

MUMPS

Mumps is an acute viral illness, transmitted via respiratory droplets and sometimes characterized by parotitis (typically 31–65%, depending on the population). In the years after a vaccine became available in the United States, in 1967, case counts plummeted from well over 100,000 cases per year to fewer than 4,000 cases in the early 1980s. After a resurgence in the late 1980s, case counts again dropped, and by the early 2000s, fewer than 1,000 cases were reported each year.

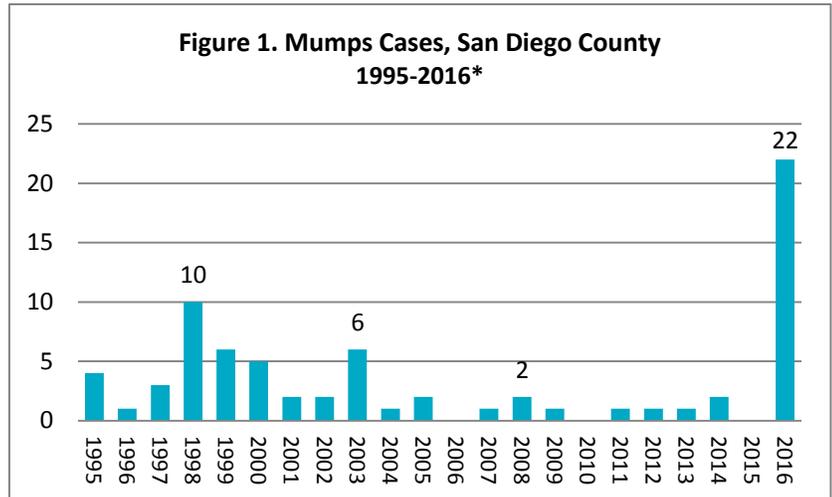
Since 2006, several years have exhibited increased case counts, usually driven by transmission among populations living in close quarters. Most frequently, this has been in the college and university setting, especially among students living in dormitories. In 2006, there was a large outbreak affecting multiple colleges and universities in the Midwest, bringing the annual case count to over 6,500. In 2009–2010, over 3,000 people were affected by an outbreak centered in the Orthodox Jewish community in New York City. An outbreak of over 2,800 people is [currently occurring in Arkansas](#), primarily in the local Marshallese community. These outbreaks occurred even though a large proportion of the affected populations were vaccinated, showing how easily mumps can spread in close-contact settings. However, outbreaks may be much larger in scale and duration when vaccination rates are lower. Mumps outbreaks of varying scale are ongoing in college communities around the country,

Table 1. Mumps Cases, San Diego County, California, United States 2010-2017 (year to date)*

Year	San Diego County	California	United States
2010	0	29	2,612
2011	1	43	404
2012	1	33	229
2013	1	30	584
2014	2	39	1,223
2015	0	31	1,329
2016	22	86	5,311
2017†	4	18	1,077

*2017 data are to date as of 2/25/2016 (U.S.), 3/7/2017 (CA), 3/14/2017 (SDC). CA data provided by California Department of Public Health US data from [MMWR Notifiable Diseases and Mortality Tables](#)

†CDC disease years. Data current as of 3/14/2017. Data for 2016-2017, in particular, are provisional and subject to change as additional information becomes available.



and information is updated monthly by the Centers for Disease Control and Prevention (CDC) at their [mumps outbreak webpage](#).

In 2016, San Diego County saw a marked increase in mumps cases, with 22 cases compared to an average of one case per year over the previous decade. The median age of these cases was 21 years and 91% (20/22) were associated with a local college or university. Nineteen of the university-associated cases were part of outbreaks at two universities, [one](#) early in the year and [one](#) at the end of the year. Fifty percent of the 22 cases were male and 72% were non-Hispanic white.

2016 San Diego County Cases

<p>MEDIAN AGE</p> <p style="font-size: 2em; font-weight: bold;">21</p> <p>YEARS</p>	<p style="font-size: 2em; font-weight: bold;">91%</p> <p>UNIVERSITY-ASSOCIATED</p>
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Resources

- [Centers for Disease Control and Prevention mumps website](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases – Mumps \(the Pink Book\)](#)
- [California Department of Public Health mumps website](#)
- [San Diego Immunization Program](#)

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB works to identify, investigate, register, and evaluate communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, send an email to EpiDiv.HHSA@sdcounty.ca.gov.

