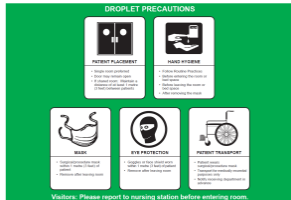
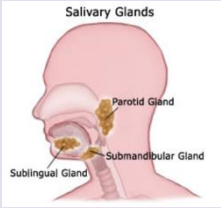


MUMPS: IP&C HIGHLIGHTS

Note: Refer to the [WRHA IP&C Acute Care Manual](#) for the full [Mumps Specific Disease Protocol](#)

MUMPS																
Reporting	<ul style="list-style-type: none"> Report suspected or confirmed cases to site ICP Report a probable (clinical) mumps case to Public Health Surveillance on the same day identified. Call 204-788-8666 and fax the completed Clinical Notification of Reportable Diseases & Conditions form to 204-948-3044 On weekdays: site ICP will fax form on behalf of the diagnosing physician (if promptly notified within office hours) On weekend and afterhours: Healthcare provider faxes form 															
GENERAL INFORMATION																
Incubation & Period of Communicability	<p>Incubation period is usually 16-18 days (range 12-25 days).</p> <p>Period of communicability:</p> <ul style="list-style-type: none"> 7 days before the symptoms start, up to 5 days after symptoms start Most infectious 2 days before symptoms start to 5 days after symptoms 															
Transmission (Droplet)	<ul style="list-style-type: none"> Spread by respiratory droplets Also spread by direct contact with an infected person's saliva 															
Signs & Symptoms (Clinical Presentation)	<p>Mumps is characterized by fever, swollen and painful glands, headache, anorexia, myalgia, malaise, difficulty chewing, swallowing or talking. Complications may include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• Aseptic meningitis</td> <td style="width: 33%;">• Mastitis</td> <td style="width: 33%;">• Cerebellar ataxia</td> </tr> <tr> <td>• Arthritis</td> <td>• Glomerulonephritis</td> <td>• Transverse myelitis</td> </tr> <tr> <td>• Thyroiditis</td> <td>• Myocarditis</td> <td>• Pancreatitis</td> </tr> <tr> <td>• Ascending polyradiculitis</td> <td>• Endocardial fibroelastosis</td> <td>• Thrombocytopenia</td> </tr> <tr> <td>• Spontaneous abortion in first trimester</td> <td>• Deafness</td> <td>• Orchitis or Oophoritis</td> </tr> </table>	• Aseptic meningitis	• Mastitis	• Cerebellar ataxia	• Arthritis	• Glomerulonephritis	• Transverse myelitis	• Thyroiditis	• Myocarditis	• Pancreatitis	• Ascending polyradiculitis	• Endocardial fibroelastosis	• Thrombocytopenia	• Spontaneous abortion in first trimester	• Deafness	• Orchitis or Oophoritis
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INFECTION PREVENTION & CONTROL MEASURES																
Patients with signs/symptoms	<ul style="list-style-type: none"> Implement Droplet Precautions for suspected cases Do not wait for diagnosis or lab confirmation 															
Additional Precautions & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Implement Droplet Precautions for suspected mumps cases Post sign on door/curtain of room/bed space PPE for staff and visitors: <u>procedure or surgical mask & eye protection</u> Immune persons do not require PPE Dedicate patient equipment <div style="text-align: right;">  </div>															
Patient Accommodation	<ul style="list-style-type: none"> A single room is preferred, door may remain open If single room not available, cohort with an immune patient only Do not cohort with an immune compromised patient Do not cohort with those who are not immune. Consult site ICP if required 															
Testing	<div style="display: flex; align-items: center;">  <div> <ul style="list-style-type: none"> Collect buccal swab from the parotid duct area and put in viral transport medium (for unilateral parotitis, swab affected side). Serology samples (Mumps IgM and IgG; red top tubes) should be collected in addition to buccal swab, if the buccal swab is collected more than 5 days after symptom onset Include signs and symptoms and date of symptom onset of CPL requisition </div> </div>															
Patient Transport	<ul style="list-style-type: none"> Patient leaves room for medically essential reasons only Patient wears procedure or surgical mask while out of room/bed space Notify receiving unit or facility of need for Droplet Precautions 															
Contact Follow-up	<ul style="list-style-type: none"> <u>Implement Droplet Precautions for susceptible inpatient contacts</u> 10 days after the first contact until 26 days after last exposure 															
Visitor Management	<ul style="list-style-type: none"> Inform visitors about Droplet Precautions, and procedure or surgical mask & eye protection required Instruct visitors to clean their hands 															