Flow chart for the management of suspected mumps

**Possible mumps case**  
A disease characterised by parotid swelling lasting longer than two days (maybe with orchitis) often also with fever (measured)

**Notify on suspicion** to the Medical Officer of Health (MOoH) phone (07) 838 2569, fax (07) 838 2382. There is a notification form on our website: "Waikato Population Health / Public health advice / A-Z topics / Mumps / Mumps notification form”

**Laboratory tests**  
If mumps is suspected notify and discuss with MOH. Lab requests will often not be processed unless Public Health has been notified. Guide:  
- Buccal swab from an affected side, in viral media, for PCR is the preferred test  
- If >7 days from parotitis onset discuss with MOH, both PCR and serology for mumps IgM & IgG may be recommended (see Box A)

**Isolation of Case (Exclusion) pending confirmation:**  
Isolate the suspect case (for five days from onset of parotitis (counting onset date as day 1) and until well. Isolation means staying home and avoiding contact with susceptible people.

**Ask about (and include with notification):**  
- Parotitis onset date  
- Contact 12-25 days ago with a mumps case and recent travel  
- Attendance at ECEC, school, university  
- Documented MMR history and dates  
- Unimmunised close contacts born after 1981 (recommend immunisation)

**Consider other diagnoses**  
(e.g. EBV, adenovirus, coxsackieA, Echovirus, influenzaA, parainfluenza1,3)  
Inform case and release from isolation (if relevant)

**Inform case**  
Advice on quarantine for contacts  
Advise case to inform those they were in contact with from the 2 days before onset of parotitis to 5 days after. Contacts are considered susceptible if born after 1981 and not immune (either through vaccination or previous mumps). Susceptible contacts should catch up with MMR (free) and self isolate if develop symptoms 12-25 days after contact.

**BOX A:**  
**Interpretation of mumps serology** (less reliable, particularly in a partially vaccinated population):  
- IgG is usually a marker of previous mumps infection or immunisation, but converts or rises in acute phase  
- IgM is usually a marker of recent infection  
Note both serology and PCR unreliable if last MMR < 6 weeks ago.

**Updated 29/9/2017**