Date: February 1, 2018

To: Wisconsin Health Care Providers, Local Health Departments, Tribal Health Clinics, Infection Preventionists, and Clinical Laboratories

From: Stephanie Smiley, Director, Bureau of Communicable Diseases
Pete Shult, Ph.D., Director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Public Health Follow-up and Testing Recommendations for Individuals with Parotitis

PLEASE DISTRIBUTE WIDELY

During the 2014-15 influenza season and recently during the 2017-18 influenza season, Wisconsin and neighboring states have identified individuals with signs and symptoms of parotitis who have negative diagnostic tests for mumps, but positive tests for influenza or other respiratory viruses. Due to the serious nature of influenza, and in order to better understand this unusual manifestation of influenza and determine its prevalence, the Wisconsin Division of Public Health (DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting an additional specimen be submitted for influenza and other respiratory pathogen testing from individuals with parotitis. For patients with parotitis without a known cause, two separate specimens should be collected for testing fee-exempt testing at WSLH:

1. **For mumps testing**, a buccal swab should be collected for polymerase chain reaction (PCR) testing.* The swab should be collected as soon as possible (preferably within 3 days of parotitis onset and not more than 9 days after parotitis onset) for the best opportunity to detect mumps virus.

2. **For influenza and other respiratory pathogen testing** either a nasopharyngeal (preferred) or an oropharyngeal swab should be collected.

DPH also requests that local health departments (LHDs) collect additional information on patients with parotitis who test positive for influenza or other respiratory viruses at the WSLH. DPH staff will inform LHDs by telephone when a patient in their jurisdiction meets criteria for additional follow-up. Requested data for these investigations will include: signs and symptoms of illness that are not already collected in mumps disease incidents (e.g., respiratory symptoms), healthcare provider visit information, respiratory virus disease tests and results, and vaccination histories for mumps and influenza. Instructions on the documentation in the Wisconsin Electronic Disease Surveillance System (WEDSS) will be provided to the LHD at that time.

If you have any questions regarding mumps, please contact the Wisconsin Immunization Program at 608-267-9959. For questions on influenza and other respiratory viruses, please contact the Communicable Diseases Epidemiology Section at 608-267-9003.

*Note: Although serology was once recommended as an acceptable test for mumps diagnosis, the reported rates of false positive and false negative results, particularly among MMR vaccinated individuals have made interpretation difficult. As a result, the WSLH continues to recommend rt-PCR as the preferred diagnostic test for mumps.

www.dhs.wisconsin.gov