



# Health Alert Network

## Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

## HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Mumps outbreaks in Colorado**

Message ID: 2/8/2019 4:30:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

### Categories of Health Alert Network Messages:

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Info Service/Public Health Brief:** Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at  
<http://www.tchd.org/259/Health-Alert-Network>



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 02082019 14:30

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Mumps outbreaks in Colorado

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

## HEALTH ADVISORY | Mumps outbreaks in Colorado | Feb. 8, 2019

Health care providers: Please distribute widely in your office

### Key points

- The Colorado Department of Public Health and Environment (CDPHE) is investigating multiple mumps outbreaks, including a multi-state outbreak among people associated with a community that is opposed to vaccination and reports travel to Chihuahua, Mexico, and an unrelated outbreak in federal and local detention facilities in Colorado.
- Health care providers are urged to consider a diagnosis of mumps in patients who present with parotid or salivary gland swelling and in adult male patients who experience acute orchitis without other apparent cause.
- If mumps is suspected, buccal swabs for PCR testing and/or a serum specimen for mumps IgM testing should be collected as soon as possible.
- Despite high vaccination rates and an effective vaccine, cases can occur among vaccinated individuals, especially in congregate settings because the vaccine is not 100 percent effective (the estimated effectiveness for mumps for two doses of MMR is 88 percent), and vaccine-induced immunity can wane.

### Background information

The Colorado Department of Public Health and Environment (CDPHE) is investigating multiple mumps outbreaks, including a multi-state outbreak of mumps among unvaccinated people who regularly travel to Chihuahua, Mexico. Since September 2018, 11 cases of mumps among three households have been identified in Colorado. All 11 cases report not being vaccinated. An additional 13 cases have been reported from other states, including North Dakota, Utah, and Arizona, who report travel to Chihuahua, Mexico and associations with the same community.

In addition, a nationwide outbreak of mumps in detention centers is being investigated in multiple states, including Colorado. Three cases have been identified among detainees in Colorado and several more are under investigation.

These two multi-state outbreaks are thought to be unrelated.

Mumps is a viral infection that can cause painful swelling of one or more of the salivary glands, typically the parotid glands. Other symptoms may include low-grade fever, malaise, loss of appetite, and headache. Approximately one third of infected people do not have clinically apparent illness, so cases often go undetected. Severe complications from mumps are rare, but can include inflammation of the brain and/or tissue covering the brain and spinal cord, inflammation of the ovaries and/or breast, sterility, orchitis (testicular inflammation), spontaneous abortion, or deafness. Despite high vaccination rates and an effective vaccine, cases can occur among vaccinated individuals, especially in congregate settings such as college dormitories, large households, and prisons because the vaccine is not 100 percent effective (estimated effectiveness for mumps for two doses of MMR is 88 percent), and vaccine-induced immunity can wane.

Mumps can be transmitted by direct contact with respiratory droplets or saliva from an infected person. The average incubation period is 16-18 days (range 12-25 days). A person with mumps is infectious from two days before through five days after onset of salivary gland swelling.

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## Recommendations / guidance

Health care providers are urged to consider a diagnosis of mumps in patients who present with parotid or salivary gland swelling. People suspected of having mumps should be instructed to stay home until five days after onset of salivary gland swelling. In hospitals and detention centers, people suspected of having mumps should be placed on droplet precautions.

### Testing

- Health care providers who suspect mumps should collect a buccal swab specimen using a synthetic swab (similar to what is used for flu testing) for PCR testing and a serum specimen (red top tube or separator tube) for mumps IgM and IgG. False positive and false negatives for mumps serology are not uncommon, especially in vaccinated individuals. Testing for mumps is available at some commercial labs.
- Consult with CDPHE Communicable Disease Branch staff at 303-692-2700 if you have questions about testing or problems obtaining specimens for testing. Buccal swab specimens from highly suspect cases may be referred to the CDPHE laboratory for PCR testing.
- More information on mumps testing is available at [https://drive.google.com/file/d/1v\\_KQrK5So0ZzeWKzwnxN\\_4NpPqrYGnTE/view](https://drive.google.com/file/d/1v_KQrK5So0ZzeWKzwnxN_4NpPqrYGnTE/view).

### Prevention/vaccination

- There is no prophylaxis for mumps infection. Receiving mumps vaccine after exposure will not prevent infection from that exposure but is recommended for susceptible people, as it may prevent infection from future exposures.
- For prevention of mumps, two doses of MMR vaccine are recommended routinely for children, with the first dose at 12-15 months of age and the second dose at 4-6 years of age (school entry). Two doses of MMR vaccine are also recommended for adults at high risk, including international travelers, college and other post-high school students, and health care personnel born during or after 1957. All other adults born during or after 1957

without other evidence of mumps immunity should be vaccinated with one dose of MMR vaccine. During outbreaks among fully vaccinated people, an additional dose of MMR vaccine may be recommended.

#### Childcare/school exclusion

- Children who are diagnosed with mumps should be excluded for five days after the day of swelling onset.

#### Infection control

- In **hospital** settings, patients with suspected mumps should be placed on droplet precautions.
- In **clinic** settings, patients with suspected mumps should be quickly placed in a private room with the door closed and asked to wear a surgical mask, if tolerated.
- Only health care personnel with presumptive evidence of mumps immunity should have contact with the patient.
- All health care personnel should have presumptive evidence of mumps immunity documented and on file at their work location.
- For health care personnel, presumptive evidence of mumps immunity includes two doses of live MMR vaccine, serologic evidence of immunity to mumps (i.e., positive mumps IgG titer), or documentation of physician-diagnosed mumps. Healthcare personnel without evidence of immunity may be excluded from work in the event of a mumps exposure.

#### Reporting

- Report suspect mumps cases to your local health agency or CDPHE at 303-692-2700. Do not wait until laboratory results are available before reporting suspect cases.

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#### For more information

- Contact a vaccine-preventable disease epidemiologist: 303-692-2700.
- CDPHE Mumps web page: <https://www.colorado.gov/cdphe/mumps>
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

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Jared Polis, Governor | Jill Hunsaker Ryan, MPH, Executive Director

