Mumps Epidemiology, Outbreaks, and Current Research

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Outline

- Pre Vaccine Era
- Clinical Features
- History of Mumps Vaccine
- Vaccine Era in US
- "Resurgences"
- US Outbreaks 2009-2010
- Diagnostics
- Outbreak Response Strategies
- Discussion





Mumps – Pre Vaccine Era

- Hippocrates 5th Century BC
 Described clinical picture including orchitis
- Royal Society of Edinburgh 1790
 - 1st description of CNS involvement
- Disease of Childhood & Military
 - Leading cause of viral encephalitis in US
 - WWI: Hospitalization rate exceeded only by influenza and gonorrhea in US Army





Mumps – Clinical Features

- Humans Only Natural Host
- Only Cause of Epidemic Parotitis
- Incubation Period 12-25 Days
- Most Infectious Period 1-2* days Prior & 5 Days After Onset of Parotitis





Mumps – Clinical Features (2)

- Non-Specific Prodrome
 - Fever, Headache, Malaise Myalgias, Anorexia

Typical Parotitis may be Absent

- 40-50% with non-specific or primarily respiratory symptoms
- Approximately 20% with asymptomatic infection

Complications

- Orchitis (25-37%); Oophoritis (5%); Mastitis (up to 30%); Pancreatitis (4%)
- Deafness (4% -most transient); Meningitis (<1-15%)</p>
- Encephalitis (most serious complication) rare in vaccine era
- Clinical Illness Modified in Vaccinated?





History of Mumps Vaccine

- Etiologic Agent of Mumps Identified as a Virus in 1934
- Cultivation of Mumps Virus in 1945
- Inactivated Vaccine Tested in 1951
- Live Attenuated Vaccine Developed in 1960's
- Licensed in the US in 1967





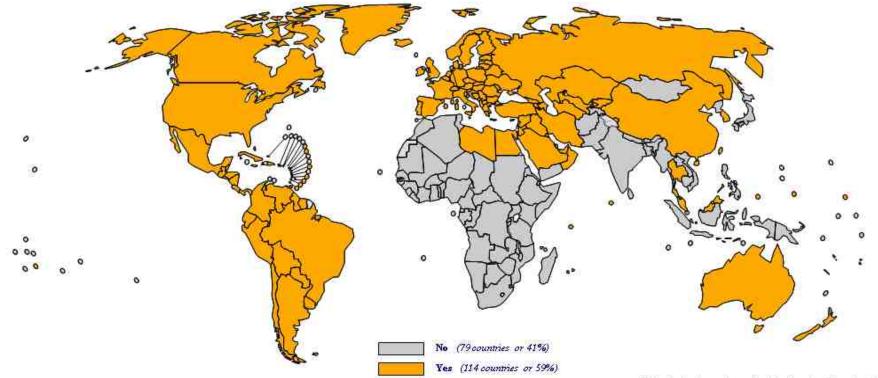
History of Mumps Vaccine (2) ACIP Recommendations

- 1967: "May be Considered"
 - Approaching puberty; adolescents; adults (particularly males)
- 1968: Consider "Immunizing All Susceptible Children > 1 year of Age"
- 1977: "All Children at any Age After 12 months"
- 1989: 2nd Dose of MMR for Measles Control
 - "Mumps revaccination is particularly important"





Countries Using Mumps Vaccine in National Immunization Schedule



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whitseener on the part of the World Heath Organization concerning the beginization of any country, territory, type or even or of its suth of this, or concerning the delimitation of its frontiers or boundaries. Datted lines on maps represent approximate border lines for which there may not yet be full agreement. Of WHO 2000, All whits meaned

Source: WHO/IVB database, 193 WHO Member States. Data as of July 2009 Date of slide: 12 August 2009



