


Measles & Mumps

Prevention, Vigilance, & Reporting

Elizabeth F. Zaremski, MPH

Surveillance Coordinator

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Quick Reference

Reporting Requirements for Communicable Diseases and Work-Related Conditions

(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
Disease Reporting Requirements and
Regulations can be viewed at:
<http://nj.gov/health/hd/reporting.shtml>



Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.
Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.
Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

CONFIRMED or SUSPECT CASES
TELEPHONE **IMMEDIATELY** to the
LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- Haemophilus influenzae, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tetanus
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the local health department where the patient resides. If patient residence is unknown, report to your local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other emergencies - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

July 2013
www.nj.gov/health/cd

REPORTABLE WITHIN 24 HOURS
OF DIAGNOSIS to the
LOCAL HEALTH DEPARTMENT

- Amebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cyclosporiasis
- Diarrheal illnesses (billed to, or after, person resident or a food)
- Echinococcosis
- Escherichia (STEC) or
- Gardasil
- Hansen's
- Hemolytic
- Hepatitis perinatal
- Infectious surface
- Influenza
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Pertussis
- Q fever
- Rocky Mountain spotted fever
- Rubella
- Salmonellosis
- Shigellosis
- Staphylococcal food poisoning
- Streptococcal
- Streptococcal
- Streptococcal
- Streptococcal
- Tetanus
- Toxic shock
- Typhoid fever
- Typhoid fever
- Varicella
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH


Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

HIV/AIDS
609-994-6940 or 973-646-7900
Written report within 24 hours

- AIDS
- HIV infection

SAFEGUARD YOUR COMMUNITY WITH TIMELY DISEASE REPORTING

Disease reporting is a crucial step in protecting our communities from the spread of infectious diseases and is mandated by law. All New Jersey physicians and other health care providers are required to report cases of specific reportable diseases to their local health department.



REPORTING IS EASY!


Local Health Department

Phone

Email

After-Hours Contact and/or Additional Information

If a patient resides in a different municipality, find their local health department:
nj.gov/health/hd/documents/LocalHealthDirectory.pdf




WHAT SHOULD BE REPORTED?

There are two categories of disease reporting:

- 1 Immediately** by telephone upon identification by a laboratory or by diagnosis of a health care provider.
- 2 Within 24 hours** of identification by a laboratory or by diagnosis of a health care provider.

The New Jersey Administrative Code provides all of the rules and regulations for reportable diseases in the state. A list of reportable diseases is located on the NJDOH Communicable Disease Service disease reporting webpage at nj.gov/health/cd/reporting/when.



CONTACT US

For more information, contact New Jersey Department of Health:
609-826-5964

Emergency after-hours: 609-392-2020 for cases of immediately reportable disease if local health department cannot be reached.

2/2024

NJ Reporting Requirements

- Per NJAC 8:57-1.7, healthcare providers are required to report certain diseases and conditions
 - Reporting information: <https://www.nj.gov/health/cd/reporting/>
 - Reportable to the local health department (LHD) where the patient resides
- Directory of LHDs: <https://www.nj.gov/health/lh/community/>
 - 24/7 coverage is available
 - New! Fillable flyer to display LHD information
- NJLINCS Health Alert Network
 - Subscribe at <https://www.njlincs.net/default.aspx>

Measles Clinical Points



Prodrome

- High fever ($>101^{\circ}\text{F}$)
- Cough, coryza, conjunctivitis
- Malaise



Rash

- Maculopapular rash
 - Begins at hairline, spreads downward and outward
 - Recedes in the same direction
- Appears 3-5 days after initial symptoms
- Differential diagnoses



Viral Testing

Guidance available on NJDOH measles site

- PCR: NP/OP is preferred
 - Collect ≤ 3 days of rash
 - Testing at PHEL requires public health approval
- Serology: difficult to interpret in vaccinated persons



Considerations

- Isolate immediately
- Inquire about risk factors
- Vaccine is very effective
 - 1 dose ~93% effective
 - 2 doses ~97% effective
 - PEP within 72 hours
- Ensure patients AND staff are up-to-date
- Use appropriate PPE



