Wisconsin now has 4 laboratory-confirmed case of mumps. One is from Southeastern Wisconsin and the other three are from Southern Wisconsin. Investigation is ongoing to determine if the cases are related to each other.

Mumps Key Points

2014 mumps cases from January 1 to March 28, 2014

- To-date, 16 states in the U.S. reported mumps infections in 140 people.
- Mumps outbreaks have been reported in two U.S. universities.

Mumps cases in previous years

- In 2013, 39 states in the U.S. reported mumps in 438 people.
- In 2012, 36 states in the U.S. reported mumps in 229 people.

General mumps information

- Mumps is a contagious disease caused by a virus. It spreads when an infected person
  - coughs or sneezes,
  - touches objects and surfaces that are then touched by others, and
  - shares items, such as cups or eating utensils, with a person who is not protected against mumps.

- Mumps typically starts with fever, headache, muscle aches, tiredness, and loss of appetite; then most people have swelling of their salivary glands, called parotitis, causing puffy cheeks and a swollen jaw.

- Mumps can cause complications, especially in adults. Complications include—
  - orchitis (swelling of the testicles in males who have reached puberty)
  - meningitis (swelling of the tissue covering the brain and spinal cord)
  - encephalitis (swelling of the brain)
  - oophoritis (swelling of ovaries) and/or mastitis (swelling of breasts) in females who have reached puberty
  - loss of hearing

- Anyone who has not had mumps or been vaccinated can get the disease. The best protection against mumps is MMR (measles-mumps-rubella) vaccine.

Mumps cases and outbreaks in the U.S.

- Before the U.S. mumps vaccination program started in 1967, the disease was a common illness in infants, children, and young adults. Millions of cases likely occurred annually in the United States, but only about 186,000 cases were actually reported each year.

- Mumps is no longer very common in the United States. There has been a more than 99% decrease in mumps cases because of high two-dose childhood MMR vaccination coverage. However, cases still occur.
  - Each year, several hundred people in the United States are reported to have mumps.
  - Mumps outbreaks still occur in the United States.
    - Mumps outbreaks can happen in well-vaccinated U.S. communities, particularly in close-contact settings, such as attending the same class, playing on the same sports team, or living in a dormitory with a person who as mumps.
    - However, being vaccinated is the best protection against mumps.
    - High vaccine coverage can help limit the size, duration, and spread of mumps outbreaks.

Mumps transmission prevention

- People who have mumps can help prevent the virus from spreading to others by
  - reducing contact with others, especially babies and people with weakened immune systems
  - staying home from work or school for 5 days after your salivary glands begin to swell
  - avoiding close contact with people who live in your house
  - covering mouth and nose with a tissue when coughing or sneezing and throwing the tissue in the trash
  - washing hands often with soap and water
  - avoiding sharing cups or eating utensils
  - disinfecting frequently touched objects and surfaces

Information for healthcare providers

- Healthcare providers should be vigilant about mumps—
  - Consider mumps in patients presenting with fever and inflammation of the salivary glands.
  - To avoid disease transmission, promptly isolate patients with suspected mumps for 5 days after the glands begin to swell and immediately report the suspect mumps case to the health department.
  - Obtain specimens for testing from patients with suspected mumps, including a blood specimen and a buccal or oral swab specimen, which can help determine the source of the virus.

- People who work in healthcare settings should have documented evidence of immunity to mumps according to the Advisory Committee on Immunization Practices.
  - Refer to "Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices" (www.cdc.gov/mmwr/pdf/rr/rr6007.pdf).

Mumps vaccination

- Two doses of mumps vaccine are 88% (range: 66-95%) effective at preventing the disease; one dose is 78% (range: 49%–92%) effective.

- The first vaccine against mumps was licensed in the United States in 1967, and by 2005, high two-dose childhood vaccination coverage reduced disease rates by more than 99%.

- CDC recommends that people of all ages keep up to date with their vaccinations.
  - Children should receive two doses of MMR vaccine–the first dose at 12 through 15 months of age and the second dose 4 through 6 years of age. Giving the second dose of the vaccine earlier is allowed at any time as long as it is at least 28 days after the first dose.
  - Unless they have evidence of mumps immunity, students in college, trade school and training programs; health care personnel; and international travelers need two appropriately spaced doses. Other adults need one dose. Ask your health care provider if you have questions about whether you need MMR vaccine.

- For those who travel internationally, CDC recommends that all U.S. residents 12 months of age or older be protected from mumps and receive two doses of MMR vaccine (separated by at least 28 days), if needed, prior to departure.
  - Children younger than 12 months of age do not need mumps vaccine before travel, but they may receive it as MMR vaccine if measles immunization is indicated.†
  - Teenagers and adults without evidence of mumps immunity** should have documentation of two appropriately spaced doses of MMR vaccine.

† Children who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.

** One of the following is considered evidence of mumps immunity for international travelers:

1. documentation of age-appropriate vaccination with a live mumps virus-containing vaccine:
   - persons aged ≥12 months: 2 doses, or

2. laboratory evidence of immunity, or
3. laboratory confirmation of disease, or
4. born before 1957