



To contact the Medical Officer of Health, call 625-5965 or email: moh@tbdhu.com

MUMPS CONFIRMED IN THUNDER BAY

A case of mumps has been **CONFIRMED FOR THUNDER BAY** in an individual with a recent travel history to the United Kingdom. The onset date of symptoms for the case was June 1, 2006.

It is critical to increase your index of suspicion for mumps among your patient population and **IMMEDIATELY INFORM** the Thunder Bay District Health Unit if mumps is suspected. Please ensure all laboratory requisitions are clearly marked "suspect case of mumps" when submitting laboratory specimens. As a reminder:

Signs & Symptoms:

- Swelling in the cheeks and jaw, caused by inflammation of the salivary glands.
- Swelling can occur on one or both sides of the face. Enlargement of glands usually subsides within 7-10 days
- Approximately 1/3 of infections do not cause clinically apparent salivary gland swelling
- Symptoms usually appear 15-18 days (range 14-25) after first becoming infected.

Other symptoms of mumps include:

- Headache
- Slight fever
- Dry mouth
- Loss of appetite
- Muscle pain
- Fatigue
- Difficulty in swallowing
- Earache

Pregnancy:

- Mumps infection during the first trimester may increase the rate of SA, but there is no firm evidence that mumps during pregnancy causes congenital malformations

Quarantine and Period of Communicability:

- ✱ The virus has been isolated from saliva from 6-7 days before overt parotitis to 9 days after onset of illness;
- ✱ Individuals should be instructed to isolate themselves for 9 days after onset of parotitis.
- ✱ Exposed non-immune people should be considered infectious from the 12th through the 25th day after exposure.
- ✱ maximum infectiousness occurs 48 hours before onset of illness to 4 days after onset of illness;
- ✱ urine may be positive for as long as 14 days after onset of illness.
- ✱ Inapparent infections can be communicable.

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Laboratory Testing

Confirmation of mumps infection can be made by virus isolation and by serologic testing. Specimens should be obtained early in the course of illness, when the virus titre is highest.

- a) **Acute Serology:** A blood specimen, to test for mumps antibodies (IgM and IgG) should be obtained as soon as possible after the onset of parotitis.
- b) **Virus isolation:** A nasopharyngeal swab or aspirate, or a throat swab obtained up to 8 days after the onset of parotitis, and /or approximately 50 ml of urine (clean catch) within 14 days after the onset of parotitis.

Follow-up lab testing:

- a) **Convalescent serology:** A second blood specimen drawn 14 days or more after symptom onset to check for a significant rise in mumps specific IgG antibodies between acute and convalescent sera. Seroconversion or a significant rise in IgG titre is indicative of recent infection.

Note: If the acute (initial) serology results, in a patient with symptoms and known or suspected exposure to mumps, show low, indeterminate or negative IgM and IgG, both tests should be repeated in one to two weeks.

When requesting mumps specific IgM and IgG testing, please provide relevant clinical information on the lab requisition form and the purpose of the testing, e.g., suspect mumps, recent vaccination history and recent travel history to facilitate rapid testing.

Should you or your staff have any questions about this, please contact the Infectious Disease Program at (807) 625-8318.

Sincerely,
Darlene Binette
Manager, Infectious Disease Program