



Government of the District of Columbia  
Department of Health



Center for Policy, Planning and Evaluation Administration  
Division of Epidemiology–Disease Surveillance and Investigation

November 6, 2017

**Health Notice for District of Columbia Health Care Providers**  
**Guidance on Mumps Testing and Control Measures**

**SUMMARY**

Since October 20<sup>th</sup>, 2017, an increased number of mumps cases in college students have been reported from DC Universities. In this health notice, we provide information and guidance regarding mumps testing recommendations and control measures.

**BACKGROUND**

Mumps is an acute viral disease caused by a paramyxovirus and characterized by fever and swelling of unilateral or bilateral parotid or other salivary glands. Parotitis is characterized by ear protrusion or obscuring of the angle of the jaw. Swelling usually peaks in 1 to 3 days, and can last 2 or more days before subsiding. In approximately one-third of cases, mumps infection may present with nonspecific or primarily respiratory symptoms, and can also be subclinical. A person with mumps is generally **contagious two days before onset of symptoms to 5 days after**. The incubation period is 14-18 days from the time of exposure, but can be as long as 25 days. Mumps spreads from person to person via respiratory secretions or saliva or through fomites.

Currently, we have noticed an increased number of cases in college students who attending social gatherings during Columbus Day Weekend. However, we anticipate as social gatherings continue, students are at continued risk of exposure. Based on the most recently reported case, the incubation period is estimated to end on November 26, 2017, however this may change to a later date if more cases are reported.

Measles-mumps-rubella (MMR) vaccination is the best way to prevent mumps infection, however cases can still occur among highly vaccinated communities. **DC DOH is encouraging providers to test suspected cases of mumps and to recommend isolation of cases during infectious period to prevent the spread of the illness.**

**Transmission and Infection Control**

The infectious period is from 2 days prior parotitis onset to 5 days after parotitis onset. Providers should institute standard and droplet precautions protocols when evaluating patients with suspected mumps infection. Patients with suspected mumps infection should be given a mask to wear when sent home. **Home isolation during the infectious period, including day 5 after parotitis onset, should be recommended to suspected cases.**

Students should be also educated on infection control measures such as avoiding close contact with other people's respiratory secretions (such as saliva) until the end of the incubation period. This includes sharing any drinks or cups or kissing at parties or group events, and sharing food and eating utensils in a group setting. They should be advised to wash hands frequently,

especially after being in large groups or with anyone who may be sick. Those who may be infected should stay at home and call their healthcare provider to arrange for an appointment.

### **Diagnostic Testing**

Please obtain the following specimens as soon as mumps is suspected:

- Oral or buccal swab samples. Massage the parotid gland for 30 seconds and store in 2 ml of viral transport medium. Refrigerate samples at 4°C for shipment within 24 hours and ship on cold packs (store at -70°C if delayed).
- Serum in a red-top or serum separator tube for IgG and IgM testing

Detailed specimen collection instructions can be found on the CDC website (<https://www.cdc.gov/mumps/lab/specimen-collect.html>). It is critical to perform mumps PCR for confirming the diagnosis as serology test result can be misleading especially in previously vaccinated persons. For additional questions regarding specimen collection, please email [doh.epi@dc.gov](mailto:doh.epi@dc.gov).

### **Reporting Cases to DOH**

Suspected cases of mumps infection should be reported IMMEDIATELY to the Department of Health at (202)-442-9371 or via the DC Reporting and Surveillance Center (DCRC) on our Infectious Disease website (<https://doh.dc.gov/service/infectious-diseases>). Reports should be made at time of **initial clinical suspicion of mumps infection**. If diagnosis of mumps is considered and diagnostic testing are ordered, the case should be reported at that time. **Do not** wait for laboratory confirmation.

### **Vaccination**

Updated guidelines from the Advisory Committee on Immunization Practices (ACIP) indicate that a 3<sup>rd</sup> dose can be recommended in outbreak settings for identified high-risk groups. Healthcare providers can consult with DC DOH to determine whether an additional vaccine dose is indicated.

A fact sheet on mumps is also available on our Disease Fact Sheets website (<https://doh.dc.gov/page/disease-fact-sheets>).

**Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation at:  
Phone: 202-442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)  
Fax: 202-442-8060 | Email: [doh.epi@dc.gov](mailto:doh.epi@dc.gov)**