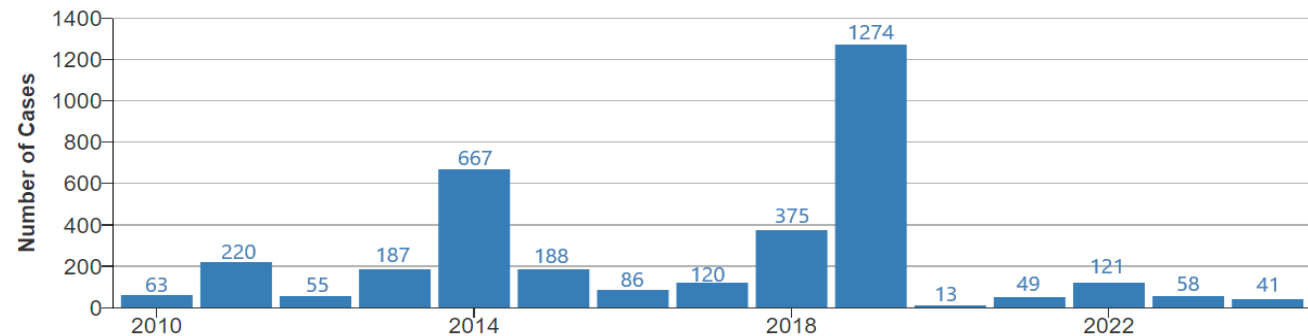


Year	NJ Cases
2014	3
2015	3
2016	0
2017	3
2018	37 (33*)
2019	19 (12*)
2020	0
2021	1
2022	0
2023	1
2024 (to date)	1

Measles Situational Update

Number of measles cases reported by year - United States

2010-2024* (as of February 29, 2024)



January 2024 New Jersey Confirmed Case

- Toddler, 1 MMR
 - Fever, cough, coryza, conjunctivitis followed by rash
 - No known exposure, travel, or visitors
- 1/5 ped visit, fever & URI symptoms
- 1/8 ED visit, rash onset
 - Serology only (day 0) -> IgM/IgG negative
 - Infectious 1/4 – 1/12
- 1/10 LHD became aware of case
 - Delayed report
- 1/11 swab collected -> positive via PCR at PHEL
- At least 233 exposures
 - 62 quarantined

NJ Case Exposures

	Patients	Staff
Pediatric Practice	39	5
Hospital ED	41	30
Total	80	35

	Attendees	Staff
Daycare	65	22

Mumps Clinical Points



Prodrome

Nonspecific

- low-grade fever
- headache
- malaise
- muscle aches
- loss of appetite

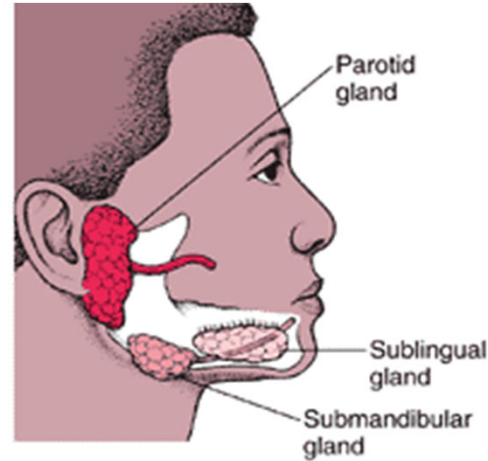


PAROTITIS
(swollen parotid gland)

Parotitis

Inflammation of salivary glands under the ear

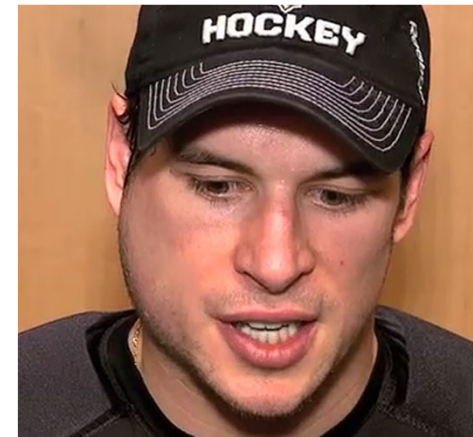
- ≥ 2 days, may last > 10 days
- confused with lymph node swelling
- Other causes: Flu A (H3N2), parainfluenza, EBV, adeno, staph, ductal obstruction, dental issues, sarcoidosis, Sjögren's syndrome, diabetes



Viral Testing

Guidance available on NJDOH mumps site

- PCR on buccal preferred
- Collect ≤ 3 days of parotitis
- Commercially available
- Serology is difficult to interpret in vaccinated persons

