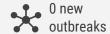
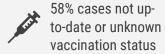
Mumps Surveillance June 2019

June Key Points



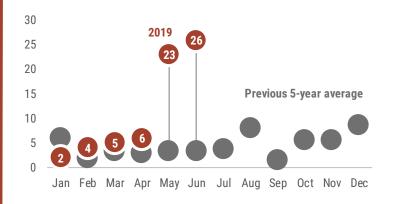




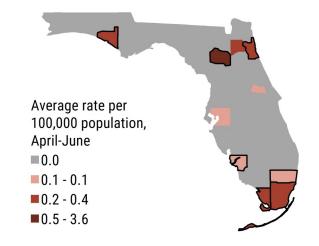




The number of mumps cases reported in June increased from last month and was above the previous 5-year average. ▼

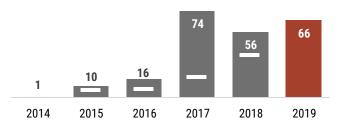


The 26 mumps cases in June were reported among the **6 counties outlined in black**. From April through June 2019 the average county rate varied throughout the state.



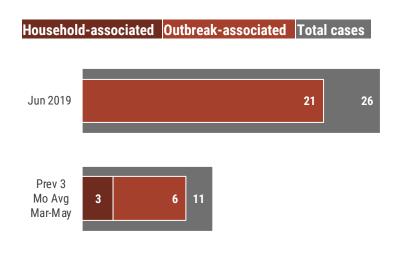


The annual number of reported mumps cases increased in 2017 and 2018. Case counts in June 2019 are higher than those seen in June of previous years, as noted by the white bar in the figure.





In June, 21 (81%) of 26 total cases were outbreak-associated. For most mumps cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.



No new mumps outbreaks were reported in June, but outbreak-associated cases from two ongoing outbreaks were reported. Investigations are still ongoing for an outbreak in a university setting and an outbreak in a detention facility setting.



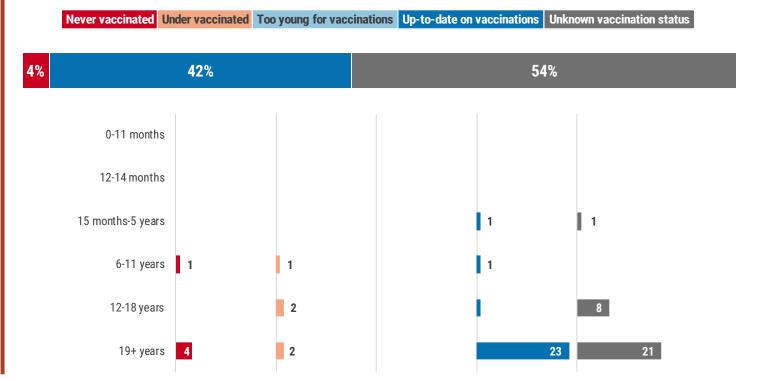


In June, the mumps rate was highest among those 19 years old and older at 0.14 cases per 100,000 population. The increased rate in this age group is largely reflective of the outbreak reported in a setting serving adults that began in May 2019.





Vaccination is the best way to prevent mumps infections. Vaccination against mumps is important for infants, children, teenagers, and adults. See the last page of this report for links to the Center for Disease Control and Prevention (CDC) recommended vaccination schedules. Although individuals who have been vaccinated can still get mumps, complete and timely vaccination remains the best way to prevent mumps and severe complications.





National activity

Since 1989 when the two dose vaccination program was introduced, the number of mumps cases has fluctuated from a few hundred to a few thousand per year. About half of the outbreaks reported since 2016 have been associated with colleges and universities, primarily affecting young adults. The Advisory Committee on Immunization Practices recommends a third mumps virus-containing vaccine for certain populations identified by public health authorities as being at increased risk of mumps because of an outbreak. To learn more, please visit www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm.

Mumps surveillance goals

- Prevent transmission and severe disease
- Initiate control measures
- Monitor effectiveness of immunization programs and vaccines

To learn more about measles, please visit FloridaHealth.gov/Mumps. For more information on the data sources used in Florida for mumps surveillance, see the last page of this report.

Vaccine-Preventable Diseases Surveillance System Summary

Case Data

- Current case data are preliminary and will change as new information is gathered. The most recent data available are displayed in this report.
- Pertussis, varicella, mumps, and hepatitis A are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- Only Florida residents are included in case counts, but contact investigations are conducted for all exposed individuals.
 - Pertussis, varicella, mumps, and hepatitis A case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, mumps, and hepatitis A into Merlin.
 - Household-associated cases are defined as ≥2 cases exposed within the same household.
 - Pertussis and mumps outbreaks are defined as ≥2 cases associated with a specific setting outside of a household.
 - Varicella outbreaks are defined as ≥5 cases associated with a specific setting outside of a household.
 - Measles outbreaks are defined as any person acquiring measles while in Florida.
- For more information about reportable diseases, please visit FloridaHealth.gov/DiseaseReporting.
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit FloridaHealth.gov/GSI.

Population Data

- Population data from 2019 used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit FLHealthCharts.com.

Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- For more information about immunization schedules, please visit www.CDC.gov/Vaccines/Schedules/index.html.
- Individuals are considered up-to-date on vaccinations if they have received the recommended number of doses of vaccine for a particular disease for their age at the time of their illness onset. Individuals are considered under-vaccinated if they have received at least one but not all doses of vaccine recommended for a particular disease for their age at the time of their illness onset.
- For a full text version of a new study on pertussis vaccination, please visit www.CIDID.org/Publications-1/2018/3/29/The-Impact-of-Past-Vaccination-Coverage-and-Immunity-on-Pertussis-Resurgence.