To: Hospitals, Providers, Local Health Departments  
From: New York State Department of Health Bureau of Communicable Disease Control

HEALTH ADVISORY: MUMPS AND MEASLES IN CANADA
Please distribute immediately to Infection Control Department, Emergency Department, Infectious Disease Department, Laboratory Service, and all patient care areas.

SUMMARY

- The Public Health Agency of Canada is currently reporting mumps cases in seven Canadian provinces (Nova Scotia, New Brunswick, Prince Edward Island, Ontario, Manitoba, Alberta, and British Columbia). The outbreak activity remains centered in Nova Scotia and New Brunswick localities with sporadic exportations to other provinces. As of June 1, 2007, 418 confirmed cases of mumps had been reported from the affected provinces.

- The Quebec Ministry of Health has received 19 notifications of clinical or confirmed cases of measles in the Montréal, Montérégie, Laval and Laurentides regions since April 19, 2007. The majority of cases are adults aged 22 to 39 years old. Many of the individuals had been present in their work place while contagious. Also, some of them participated in public events and used public transport. The Quebec Ministry of Health is requesting notification of measles cases linked to Quebec.

- Providers should increase their index of suspicion for mumps and measles in clinically compatible cases and ask about travel to Canada or contact with a Canadian traveler.

- Any suspected cases of mumps or measles should be reported immediately to the local health department (LHD) where the patient resides. LHDs should notify the New York State Department of Health (NYSDOH) Immunization Program.

- All contacts of cases should be immune or fully vaccinated according to age as recommended by the Advisory Committee on Immunization Practices (ACIP).
SUMMARY OF THE CANADIAN NOTIFICATIONS

MUMPS
The NYSDOH has been notified by the Public Health Agency of Canada and the Quebec Ministry of Health of the occurrence of mumps in various provinces and regions of Canada. University aged young adults make up the majority of mumps cases and appear to be at greatest risk because they would have received only one dose of measles-mumps-rubella (MMR) vaccine in childhood. Canadian public health authorities have alerted young people to be aware of the disease symptoms and to modify behaviors that include direct contact with mouth or nose secretions of affected persons to help reduce the spread. Canadian providers have been alerted to be aware of the symptoms and to increase surveillance for mumps disease.

MEASLES
Surveillance for measles disease has been enhanced in Quebec. The province is providing coordination and the regional public health departments are in charge of investigating their cases and the associated contacts. Canadian health providers have been asked to be more vigilant and a media conference was held June 5, 2007, to inform the population. If a NYS measles case is determined to be epi-linked to the Quebec outbreak, the NYSDOH will notify the Quebec Ministry of Health.

MUMPS AND MEASLES SURVEILLANCE
There should be a high index of suspicion for mumps or measles in clinically compatible cases who have traveled to Canada. Identification of suspected or confirmed cases of mumps is important in the initiation of control measures to prevent the spread of the disease among susceptible persons. The clinical case definition of mumps is an illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting 2 or more days, and without other apparent cause.

The highly contagious measles virus is frequently imported into the United States by persons from other countries. Each case of imported measles is considered an outbreak. Prompt recognition, reporting, and investigation of measles are important because the spread of the disease can be limited with early case identification and vaccination of susceptible contacts. The clinical case definition for measles is an illness characterized by all of the following: a generalized maculopapular rash lasting 3 days, a temperature 101°F (38.3°C), and cough, coryza, or conjunctivitis.

REPORTING SUSPECT MUMPS AND MEASLES CASES
Providers should increase their index of suspicion for mumps and measles in clinically compatible cases. The local health department should be notified immediately of any suspect cases. It is important to obtain a history of any travel from the patient and family members, as well as all close contacts. In a patient with prodromal symptoms consistent with mumps or measles, and who had contact with a Canadian case, follow-up should be arranged to determine if the patient develops clinically compatible disease symptoms. The patient and patient’s family must be educated about mumps or measles and cautioned to notify all other providers before they see them so that patients are properly isolated when seeking additional medical care.
ADDITIONAL INFORMATION

For additional information on mumps and measles outbreak control measures, clinical presentations, and diagnostic tests, please refer to previous 2005 and 2006 HAN mumps and measles advisories: [https://commerce.health.state.ny.us/hpn/hanweb/hanhome.shtml](https://commerce.health.state.ny.us/hpn/hanweb/hanhome.shtml). For measles information, please see the advisory dated 05/08/06 and for mumps, the advisory dated 08/16/05.

For any additional questions, please contact your local health department. Contact information for local health departments is available at [http://www.health.state.ny.us/nysdoh/lhu/map.htm](http://www.health.state.ny.us/nysdoh/lhu/map.htm). If unable to reach the LHD, contact the NYSDOH Immunization Program at 518-473-4437, or the NYSDOH After-Hours Duty Officer at 1-866-881-2809. Providers in New York City should call the New York City Department of Health and Mental Hygiene at (212) 676-2259 during business hours; at all other times call the Poison Control Center at (212) 764-7667.