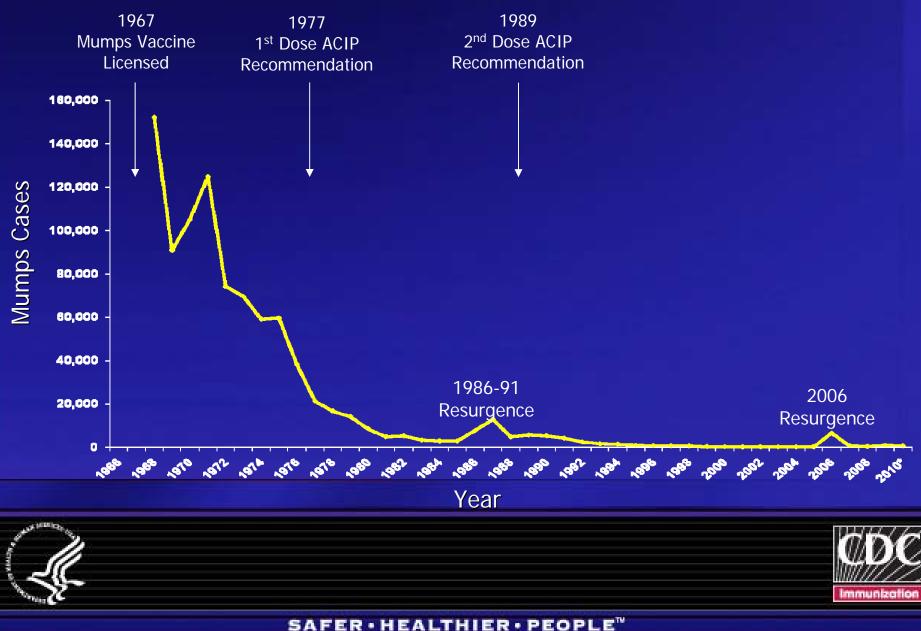
Mumps – Vaccine Era in US

- 97% Decrease in Reported Cases by 1982
- Focal Resurgence 1986-87
- Outbreaks with One-Dose Failures
 1988-92
- Continuous Decline in Cases 1993-2001; Followed by Plateau Through 2005

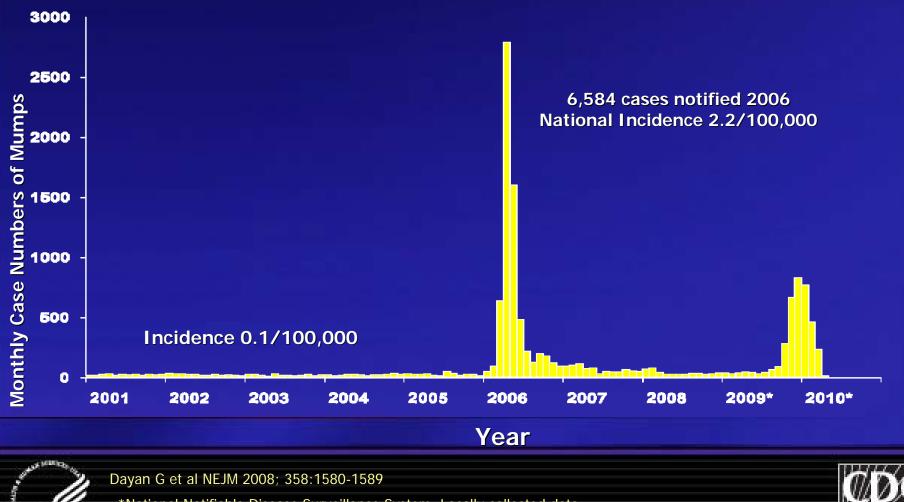




Mumps Notifications, U.S., 1968-2010



Monthly Case Numbers of Mumps United States, 2001 - 2010*



*National Notifiable Disease Surveillance System, Locally collected data Data provisional through 04/15/2010



Immunization

Mumps "Resurgences"

Brooklyn Outbreak 1997

- 119 cases; 92% 1+dose; 62% 2+doses
- 85% school-aged children attending yeshivas

Mid-West Outbreak 2006

- 6584 cases; 76% 1+dose; 56% 2+doses
- Incidence highest in age 18-24 years (80% 2doses)
 - 83% college students (89-99% 2-doses)
- 85% of cases in 8 mid-west states





