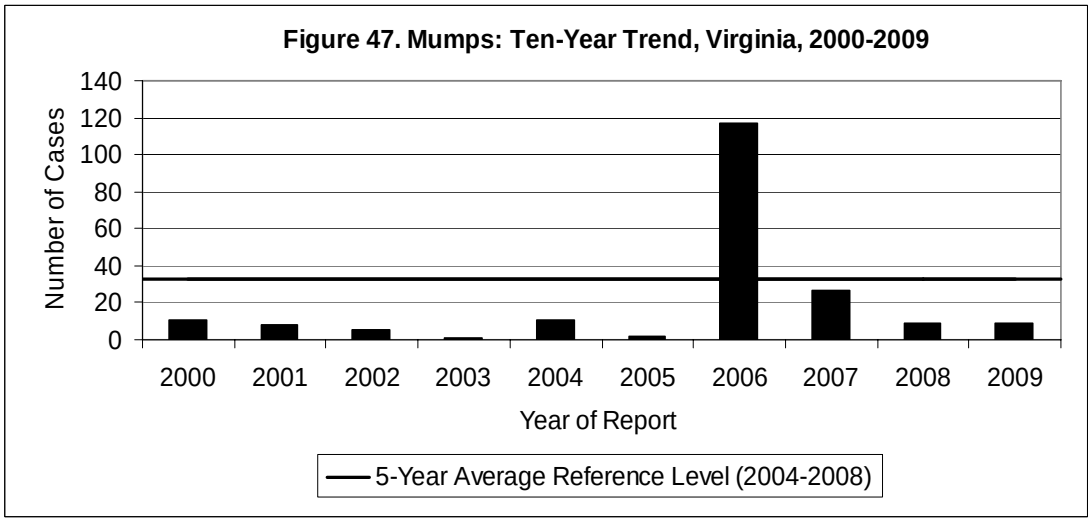
Mumps

Agent: Mumps (virus)
Mode of Transmission: Person-to-person transmission through respiratory droplets, as well as through direct contact with saliva of an infected person.
Signs/Symptoms: Fever, swelling and tenderness of one or more salivary glands. In children age less than five years, 40%-50% of cases are associated with respiratory symptoms. As many as 20% of mumps infections are asymptomatic.
Prevention: Vaccination, preferably administered as MMR vaccine, beginning at age 12 months. Two doses of mumps-containing vaccine are recommended for school-aged children, healthcare workers, international travelers, and college students.

Nine cases of mumps were reported in 2009, which equals the number of cases reported in 2008. This represents a 73% decrease from the five-year average of 32.2 reported cases, which is inflated because of a spike in cases in 2006 (Figure 47). The large number of cases reported in 2006 was due primarily to elevated awareness of mumps following a large multi-state outbreak in the mid-western part of the country, coupled with a university-based outbreak in Virginia. When a longer period of time is considered, the nine cases in 2009 more closely align with the ten-year average of 20.2 cases.



Among the 2009 cases, the highest incidence occurred in the 20-29 year age group (0.3 per 100,000). This reflects the three cases which occurred in young college students (Figure 48). No cases were reported in infants or in the 50-59 year age group. Rates were the same for the white and black populations (0.1 per 100,000) and slightly higher in females than males (0.2 and 0.1 per 100,000, respectively). Cases were reported from all five regions of the state, with the northwest and central regions having the highest incidence (0.2 per 100,000, each). The traditional late winter and early spring seasonality of mumps was demonstrated with onsets between January and May for 78% of the cases.