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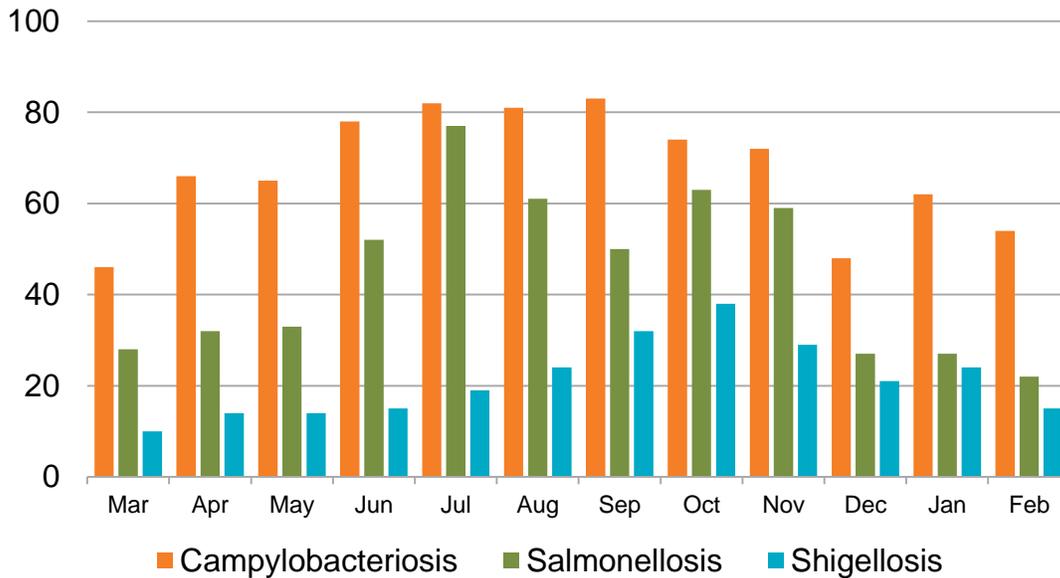


Table 2. Select Reportable Diseases		2017			2016	2014-2016
		Current Month	Prior Month	Year-to-Date (YTD)	Prior YTD	Avg YTD, Prior 3 Years
Disease and Case Inclusion Criteria (C,P,S)						
Amebiasis	C	1	0	1	7	7.7
Botulism (Foodborne, Infant, Wound)	C	0	1	1	0	0.0
Brucellosis	C	0	0	0	1	0.3
Campylobacteriosis	C	54	62	116	86	84.3
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	0.0
Chikungunya	C,P	0	0	0	0	0.0
Coccidioidomycosis	C,P	6	8	14	26	28.3
Cryptosporidiosis	C,P	1	1	2	5	4.0
Dengue Virus Infection	C	1	1	2	4	2.0
Encephalitis, All	C,P	0	2	2	10	9.7
Giardiasis	C,P	18	26	44	46	36.0
Hepatitis A, Acute	C	9	3	12	5	3.0
Hepatitis B, Acute	C,P	0	0	0	0	1.7
Hepatitis B, Chronic	C	84	61	145	151	144.7
Hepatitis C, Acute	C,P	0	0	0	0	0.0
Hepatitis C, Chronic	C,P	159	181	340	466	432.7
Legionellosis	C	1	6	7	6	6.3
Listeriosis	C,P	2	1	3	2	1.3
Lyme Disease	C	0	0	0	0	0.3
Malaria	C	0	0	0	0	0.3
Measles (Rubeola)	C,P	0	0	0	0	3.0
Meningitis, Aseptic/Viral	C	2	5	7	18	20.0
Meningitis, Bacterial	C	1	2	3	9	8.3
Meningitis, Other/Unknown	C,P,S	0	0	0	7	4.3
Meningococcal Infection	C,P	0	0	0	0	2.0
Mumps	C,P	3	1	4	1	0.3
Pertussis	C,P,S	23	47	70	59	163.0
Rabies, Animal	C	1	1	2	0	0.0
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	22	27	49	53	46.0
Shiga toxin-Positive Feces (without culture confirmation)	C,P	0	0	0	5	2.3
Shiga toxin-Producing E. coli (including O157)	C,P	0	0	0	4	2.3
Shigellosis	C,P	15	24	39	26	18.0
Typhoid Fever	C,P	0	0	0	0	0.0
Vibriosis	C,P	0	3	3	3	3.0
West Nile Virus Infection	C,P	0	0	0	0	0.0
Yersiniosis	C,P	0	0	0	2	2.7
Zika Virus	C,P	0	2	2	7	2.3

