Mumps: Frequently Asked Questions for Communities in Hawke's Bay

13/09/2017

There has been a confirmed case of mumps disease at Waipukurau Primary School. This document has been produced by Population Health at Hawke's Bay District Health Board, and is intended to provide advice to communities in our region about managing the risk of mumps.

What is mumps?

Mumps is a disease caused by the mumps virus. It is spread from infected people to others through close contact. Mumps was a common childhood disease in the past but is now uncommon in Hawke's Bay because of high immunisation coverage, achieving good "herd immunity".

How will I know if I get mumps?

Symptoms include fever, loss of appetite, tiredness and headaches, followed by swelling and tenderness of the salivary glands (located around the mouth and throat).

About a third of infected people will have no symptoms at all but will still be able to spread the disease to others.

Mumps is diagnosed by a doctor based on symptoms and signs of the disease. A blood test, urine test or swab from the throat may be requested to confirm the diagnosis.

What are the potential complications from mumps?

Complications are uncommon but include:

- Inflammation of the lining of the brain and spinal cord (meningitis), brain (encephalitis), the testicles (orchitis), the ovaries (oophoritis), breasts (mastitis) or pancreas (pancreatitis).
- Possibility of spontaneous abortion in the first 3 months of pregnancy
- Hearing loss
- Sterility (inability to have children) in males, although this is rare.

What is the treatment for mumps?

There is no specific treatment for mumps. Simple painkillers can help reduce pain and fever. Warm or cold packs placed on swollen glands can provide some relief.

Who is at risk of getting mumps?

Unless they have been infected previously or are immunised, anyone who comes into contact with an infected person can get mumps.

How can I prevent getting mumps?

Immunisation with the MMR vaccine is the best protection we have from mumps disease. It is given free to children aged 12-15 months and again at 4 years of age.

The vaccine is also free to adults who are susceptible to measles, mumps or rubella.

People diagnosed with mumps should stay home for 5 days after the onset of swelling to help prevent spreading the disease to others.

How can we help stop the spread of the disease?

Teach children how to use tissues to cover coughs and sneezes and throw used tissues in the bin.

Encourage good hand hygiene by encouraging children to wash and dry their hands regularly with soap and warm water for 20 seconds, then drying their hands thoroughly with a clean towel.

Disinfect surfaces and objects which may be contaminated with saliva such as toys, door handles and keyboards. Do not share drinks and cups.

Promote immunisation in your community as the best protection against mumps disease.

How do I identify and manage a staff member or child with mumps?

A child or staff member with the following symptoms for 2 days or more should be sent home:

- Fever or swelling of the cheeks or underneath the jaw on one or both sides of the face

The sick child or staff member must be isolated immediately until they leave the premises.

Even if there is no laboratory confirmation, all suspected mumps cases should be managed as if they have mumps.

The sick child or staff member needs to be assessed by a doctor for mumps and cannot return to the school / ECEC / work premises if mumps is suspected.

Who is a contact?

Any person in close contact with an infected person for example in their household, early childhood centre, school, workplace, camp, hostel, sports team, club, cultural group (such as kapa haka), church congregation etc are considered close contacts.

Do those who are not immune or who are at risk of getting mumps need to stay home?

In order to protect those in the school community and stop the disease from spreading, students and staff members who are not immune may need to be excluded and stay at home.

What if I / my child is fully immunised?

Fully immunised contacts need not be excluded from school / ECEC / institutions / work activities.

If I / my child is fully immunised, will we definitely not get mumps?

The effectivenss of the MMR vaccine at preventing mumps after two doses is 83 to 88%. This means that some people who are fully vaccinated could still catch mumps, however they are significantly less likely to experience complications such as inflammation of the testicles (orchitis), meningitis and hospitalisation.

What is my child is a contact of a known mumps case and they have siblings at home?

If your child is fully immunised they can continue going to school / ECEC. Please ensure that their siblings are also up to date with their immunisations.

If your child is not immunised and develops symptoms of mumps they should be assessed by a doctor. If their siblings are also unimmunised they too will be at risk of mumps. The best way to protect them is to ensure that they are fully immunised. If your children are not up to date with their immunisations or you are unsure of their immunity, please contact your medical / health centre.

Who is immune to mumps?

The immune status of close contacts who could catch the disease should be assessed and those who should be immunised identified. Any close contact unsure about their immunity should phone their medical / health centre.

Establishing mumps immunity	
You are considered immune if you:	- were born prior to 1981, or - were diagnosed with mumps (by a doctor) previously, or - have received two *documented** doses of MMR vaccine, or - have had blood tests which confirm immunity to mumps
You are not considered immune if you:	- have not received two *documented** doses of MMR vaccine, or you have a weakened immune system, or - are a child aged less than 15 months, as you will have not received the MMR vaccine or - are a child 15 months to four years, as it is likely you will have had only one dose of MMR vaccine

* *documented* means recorded in a well-child book or confirmation with your GP practice.

How long do I stay in quarantine?

The quarantine period starts 12 days after your first contact with an infected person, lasting until 25 days after your last contact with an infected person. This is because of the incubation period for the virus, which signifies the time taken by the multiplying organism to reach the threshold necessary to produce symptoms once someone has been exposed. In the case of mumps this incubation is approximately 16 to 18 days, ranging from 12 to 25 days.

Those who have had one MMR vaccine can avoid quarantine if they get a second MMR vaccine immediately, provided that it is more than 4 weeks since the first MMR.

Are there any people who are most at risk of mumps?

Anyone who is not immune can catch mumps, however some groups are most at risk. They include:

- Adolescents and young adults, due to lower rates of full vaccination.
- People who have not received or are unable to receive two doses of the MMR vaccine to make them immune.
- People with a weakened immune system (immune-compromised) such as:
    - Transplant patients
    - Those with illnesses such as leukaemia or HIV
    - Cancer patients receiving chemotherapy or radiotherapy
    - People taking high-dose steroids or immune suppressive medication
- Children under 15 months of age
- People allergic to components of the MMR vaccine i.e. gelatine or the antibiotic neomycin
- Pregnant women who are not immune to mumps

What about gatherings between schools / ECEC, such as cultural or sports events?

Apart from children who are excluded, inter-school gatherings with other pupils can continue as normal.

Where can I get more infromation?

The Hawke's Bay DHB website:

http://www.hawkesbay.health.nz/

Information from the Ministry of Health:

http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/mumps

Information for health professionals:

http://www.health.govt.nz/our-work/diseases-and-conditions/mumps

Information about immunisation:

http://www.immune.org.nz

Or call 0800 Immune (0800 466863)