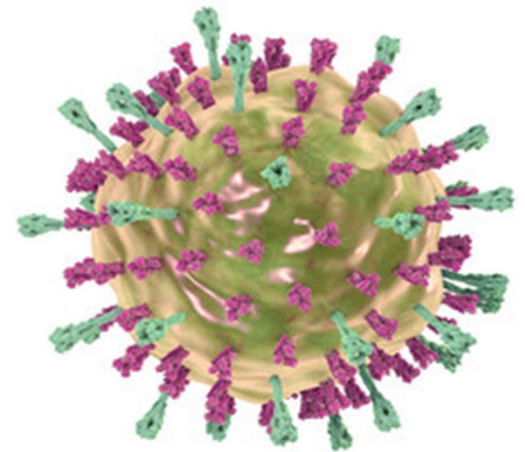


Challenges

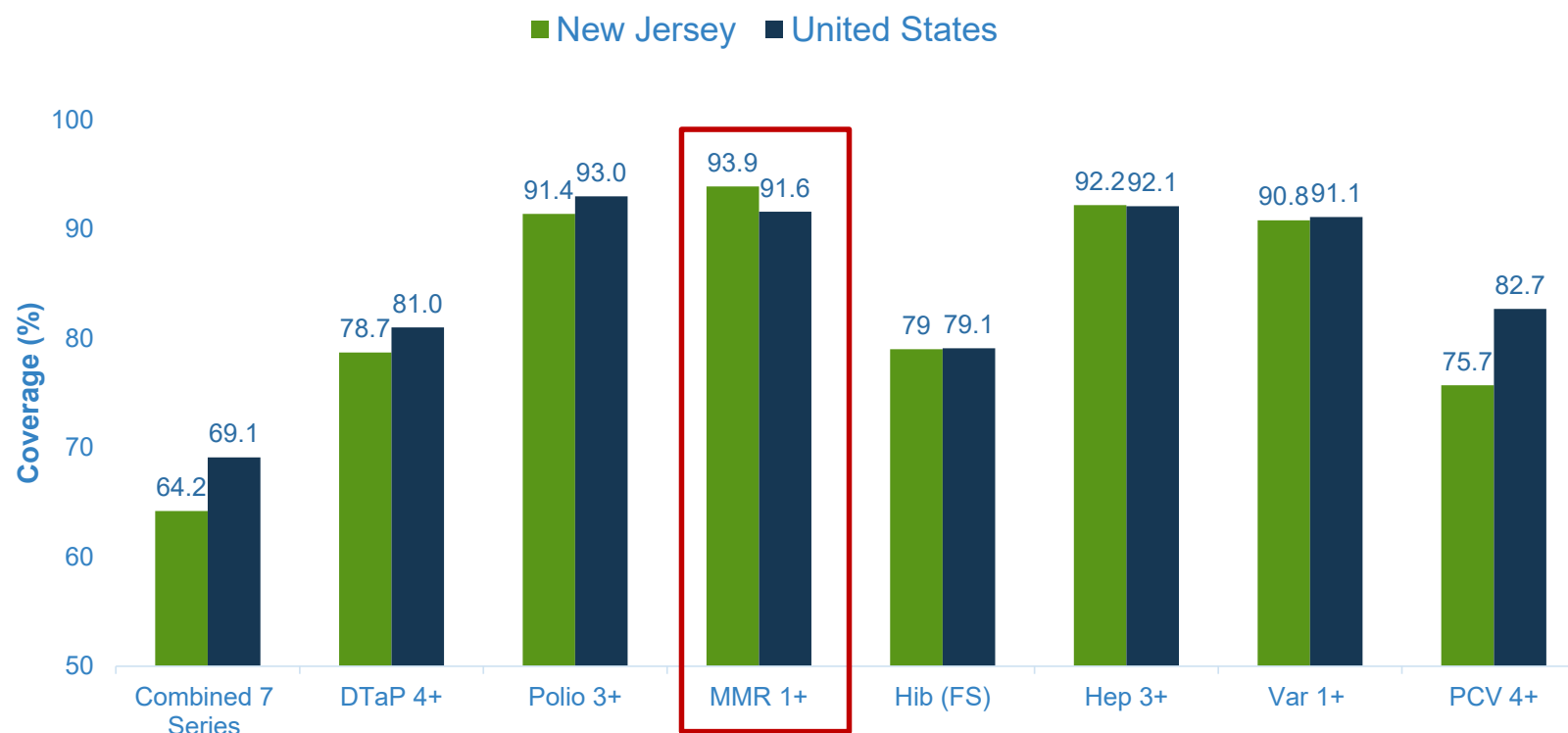
- 20%-30% of cases may be asymptomatic
- Can occur in vaccinated persons
 - 1 dose ~78% effective
 - 2 doses ~88% effective
- No PEP

Mumps Situation

- Single family cluster of suspected mumps, Hunterdon County
 - 8/11 symptomatic
 - Unvaccinated
- Index case with recent international travel
 - Visited family who later verbally reported mumps
- Index parotitis onset 2/6
 - Secondary cases onsets range 2/22-2/26
- School exposure, neighboring county
 - Approximately 25% of students are unvaccinated
 - No known transmission in the school, as of 3/4
 - Incubation period ends 3/19



Vaccination Coverage by Age 24 Months Among Children Born in 2019-2020, New Jersey vs. National



Source: National Immunization Survey

Raise the Rates – Vaccinate!

