Clinical Practice Committee

Acute Management of Patients with a Possible Mumps-Like Viral Syndrome

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Patients Presenting to the Clinic with a Viral Syndrome (especially with cough) in the Context of an Increased Incidence of Mumps in the Community

1. Alert Reception Staff
   a. Surgical mask on patient.
   b. Isolate patient in room promptly.
2. Health Care Workers
   a. Use surgical masks when in the room.
3. If the patient was unmasked in the room, wait one hour with room closed, then wipe down room. If patient masked while in room, may wipe down room immediately for continued use.

The decision to proceed with mumps testing and isolation is a clinical judgment based in part on the clinical presentation, the changing incidence of mumps in the community, and the likelihood of direct contact with a confirmed mumps patient.

Clinician Suspects Possible Mumps Infection (many patients with mumps will have only mild infection)

Testing

1. Saliva: Parotid duct swab for culture or PCR.
2. Serum: Not recommended any longer to send IgG or IgM serologies.
3. Urine: Urine specimen can be sent for viral culture, but parotid duct swab should be sufficient in most cases.

Disposition

1. Patients tested for mumps should be isolated for an initial period (e.g. 5 days), or until culture or PCR results are back.
2. If culture results are negative AND patient is low risk (e.g. no known direct exposure to mumps) AND patient is asymptomatic at 5 days, primary care providers can recommend to public health authority that the patient be taken off isolation.
3. Otherwise, patient should complete 9 days of isolation.