



# Mumps

## Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating mumps reports. For more detailed information, refer to the mumps disease chapter which can be accessed at: <https://www.nj.gov/health/cd/topics/mumps.shtml>

- Obtain/verify clinical presentation (symptomatic vs. asymptomatic) by interviewing medical provider(s):
  - Asymptomatic: Inquire reason test ordered
    - Mumps IgMs are frequently ordered as part of immunity checks (“titers”) even though the correct test for immunity is an IgG only.
    - If no clinical suspicion of mumps, select “asymptomatic” in signs/symptoms section of case and close out as “Not a Case”.
  - Symptomatic: If case was reported due to suspicion of mumps infection, **please proceed with case investigation.**
- Obtain additional clinical and epidemiologic information from the medical provider:
  - Document signs/symptoms with onset dates, including parotitis (with duration)
  - Level of mumps suspicion (high vs low on differential) or alternate diagnoses (e.g., influenza, dental issues)
  - Review reported laboratory result(s)
    - What testing has already been done/pending, [recommend viral testing](#), if appropriate
  - Any known potential exposures/risk factors to mumps (travel, etc.)
  - Verify/document mumps immunization status
    - Check [NJIS](#) for record of mumps vaccine (e.g., MMR); if not available, inquire with provider
  - If the provider office does not respond in a reasonable about of time, please attempt to reach the patient/guardian for interview.
- Interview case/guardian/proxy, obtain:
  - Detailed description of mumps-like symptoms with onset dates
  - Other potential causes or exposures
    - New products/medications, recent travel/visitors, or other possible exposure settings
    - If yes, request specific details
  - If not already obtained, document doses of mumps-containing vaccine
  - Ensure case remains in isolation throughout infectious period (through day 5 from parotitis onset; day of parotitis onset is considered day 0), unless mumps is ruled out
  - NJDOH may require additional information
- Contact tracing (please refer to the disease chapter for additional guidance)
  - Calculate infectious period: 2 days before parotitis onset through 5 days after parotitis onset, for a total of 8 days:

<b>Calculating the Infectious Period</b>	
Onset date of parotitis: _____	
Infectious Period: _____	TO _____
Two days before onset of parotitis	Five days after onset of parotitis



- Identify close contacts, defined as:
  - having direct contact with a mumps patient's infectious respiratory secretions (e.g., kissing, sharing drinks, being coughed/ sneezed on), OR
  - being in close proximity for a prolonged period of time
- For healthcare settings, identify close contacts and recommend exclusions. Refer to disease chapter for more information.
- Post-exposure prophylaxis (PEP): There is no available postexposure prophylaxis for mumps.
- Follow up with close contacts at the end of the incubation period (25 days after last exposure)
  - Recommend susceptible individuals receive appropriate mumps vaccination
- Finalize CDRSS data entry, assign appropriate [case classification](#), and LHD Close case when investigation is complete.
  - Illness onset date
  - Demographics (including race/ethnicity)
  - Signs/symptoms (including onset dates and duration of parotitis)
  - Hospital admission/discharge dates
  - Mortality
  - Immunizations (specifically only mumps immunizations)
  - Risk factors
  - Assessment of close contacts
- As with all communicable disease investigations, please feel free to contact your Regional Epidemiologist or the Disease Subject Matter Expert with any questions