

May 3, 2018

RE: MUMPS

Dear colleagues,

There have been 6 recent confirmed mumps cases in the province, including in a university setting. I would like to take this time to remind you of some key points in mumps diagnosis and management:

Clinical diagnosis

- The clinical presentation of mumps includes fever, myalgia and salivary gland pain and enlargement (usually parotid, but can be sublingual or submaxillary). Parotitis may be unilateral or bilateral, although unilateral parotitis can occur with other infections.
- Please note that while 2 doses of MMR vaccine are publicly funded for residents of New Brunswick born after 1970, a history of adequate vaccination does not rule out the diagnosis in someone with clinically compatible symptoms.

Testing*

- Please collect the following: buccal swab (the most sensitive test) and urine for PCR testing on people under investigation for mumps.
- You can do a buccal swab on the affected side after 30 seconds of gentle massage of the swollen gland. Buccal swabs can be collected up to 5 days after symptom onset using a viral swab.
- Clean catch urine specimens can be performed up to 14 days after symptom onset.

Control measures

- Persons under investigation for mumps should isolate themselves from work, school and group activities for 5 days after the onset of salivary gland swelling.
- You are required to report all clinical cases of mumps to your local public health office.

*Although not useful by itself in case management, serology (IgM and IgG) can also be collected at presentation and repeated 10-21 days after symptom onset to detect a rise in antibodies consistent with mumps disease. A second set of serology allows IgG and IgM titres to be compared to acute antibody levels.

Sincerely,



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Deputy Chief Medical Officer of Health

