July Key Points

- **36 cases**
- **0 new outbreaks**
- **19+ year olds had highest incidence**
- **92% cases not up-to-date or unknown vaccination status**

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

From January 1, 2019 through July 31, 2019, **100 mumps cases** were reported in 15 counties. The annual number of reported mumps cases increased in 2017 and remained elevated in 2018. Case counts in July 2019 are higher than those seen in July of previous years, as noted by the white bar in the figure.

In July, **22 (61%)** of 36 total cases were outbreak-associated and **no cases were associated with transmission in households**. 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 July, 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.
Mumps Surveillance

In July, the mumps rate was highest among those **19 years old and older** at **0.19 cases** per 100,000 population. The increased rate in this age group is largely reflective of two outbreaks reported in settings 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](http://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](http://FloridaHealth.gov/Mumps). For more information on the data sources used in Florida for mumps surveillance, see the last page of this report.
**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](http://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](http://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](http://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](http://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.