Dr. Eric Young
Deputy Provincial Health Officer

Dr. Bob Fisk
Medical Consultant
Non-Communicable Disease

Craig Thompson
Director, CD Prevention – Immunization

Warren O'Briain
Executive Director
Communicable Disease and Addiction Prevention