



# CVP Update



## Mumps

Increased mumps activity has been observed across the country. During 2019, 3,474 cases were reported nationally. Eleven cases of mumps have been reported to the Connecticut Department of Public Health (CTDPH) this year as of January 31, 2020.

### Recommendations for Providers:

- Consider a diagnosis of mumps in patients with consistent clinical symptoms, even if they are fully vaccinated.
- Obtain appropriate specimens for diagnostic testing.
- Isolate suspect and confirmed cases for 5 days after onset of parotitis.
- Use droplet and standard precautions to limit transmission in the medical setting.
- Ensure all healthcare staff are immune to mumps in accordance with [ACIP recommendations](#).
- Vaccinate those without evidence of immunity to mumps, including students, teachers, and staff and reach out to those with medical and religious exemptions to determine if vaccination is now an option.
- Report all suspected cases to CTDPH Immunization Program at (860) 509-7929.

**Illness Description:** Mumps is an illness characterized by acute onset of unilateral or bilateral swelling of the parotid or other salivary gland, lasting 2 or more days, and without other apparent cause. Mumps is typically a mild illness, but may have severe complications including: orchitis, oophritis, meningitis, encephalitis, or hearing loss. The infectious period for mumps is from 2 days before symptom onset until 5 days after symptoms appear; individuals suspected of having mumps should be isolated until 5 days after onset of parotitis. The incubation period from exposure to onset ranges from 12 –25 days, with an average of 16-18 days.

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## SIGNS AND SYMPTOMS of MUMPS



**Fever**



**Headache**



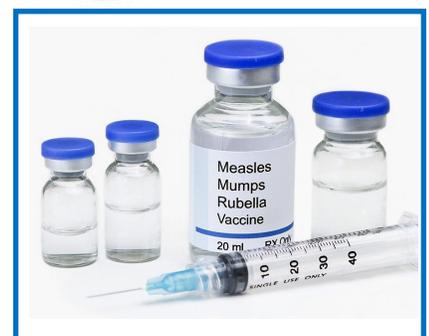
**Body ache**



**Feeling tired**



**Swelling**  
in saliva glands of one or both cheeks



**Diagnostic Testing:** Per the Centers for Disease Control and Prevention (CDC), if it has been 3 days or less since symptom onset, collect a buccal swab specimen for RT- qPCR. If it has been greater than 3 days collect swab and a serum specimen for IgM detection. [See Job Aid.](#) To collect a buccal swab specimen, the parotid gland (the area between the teeth and the cheek just below the ear) should be massaged for 30 seconds prior to obtaining the specimen. For more information on mumps testing click [here](#).

The CTDPH Laboratory offers PCR testing for mumps. All requests for mumps testing at the CTDPH Laboratory must be reported and approved by the Immunization Program. PCR testing for mumps is also available from Quest Diagnostics; other clinical laboratories may also offer testing. Serological testing is available through clinical commercial laboratories to detect IgM antibodies, but not available through CTDPH Laboratory.

**Vaccination:** Two doses of MMR vaccine are estimated to be 88% effective at preventing mumps and a single dose 78% effective. As immunity may wane over time, persons who are fully vaccinated may still develop mumps illness. As an example, at 90% effectiveness, 10 of every 100 people vaccinated would still be susceptible to infection. The benefits of MMR vaccination should be discussed with patients without evidence of immunity. A vaccinated person who becomes ill with mumps typically has a less serious illness and is less likely to suffer complications than an unvaccinated person.

**Outbreaks:** Outbreaks of mumps can still occur in highly vaccinated U.S. communities, particularly in close-contact settings. In recent years, outbreaks have occurred in schools, colleges, and camps. However, high vaccination coverage helps limit the size, duration, and spread of mumps outbreaks.

**Healthcare Recommendations:** In the healthcare settings, suspect mumps cases should be given a mask to wear; healthcare providers should institute standard and droplet precautions. Exposed healthcare workers who do not have evidence of immunity at the time of exposure should stay home from day 12 through day 25 after exposure. A physician documented history of mumps or documentation of receipt of two mumps containing vaccines are considered evidence of immunity. All healthcare workers born on or after 1957 with no physician documented history of prior infection are recommended to receive 2 doses of mumps containing vaccine. Healthcare workers born before 1957 who do not have a history of physician diagnosed mumps should consider receiving 1 dose of vaccine and, in an outbreak setting, a second dose. Additional information for clinicians is available from the CDC at <http://www.cdc.gov/mumps/hcp.html>

## Flu Vaccine Pre-book

Just a reminder that beginning July 1, 2020 the CVP will be providing influenza vaccine for all children 6 months through 18 years of age. We are in the process now of pre-booking flu vaccine for the 2020-21 flu season. Once the pre-booking process is complete, a letter will be sent to all providers informing them which influenza formulations we will be providing in the fall. All formulations will be preservative free. Please contact Mick Bolduc, Vaccine Coordinator, with any questions.



