



ParentPages

SHOTSMARTS FROM IMMUNIZE GEORGIA

Mumps Outbreaks Confirm the Need to be on the Lookout for Diseases

Two mumps outbreaks have occurred in the United States within the past year. In December 2005, an outbreak of mumps was identified in Iowa and spread to several states during the spring of this year. In summer 2005, an outbreak of mumps occurred among campers and staff at a camp in New York.

Even though measles, mumps, rubella and other vaccine-preventable diseases (VPDs) are uncommon in the United States, outbreaks of VPDs can and do occur, and parents should be on the alert. Vaccine-preventable diseases are spread from person to person in close contact; therefore, schools or college campuses are ideal settings for disease outbreaks. Outbreaks can even occur among people who have been vaccinated, as no vaccine is 100 percent effective.

Iowa outbreak

As of May 2006, over 2,500 mumps cases, largely from the Midwest, have been reported to the Centers for Disease Control and Prevention (CDC) as part of the outbreak that began in Iowa. A key factor that contributed to the spread of mumps in the Midwest was that it occurred among college students. Because many college students live in dormitories, where frequent and extended close contact with other students is common, mumps spread more easily.¹ Meningitis is another VPD that can spread easily on college campuses.

Outbreak at a Summer Camp in New York

The first mumps case in the camp outbreak was a 20-year-old British man who came to New York on June 19, 2005, to work as a camp counselor. There was an ongoing outbreak of mumps in the United Kingdom (UK) during 2004 – 2005, and it is likely that this young man was exposed to mumps at home before departing for the United States. The British counselor had not been vaccinated against mumps, and on June 30, he became ill with mumps-like symptoms. Because mumps is an uncommon disease in the United States, it was not considered as a cause for the counselor's illness. Therefore, the counselor continued to work among the camp population. As a result, 31 persons (campers and staff) became ill with mumps.²

In both of these outbreaks, mumps was not suspected in the initial cases, which led to spread of the disease. Early detection of vaccine-preventable disease is important to prevent outbreaks. When you or

one of your family members becomes ill, you should contact your physician. Your physician will decide if you or your family member should have an examination. When a person is found to have an infectious disease, staff at the Georgia Division of Public Health may work with your physician to provide recommendations to prevent disease spread. You should always be sure that you and your family members are up to date on immunizations.

Take Action:

- Make sure you and your family members are up to date on immunizations.
- Keep a current record of the immunization histories for each of your family members.
- Good hand washing is important to prevent disease. Hands should be washed with soap and warm water and should be lathered for at least 15 seconds. When soap and water are not available, alcohol-based hand cleansers are appropriate.
- Send kids to school with pocket-sized alcohol cleansers.
- Teach and encourage proper respiratory etiquette. Coughs and sneezes should be covered with elbows or tissues whenever possible, and hands should be washed after coughing, sneezing or nose-blowing. Tissues should be thrown in the trash after use.
- When you or one of your family members becomes ill, be sure to call your doctor.

1. Centers for Disease Control and Prevention. Update: Multistate Outbreak of Mumps--United States, January 1--May 2, 2006. MMWR Dispatch. 2006; 55: 1-5.

2. Centers for Disease Control and Prevention. Mumps Outbreak at a Summer Camp--New York, 2005. MMWR. 2006; 55 (No. 7): 175-177. ■

This Flu Season – Protect Your Child, Protect Your Family

The following account is from Antonio’s mother as she describes her baby’s experience of suffering from influenza.

The first 10 months of Antonio’s life progressed smoothly. He was a happy baby, always laughing. As fall arrived, Antonio began catching numerous colds and did not seem to recover as quickly as other babies his age. Since he was not in day care, I wondered why he contracted so many illnesses. His breathing would become labored, and he would vomit incessantly from the mucous build-up in his nose and lungs.

Just prior to Antonio’s first birthday in October, he became very ill—he was unable to be consoled, had a very high fever, was listless and vomiting. When we arrived at the emergency room, his breathing was extremely labored, and he was excessively dehydrated from the fever and vomiting.

He was admitted to the hospital and placed in a large, industrial-type crib with metal bars. Antonio’s arm had to be tied down so that the intravenous fluids he was being given could be placed in his little arm. He was surrounded by an oxygen tent to aid with his breathing. Seeing a small baby in this condition is enough to break anyone’s heart, but for a parent, it was heart-wrenching. He responded well to the treatments and was able to go home for close follow-up with his pediatrician.

On October 22, he became irritable once again and started having high fevers. Three days later, he was prescribed Albuterol to help with his breathing, and the pediatrician kept a close watch on him to ensure he did not develop pneumonia. On November 17, I became very concerned about his condition—throughout the day he continued to vomit and had a very high fever. As the night wore on, he seemed to become more listless, but as day broke, Antonio’s fever finally broke. I called the pediatrician to say he felt cold and clammy, but still so very listless.

The pediatrician directed me to rush Antonio to the hospital. Once in the emergency room, he again was given oxygen and intravenous fluids. While in the hospital, my husband and I learned that being cold and clammy was not a sign the fever had broken, but rather a dangerous sign that his blood pressure was too low. Three days later he was discharged to a very nervous set of parents. Fortunately Antonio made it through the rest of the flu season without any major illnesses.

Flash forward one year to the impending influenza season. I called the pediatrician to inquire about his need for a flu

shot. The staff person informed me there was a shortage and the vaccine was available only for high risk children. I told the nurse that he had been hospitalized twice last year and that he might be high risk. It wasn’t until this time that the staff informed me that, in fact, he had been hospitalized due to complications from the flu and that since he also has asthma, he should receive the flu vaccine. Antonio had recently been diagnosed with asthma, which is a condition that is only diagnosed after a child exhibits ongoing symptoms. Since asthma may not be diagnosed until the second year of life, the realization that your child is high risk may come too late.

Each year, 36,000 people die from complications related to influenza.

Antonio’s parents experienced the heartbreak of watching their helpless infant suffer from flu complications and are now the first in line each year to vaccinate Antonio, his baby brother and themselves. They want to avoid the ultimate devastation that 150 families endure each year when their child dies from the flu. For more information about how some families have taken action since losing their children to the flu, please go to www.familiesfightingflu.org.

Take action

- ALL children between 6 and 59 months of age and the family members or caregivers of children age 0-59 months should be vaccinated against influenza each year.
- Ask your doctors, other healthcare providers and your child’s teachers if they have received their flu shot.
- Seek immediate medical attention if your child shows any of the following symptoms, as they may be a sign of complications from the flu*:
 - o High and prolonged fever (102°F or above for more than 72 hours)
 - o Bluish or gray skin color
 - o Drop in body temperature (hypothermia)
 - o Difficulty with breathing
 - o Not able to take in usual amount of fluids
 - o Flu-like symptoms improve but then return with fever and worse cough
 - o Worsening of underlying medical conditions (for example, heart or lung disease, diabetes)

* Taken from the www.familiesfightingflu.org <http://www.familiesfightingflu.org> . Accessed on June 20, 2006. ■