

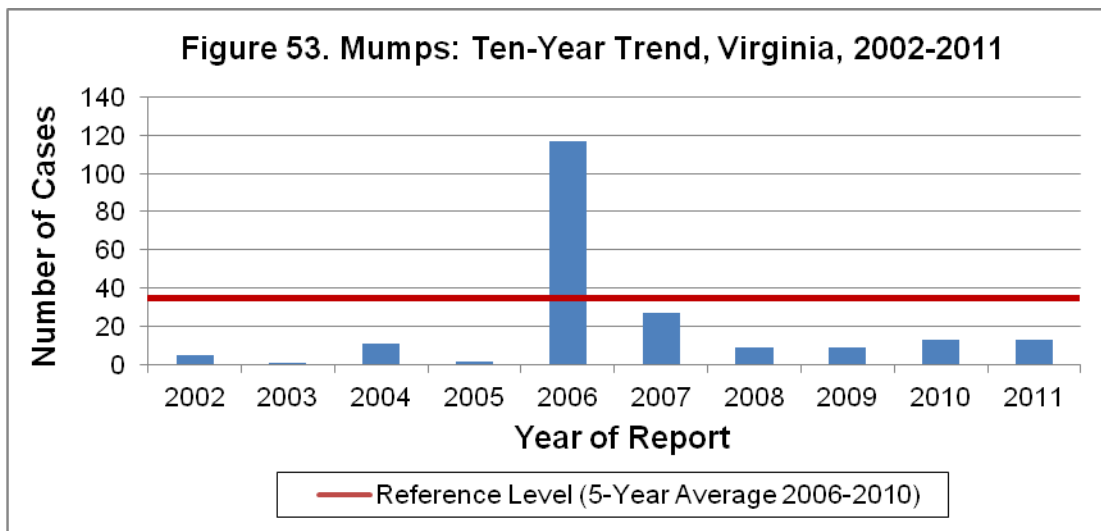
Mumps

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.

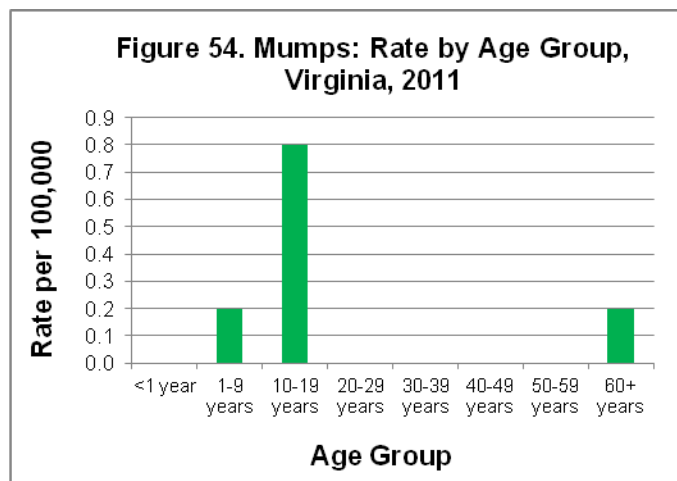
Signs/Symptoms: Fever, swelling and tenderness of one or more salivary glands. In children age less than five years, 40%-50% of cases are associated with respiratory symptoms. As many as 20% of mumps infections are asymptomatic.

Prevention: Vaccination, preferably as MMR vaccine, should be administered beginning at age 12 months. Two doses of mumps-containing vaccine are recommended for school-aged children, healthcare workers, international travelers, and college students.



Thirteen cases of mumps were reported in Virginia during 2011. This is the same number of cases reported in 2010, yet represents a 63% decrease from the five-year average of 35 cases per year (Figure 53). The five-year average is heavily influenced, however, by a large multi-state outbreak in the mid-western part of the country, coupled with a university-based outbreak in Virginia that occurred in 2006. When a longer period of time is considered, the 13 cases in 2011 more closely align with the ten-year average of 20.2 cases per year.

Among the 2011 cases, the highest incidence occurred in the 10-19 year age group (0.8 per 100,000) followed by the 1-9 year and 60 year and older age groups (0.2 per 100,000 each) (Figure 54). No cases were reported in other age groups. Although information on race was missing for 31% of reported cases, all those with race information were from the white population (0.2 per 100,000). Incidence was slightly higher for males than females (0.2 and 0.1 per 100,000, respectively).



Among regions, the northern region had the highest incidence (0.4 per 100,000). Other regions experienced rates from 0.0 to 0.2 per 100,000. Only the northwest region had no cases. A seasonal pattern was observed with eight cases (61%) occurring during the fourth quarter. One outbreak attributed to mumps occurred during 2011. The outbreak was reported from the northern region and contributed to this region having the highest incidence. This outbreak also occurred during the fourth quarter and contributed to that quarter having the highest onset. The outbreak occurred in a private boarding school and involved six cases.