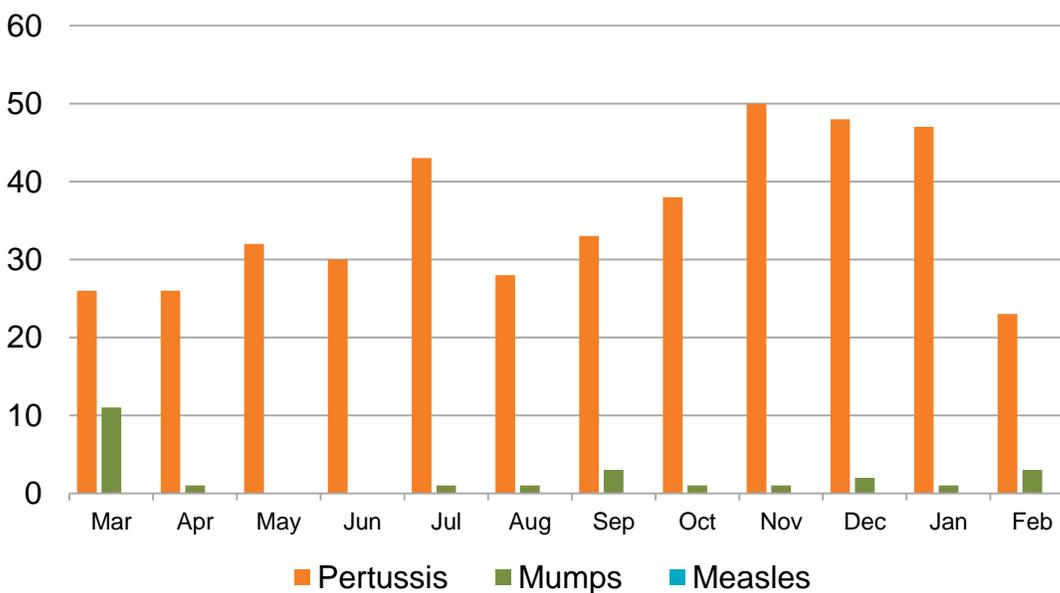
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.



**Figure 2. Select Enteric Infections by Month
March 2016 – February 2017**

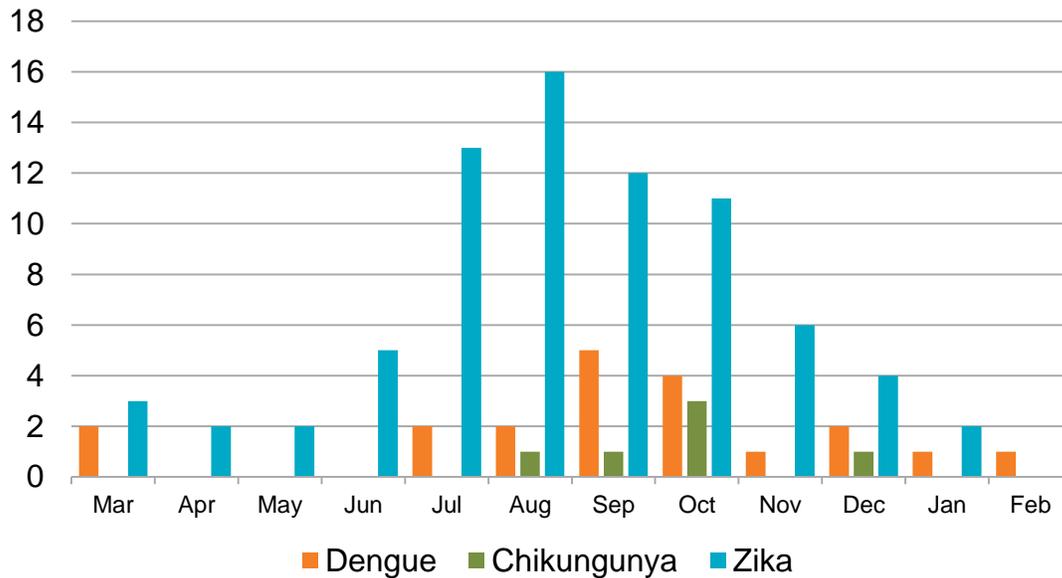


**Figure 3. Select Vaccine-Preventable Infections by Month
March 2016 – February 2017**



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**Figure 4. Select Vector-Borne Infections by Month
March 2016 – February 2017**



All of these dengue, chikungunya, and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHS Agency Zika Virus webpage](#). **Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of those efforts.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, <http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html>.