



MUMPS PROTOCOL

1. Cause/Epidemiology

Mumps is an infectious disease caused by the paramyxovirus. ^[14.3] Mumps is highly contagious. Mumps spreads easily from person to person; therefore prevention is important. ^[14.2] **Mumps is a vaccine-preventable disease.**

2. Clinical Presentation

Mumps occurs mostly in children but can occur in adults. ^[14.5] Mumps is an acute viral infection characterized by low-grade fever, myalgia, anorexia, malaise, and headache. There is also painful swelling of one or more of the salivary glands, usually the parotid and sometimes the sublingual or submandibular glands. Swelling can occur on one or both sides of the neck. Swelling is first visible from the front of the lower part of the ear and can extend downward into the soft tissue of the neck.

Approximately 20% of infections are asymptomatic and 40-50% cause nonspecific or respiratory symptoms. ^[14.2]

Other common symptoms include:

- Fever
- Swollen and painful salivary glands
- Headache
- Anorexia
- Myalgia
- Malaise
- Difficulty chewing, swallowing or talking

3. Complications

Aseptic meningitis is the most common extrasalivary gland complication of mumps. Orchitis is a common complication in men after puberty. Mumps infection during the first trimester of pregnancy has been associated with spontaneous abortion.

Other rare complications include: ^[14.5]

- Arthritis
- Thyroiditis
- Mastitis
- Glomerulonephritis
- Myocarditis
- Endocardial fibro elastosis
- Thrombocytopenia
- Cerebellar ataxia
- Transverse myelitis
- Ascending polyradiculitis
- Pancreatitis
- Oophotitis
- Deafness
- Sterility from orchitis

4. Incubation Period

Symptoms usually begin 16-18 days after exposure but the range is 12-25 days. ^[14.5]



5. Transmission

Mumps is spread by respiratory droplets in the air when an infected person coughs or sneezes. It is also spread by direct contact with an infected person's saliva or contact with a contaminated surface. Asymptomatic people with mumps can still spread mumps to others.

A person is infectious 7 days before the symptoms start, up to 5 days after symptoms start. ^[14.5] Viral excretion is highest two days before until 5 days after symptoms start. ^[14.6] ^[14.5]

6. Infection Prevention and Control Practices

Implement [Droplet Precautions](#) immediately for a patient with suspected or confirmed mumps. See the [Clinical Presentation and Empiric Precautions Table](#) and the [Microorganism Infectious Disease Table](#) for specific disease/microorganism information. See [Droplet Precautions](#) in the [Additional Precautions](#) section.

Mumps is a reportable disease. Report suspected clinical cases to a live person by telephone at Public Health Surveillance and complete the [Clinical Notification of Reportable Diseases and Conditions](#) form the same day they are identified. Report suspected or confirmed cases to site Infection Control Professional (ICP).

- During weekdays: the site ICP will complete the form on behalf of the diagnosing physician (if promptly notified during office hours).
- During weekends and after hours:
 - contact the Manitoba Health Officer on call at 204-788-8666 and
 - fax the completed [Clinical Notification of Reportable Diseases and Conditions](#) form to Manitoba Health at 204-948-3044.

7. Contact Follow-up

The site ICP will identify susceptible patient contacts. Implement [Droplet Precautions](#) for exposed susceptible patients 10 days after the first contact until 26 days after last exposure.

8. Patient Accommodation

A single room is preferred, door may remain open.
If a single room is not available, cohort with an immune patient only.

- Do not cohort with an immune compromised patient.
- Do not cohort with a patient whose immune status is unknown.



9. PPE

Wear a procedure or surgical mask and eye protection to enter the room or bed space if not immune.

10. Patient Transport

Patient leaves room for medically essential reasons only.
Patient wears a procedure or surgical mask while outside of room.
Before transport, notify receiving unit or facility of need for Droplet Precautions.

11. Visitors

Inform visitors about Droplet Precautions and required procedure or surgical mask and eye protection while in patient room or bed space.
Instruct visitors to clean their hands.

12. Testing

Test suspect clinical cases of mumps as follows:

- Collect a buccal swab from symptomatic cases. Collect the swab from the area by the parotid duct (space between cheek and back teeth adjacent to swollen area) and put it in viral transport medium. Collect swab from affected side if parotitis is unilateral. Viral swabs are best collected within 5 days of symptom onset.
- Collect serology samples (Mumps IgM and IgG; red top tubes), in addition to the buccal swab, if the buccal swab is collected more than 5 days after symptom onset.
- Include clinical signs and symptoms and date of symptom onset on Cadham Provincial Laboratory (CPL) general requisition. [\[14.5\]](#)
- Results of Polymerase chain reaction (PCR) can take 2-5 days. Culture can take 10 days. [\[14.1\]](#)

13. Occupational and Environmental Safety and Health (OESH)

Contact [Occupational and Environmental Safety and Health \(OESH\)](#) for staff assessment and / or concerns.

Protocol Contact:

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14. References

- 14.1. [Guide to Services](#). (2017, December). Cadham Provincial Laboratory. Accessed November 6, 2019.
- 14.2. [Mumps: For Health Professionals](#). Public Health Agency of Canada. Vaccine-Preventable Diseases (2014, December 23). Accessed November 6, 2019.
- 14.3. [Mumps: For Healthcare Providers](#). (November 20, 2017). Centers for Disease Prevention and Control (CDC). Accessed November 6, 2019.
- 14.4. [Mumps Outbreak and Testing Processes](#). (April 26, 2017). Accessed November 6, 2019.
- 14.5. [Mumps Protocol](#). (May 2017). Manitoba Health, Seniors and Active Living. Public Health. Accessed November 6, 2019.
- 14.6. [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care](#). (2019, June). Manitoba Health. Accessed November 6, 2019.