**To those providers who electronically re-enrolled in the CVP through CT WiZ.  
This allows you to receive state supplied vaccine without interruption.**

Now that you have a username for CT WiZ, do you want to learn how you can use all the benefits of CT WiZ? If your clinic **does not** have an EHR, visit our [improved website](#) for training information and links to sign up for a training webinar. If your clinic **does** have an EHR, visit our [data exchange](#) website to learn more information on how to start the process of data exchange with CT WiZ.

If you do not have an account on CT WiZ, visit our [CT WiZ User Account webpage](#) for more information on obtaining an account and the type of access available by account.

If your clinic has changes throughout the year, such as address or staff changes, you can [make updates](#) directly in CT WiZ.

## **You Must Provide Patients with Vaccine Information Statements (VISs) It's Federal Law!**

Additional resources on VISs and their use are available from the following organizations:

### **Immunization Action Coalition**

- VIS general information and translations in more than 30 languages: [www.immunize.org/vis](http://www.immunize.org/vis)
- Current Dates of Vaccine Information Statements: [www.immunize.org/catg.d/p2029.pdf](http://www.immunize.org/catg.d/p2029.pdf)

### **Centers for Disease Control and Prevention**

- VIS website: [www.cdc.gov/vaccines/hcp/vis](http://www.cdc.gov/vaccines/hcp/vis)
- VIS Facts: [www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html](http://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html)
- VIS FAQs: [www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html](http://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html)





## Vaccinating Pregnant Women

Influenza and whooping cough can be deadly, especially in a baby's first few months of life. Vaccinating women against these diseases during each pregnancy helps protect both women and their babies.

Studies show flu and whooping cough vaccines are safe for pregnant women and developing babies.

- CDC recommends all pregnant women receive flu vaccine at any time during pregnancy, and whooping cough vaccine (Tdap) early in their third trimester during each pregnancy.
- Pregnant women who get vaccinated pass antibodies through the placenta to their babies, protecting their babies in the first few months of life, before they can get their own vaccines.

**A recommendation from a healthcare provider is one of the strongest motivators for pregnant women to get vaccinated. The Problem:** Not enough women receive flu and Tdap vaccines during each pregnancy.

- About 2 in 3 pregnant women do not receive both recommended vaccines.
- Babies less than 6 months old are at the highest risk of all children for hospitalization from influenza.
- 38% of pregnant women who didn't get Tdap say they didn't know the vaccine was needed in each pregnancy.

### **Healthcare Providers Should:**

- Discuss the benefits of vaccination with pregnant women early and often.
- Strongly recommend flu and Tdap vaccines to pregnant women.
- Offer flu and Tdap vaccines to pregnant women, preferably at the point of care.
- If Flu and Tdap are not available provide referrals to other vaccination providers should reinforce that vaccination is the best way to protect young babies from influenza and whooping cough.

### **Pregnant Women Should:**

- Talk with their healthcare providers if they have any questions about flu and Tdap vaccines.
- Get a flu vaccine anytime during pregnancy.
- Get a Tdap vaccine during the third trimester of each pregnancy.

### **Everyone Should:**

- Get a flu vaccine every year.
- Get a whooping cough vaccine as recommended.
- [Be up to date on childhood vaccines.](#)
- [Be up to date on adult vaccines.](#)

[To learn more](#)

## 5 THINGS TO KNOW about rotavirus vaccines...

Rotavirus vaccination rates in the U.S. are lower than other childhood vaccines. You can play a critical role in making strong recommendations to parents for rotavirus vaccination and ensuring that eligible infants get vaccinated on schedule. Learn more in this

[Medscape article.](#)

***Have you visited  
our updated  
[website](#) lately?  
Check it out to  
stay up to date  
and see what's  
new!***

**Immunization  
Program Main  
Phone#  
860-509-7929**