Mumps "Resurgences" Other High Coverage Outbreaks

- Czech Republic 2005-06
 - Incidence rate highest in age 15-19 yrs
 - 87% of cases age 15-19 yrs with 2 doses
- Naverre, Spain 2006-08
 - 85% of cases age 7-10 yrs with 2 doses
- Kimberly, Western Australia 2007-08
 - Incidence rate highest in age 15-19 yrs
 - 81% of cases age 15-19 yrs with 2 doses
- Jerusalem, Israel 2009 (associated with US outbreak)
 - Incidence rate highest in age 10-14 yrs
 - 78% of cases age-appropriately vaccinated
- Netherlands, 2010
 - 88% of cases (94% of students) with 2⁺ doses





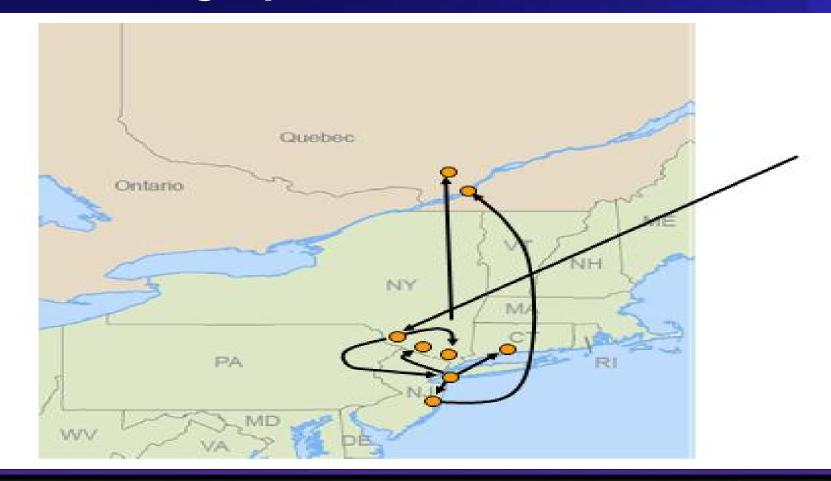
Mumps USA 2009-10

- Northeast Outbreak 2009-10
 - ~3400 US cases as of May 21, 2010
- Guam 2010
 - >285 cases as of May 21, 2010
- Iowa College 2010
 - 8 cases; all with 2 doses (+ 5 more)
- Nebraska Alumni Basketball Tournament 2010
 - 20 cases
- North Carolina/Virginia Rugby Tournament 2010
 - 5 cases?





Mumps Outbreak, Northeast US Geographic Foci of Cases

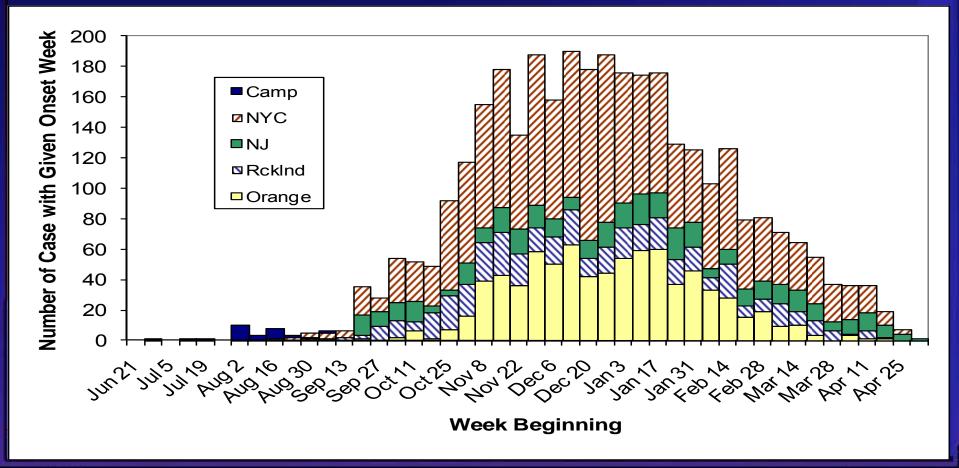






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Mumps Outbreak, Northeast US 2010

