

**Thomas Jefferson Health District**  
**Exclusion Assessment Tool for Health Care Workers Exposure to Mumps**  
 Updated 9/29/06

The purpose of this assessment tool is to assist public health, infection control practitioners and doctor office/ clinic staff in evaluating the exposure of workers in a health care setting. These are general rules of thumb and may be updated as additional information becomes available.

Patients with mumps are considered **infectious** from 3 days before to 9 days after symptom onset. **Exposure** is defined as being within three feet of a patient with a diagnosis of mumps without the use of proper personal protective equipment (droplet precautions). Irrespective of their immune status, all exposed health care workers should report any signs or symptoms of illness during the incubation period, from 12 to 25 days after exposure.

All persons who work in health care facilities should be immune to mumps. **Immunity to mumps for a health care worker** should be determined by any of the following criteria: physician diagnosed mumps (may be self-reported), two documented doses of mumps vaccine (can be mumps or MMR vaccine), or a positive mumps IgG.

Status	Course of Action
<b>Exposed HCW</b>	Must prove immunity by previous physician diagnosed mumps illness, two doses of mumps vaccine, or positive mumps IgG. <ol style="list-style-type: none"> <li>1. <i>Has documentation of immunity:</i> <ol style="list-style-type: none"> <li>a. May continue to work.</li> <li>b. Educate and monitor for signs and symptoms.</li> </ol> </li> <li>2. <i>Has documentation of one dose of MMR:</i> <ol style="list-style-type: none"> <li>a. Give second MMR<sup>1</sup> and may continue to work. It is not necessary to draw an IgG to confirm immunity.</li> <li>b. Educate and monitor for signs and symptoms.</li> </ol> </li> <li>3. <i>Has no documentation of immunity – Will have serology for IgG<sup>2</sup>:</i> <ol style="list-style-type: none"> <li>a. Should remain out of direct patient contact while serology is pending if the person is within the 12<sup>th</sup> day after the first exposure through the 25<sup>th</sup> day after the last exposure.</li> <li>b. <b>If not immune</b> (IgG negative), remain out of direct patient contact from the 12<sup>th</sup> day after the first exposure through the 25<sup>th</sup> day after the last exposure. Provide first dose of MMR and second dose no sooner than 28 days later. It is not necessary to draw an IgG to confirm immunity.</li> <li>c. <b>If immune</b> (IgG positive), HCW may return to work.</li> <li>d. Educate and monitor for signs and symptoms.</li> </ol> </li> </ol>
<b>Exposed health care workers with special conditions</b>	Consult personal health care provider (e.g. pregnant woman should consult with obstetrician).

<sup>1</sup> Second dose should be given as soon as possible, but no sooner than 28 days after the first.

<sup>2</sup> This is a good opportunity to also assess immunity to measles and rubella.



***Additional Notes:***

- Patients who have been exposed in a health care setting should be informed of their exposure, educated on the signs and symptoms of mumps (including non-specific presentations), and asked to contact their health care provider and employee health if symptoms appear.
- One dose of MMR vaccine is about 80% effective in preventing mumps and two doses is about 90% effective; therefore, some vaccinated personnel remain at risk for infection.
- Anyone could potentially be exposed in the community.
- Single antigen mumps vaccine was licensed in 1967. MMR was licensed in 1971 and a two-dose MMR recommendation was implemented in 1989.