



### **Mumps Reporting Requirements and Testing Recommendations**

In the last two months, the Kansas Department of Health and Environment (KDHE) has received multiple reports of suspected mumps cases; however, reporting has been significantly delayed with most being received days after patient assessment through laboratory result reporting. KDHE and the Sedgwick County Health Department (SCHD) would like to remind healthcare providers about reporting requirements and testing recommendations for mumps.

**Any suspected or confirmed** cases of mumps are required to be reported by telephone to KDHE (877-427-7317) or Sedgwick County Health Department (316-660-5555) **within four hours**.

This includes rule-out testing or suspicion prior to any testing being performed.

Currently, there are no laboratory-confirmed mumps cases in Kansas in 2022.

#### **Mumps Testing Recommendations:**

- **PCR is the preferred testing method as it provides laboratory confirmation of mumps infection.**
  - PCR testing requires collection of a buccal swab collected as soon as possible following onset of parotitis, ideally within three days, but no later than five days following parotitis onset.
  - KDHE can assist with coordinating mumps PCR testing.
- If a specimen is to be collected more than five days after parotitis onset, serum should be collected for mumps Immunoglobulin M (IgM) serology.
  - IgM is not a confirmatory test, as other viruses can interfere with mumps serologic assays causing false positives (ex. parainfluenza, Epstein-Barr virus, and adenovirus).
  - IgM should be sent to a commercial laboratory as KDHE is not able to perform this testing.
  - Immunoglobulin G (IgG) is not useful in diagnosing mumps and therefore is not recommended.
- KDHE also recommends testing for other respiratory illnesses as other viral respiratory pathogens are known to clinically manifest with parotitis.
  - This includes influenza, parainfluenza, enterovirus, and cytomegalovirus.

#### **Mumps Information**

Mumps is an acute viral infection. Before the U.S. mumps vaccination program started in 1967, about 186,000 cases were reported each year. Following the implementation of the routine two-dose MMR vaccination policy, there was a 99% decrease in mumps cases in the United States. However, starting in 2006 there has been an increase in mumps cases with several peak years.

Symptoms include parotitis or other salivary gland involvement (jaw pain, tenderness, swelling, submandibular and/or sublingual), headache, anorexia, fatigue, fever, body aches, stiff neck, difficulty in



swallowing, nasal congestion, cough, earache, sore throat, nausea, or abdominal pain. Fever usually resolves within 3-5 days, while parotitis typically clears within 7-10 days.

Mumps can occur in a person who is fully vaccinated, but vaccinated patients are less likely to present severe symptoms or complications than under- or unvaccinated cases. Mumps complications include orchitis, oophoritis, mastitis, meningitis, encephalitis, pancreatitis, and hearing loss.

### **Public Health Investigation**

The primary purpose of public health investigations are to initiate control and prevention measures to reduce disease spread. When mumps is reported to public health, an investigation is started immediately. The investigation includes determining symptom onset and testing from the provider, interviewing the patient to determine risk factors and potential contacts. All primary contacts are evaluated for their risk of exposure and susceptibility to mumps.

For the investigation purposes

- The infectious period is 2 days before until 5 days after the onset of parotitis, which is counted as day 0.
- When parotitis is not present, the first day of other symptoms is day 0, and the infectious period may need to be extended.

### **Isolation Work and Daycare Restrictions (per K.A.R § 28-1-6 for Mumps):**

- The case (ill person) should remain at home in isolation for nine days from the onset of any symptoms and at least five days after the onset of parotitis, except when seeking medical care.
- Each susceptible contact shall be excluded from working in an adult care home, correctional facility, or health care facility and attending or working in a school, child care facility, or adult day care from day 12 to day 25 after exposure to an infectious case. A susceptible contact is someone who is not age-appropriately vaccinated for mumps at the time of first exposure.

### **Additional Resources for Medical Providers:**

- [CDC-Mumps for Healthcare Providers](#)
- [CDC- Laboratory Testing for Mumps Infection](#)
- [CDC-Mumps Vaccination](#)
- [CDC-Mumps Prevention and Control in Healthcare Settings](#)
- [CDC-Parotitis and Flu](#)