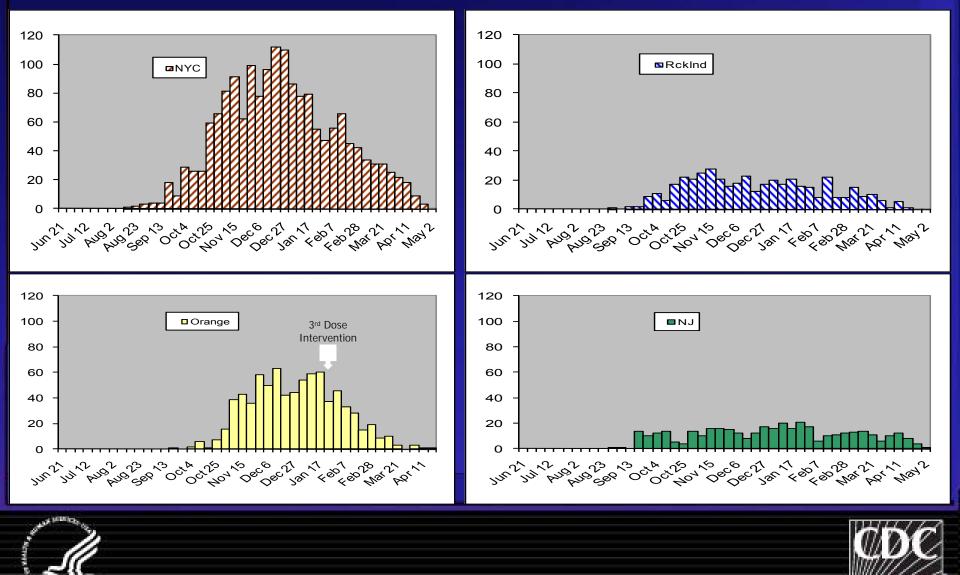




Reported Cases as of May 14, 2010



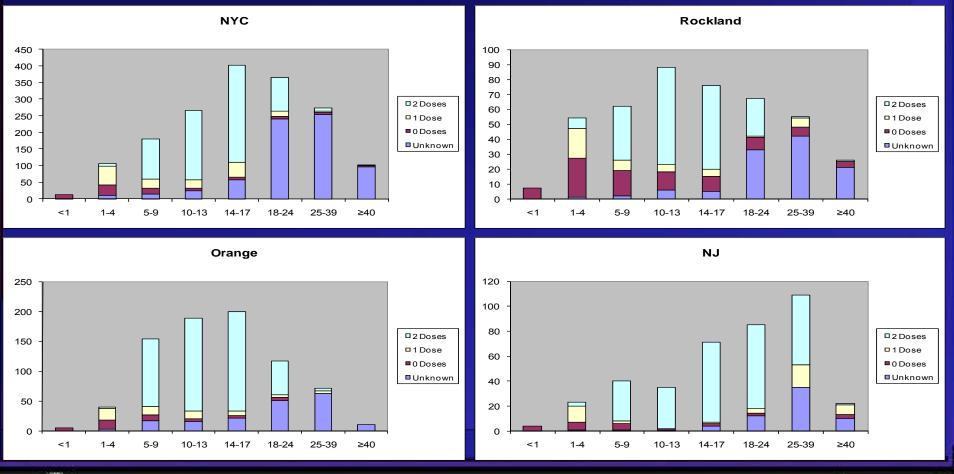
Mumps Outbreak, Northeast US 2010





Immunization

Mumps Outbreak, Northeast US Age Group and Vaccination Status of Cases







Mumps Outbreak, Northeast US Characteristics

- Largest US Outbreak Since 2006
- ~3400 Reported US Cases as of May 21, 2010
- Median Age 15yrs (3 mos 90 yrs)
- 73% Male
- 98% Specific Religious Community





Mumps Outbreak, Northeast US Interventions/Evaluations

• NYC:

Catch-up vaccine clinics; HH VE study; Environmental risk factors

Orange Co:

- 3rd dose school-based IRB study: Grades 6-12
- 3rd dose HH PEP IRB study: 2 community practices

Rockland Co:

