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Management of Health Care Workers during a Mumps Outbreak

In past outbreaks of mumps disease, the mumps virus has been transmitted in hospitals and in long term care facilities housing adolescents and young adults. While some individuals were exposed in the community, there is also evidence of health care workers (HCWs) and patients acquiring mumps from exposure in the health care setting. In the current mumps outbreak in Iowa, 120 cases of mumps have been reported in HCWs. Most of the transmission has been from HCW to HCW, with little evidence of HCW to patient transmission. However it is important to maintain HCW and patient safety during a community outbreak by implementing measures to reduce the risk of acquiring mumps in health care settings. The best strategy for control of mumps virus transmission is to ensure adequate vaccination of susceptible HCWs.

The following recommendations apply to HCWs with direct patient contact in hospitals, outpatient settings (e.g. clinics, emergency rooms, urgent care centers), and in long term care facilities housing adolescents and young adults.

1. Assess immune status. A HCW (regardless of age) is considered immune by any ONE of the following:
 - a. documented history of physician-diagnosed mumps disease
 - b. laboratory evidence of immunity, i.e. a positive IgG antibody titer
 - c. documentation of two doses of a mumps-containing vaccine given after the age of 12 months and at least 28 days apart
2. Vaccinate susceptible, medically eligible HCWs with a mumps-containing vaccine.
 - a. The MMR vaccine is the preferred product to use.
 - b. The second dose must be given at least 28 days after the first dose.
 - c. Because tests for immunity following vaccination may not detect low levels of protective IgG antibody, post-vaccine antibody tests to assess vaccine effectiveness are not recommended.
3. Exclude HCWs with active mumps illness.
 - a. All HCWs should report any signs and symptoms of mumps, regardless of immune status.
 - b. HCWs with active mumps illness should be excluded from work and remain on home isolation until nine days after onset of parotitis or other illness onset if parotitis does not occur.
 - c. While positive laboratory results (i.e. positive PCR or culture) can confirm mumps infection, negative results cannot rule out mumps, and therefore cannot be the basis for removing a symptomatic HCW from isolation.

- d. A diagnosis of mumps should be considered in an exposed health care worker with non-specific respiratory illness, even in the absence of parotitis.
4. Exclude susceptible HCWs exposed to cases of mumps.
- a. An exposure is defined as being within 3 feet of someone with mumps in which either the HCW was not wearing a surgical or procedural mask or the infected person was not wearing a surgical or procedural mask.
 - b. HCWs should be placed on home quarantine from day 12 after the first exposure through day 25 after the last exposure.
 - c. HCWs who receive their first dose of vaccine after an exposure are not considered immune and still need to be quarantined from days 12 through 25 following exposure, since post-exposure vaccination does not prevent mumps disease in the exposed person.
 - d. HCWs who have received one dose of vaccine prior to exposure do not need to be furloughed or quarantined after exposure but should receive a second dose as soon as possible (no sooner than 28 days after the first dose), and should be monitored for signs and symptoms of mumps illness.
5. Emphasize use of appropriate infection control measures.
- a. All patients presenting with signs and symptoms of mumps should be managed with droplet (use of surgical or procedural mask when within 3 feet of patient) and standard precautions.
 - b. Inpatients with suspect mumps should be placed in droplet precautions in addition to standard precautions for nine days after onset of parotitis.