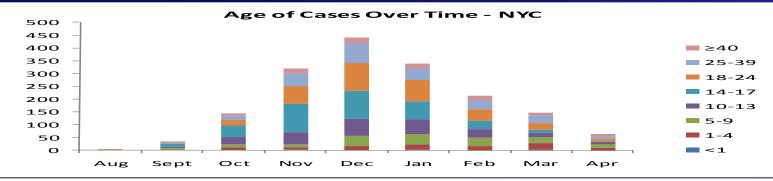
- Community outreach
- NJ:
 - College vaccine catch-up & exclusion; Case isolation

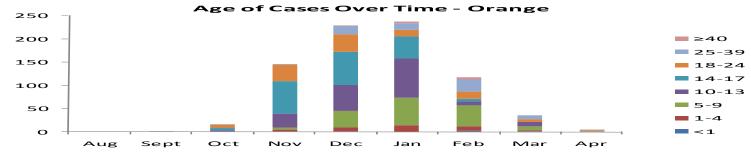


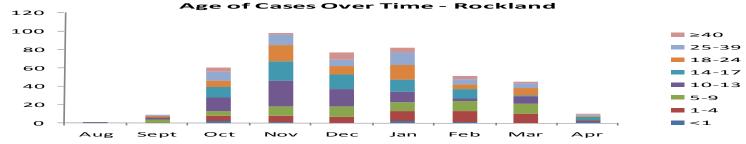


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Impact of 3rd Dose Outbreak Intervention Under Evaluation



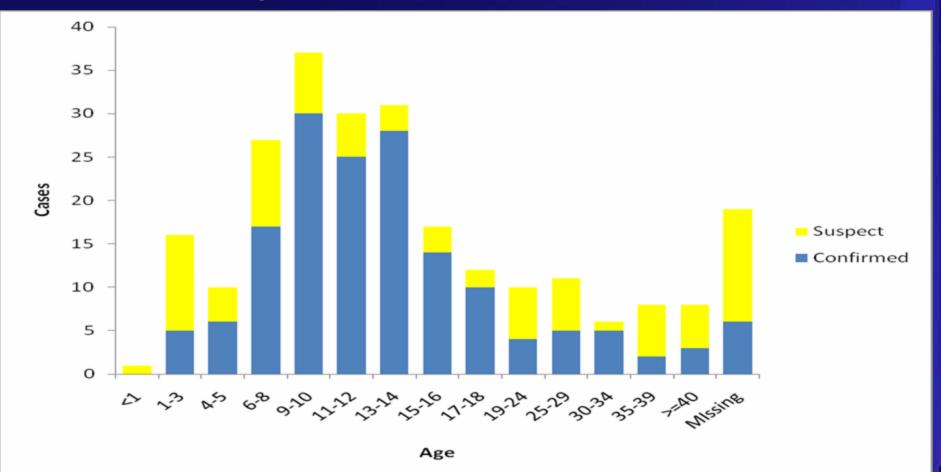








Mumps Outbreak, Guam Age Distribution of Cases





Reported Cases as of May 7, 2010



Mumps Outbreak, Guam Characteristics

- Median Age 12 yrs (1-62 yrs)
- Incidence Rate Highest in Ages 9-14 yrs
- Attack Rate Varies by Ethnicity
 98% 2-dose Coverage Among Cases Age 6-18 yrs





Mumps Diagnostics/Lab Issues

- Correlates of Immunity for Not Established
- Many Cases are not 'Classic' Presentations
- Sensitivity of Lab-Confirmation Decreased in Vaccinated
- Viral Specimens should be Obtained Early (0-3 days ideal)
- New Testing Under Investigation
 - ELISpot
 - Plaque Reduction Neutralization
 - Oracol Swabs





Outbreak Response Strategies

- High 2-Dose MMR Coverage
- Early Detection & Isolation
- Catch-up Vaccination & Exclusion
- ?3rd Dose? When?; What Conditions?
- ?New Vaccine?





??Factors Contributing to Mumps Outbreaks??

- Vaccine Efficacy
- Waning Immunity
- Vaccine/Strain Mismatch
- "Crowding" (Force of Infection)
- Abundant Sources of Virus
- Missed/Delayed Diagnoses





Discussion



