

1.4 Mumps

Summary

Number of cases, 2012: 163
 Number of cases, 2011: 165
 Crude incidence rate, 2012: 3.6/100,000

In total, there were 163 (3.6/100,000) mumps cases notified in 2012. This is very similar to 2011 when 165 cases were notified but a decline compared to the years 2008/2009 and 2004/2005 when large outbreaks occurred (figure 1). The number of cases notified in 2012, however, is still nearly four-fold higher compared to the years 1998 to 2003 when there was an average of 43 cases notified each year.

In 2012, of the 163 mumps cases notified 26% (n=43) were classified as confirmed and 74% (n=120) were classified as possible.

The largest number of cases was notified in the HSE-E

while the highest crude incidence rate was in the HSE-W (table 1).

In 2012, the median age of cases was 21 years and the mean was 24 years (range one to 83 years, age was unknown for two cases). The number of cases by age group and the age specific incidence rates are shown in figures 2 and 3. The highest age specific incidence rates were in those 20-24 years followed by those 15-19 years and 0-4 years. Of the 163 mumps cases, 53% (n=86) were female and 47% (n=77) were male.

Of the 163 mumps cases, 18% (n=29) were unvaccinated, 23% (n=38) had one dose of the measles-mumps-rubella vaccine (MMR), 28% (n=46) were reported to have received two doses of MMR while for 31% (n=50) of cases the number of doses of MMR was not reported. The vaccination date was reported for 63% (n=24/38) of cases reported to have received one dose of MMR. Both vaccination dates were reported for 28% (n=13/46) of cases vaccinated with two doses of MMR. Thirteen percent (n=6/46) of the cases reported

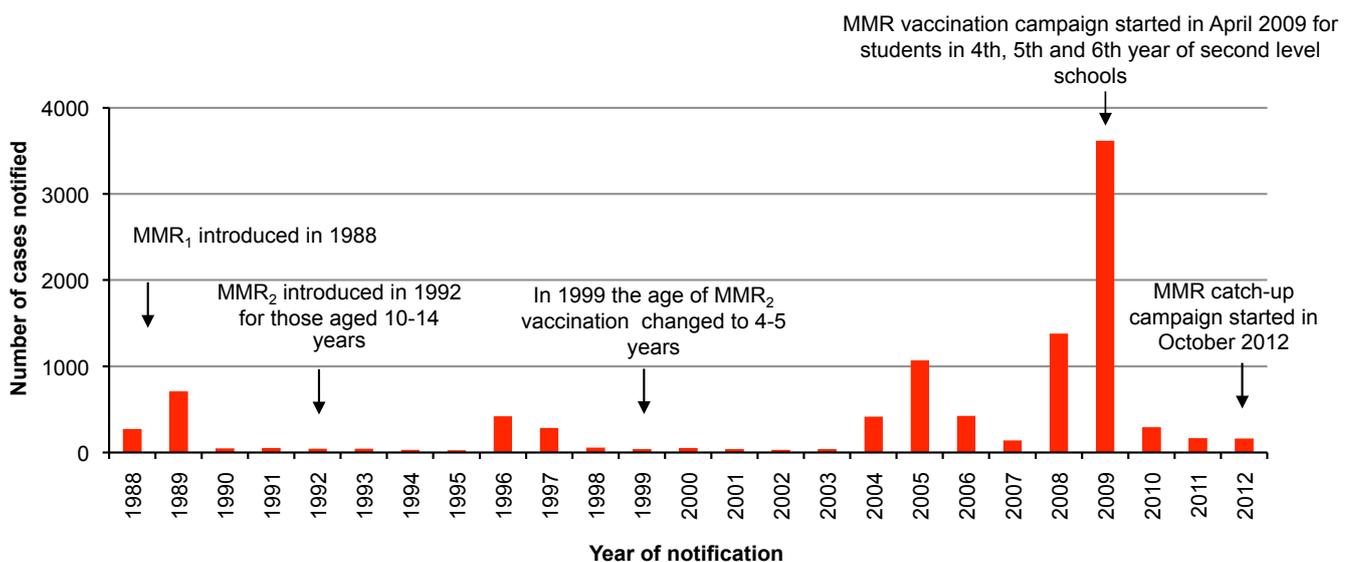


Figure 1. Number of mumps notifications by year
 MMR₁- first dose of MMR
 MMR₂- second dose of MMR
 1988-June 2000 data collated by DoHC
 July 2000-2012 data collated by HPSC

to have received two doses of MMR were classified as confirmed; only two of these cases had MMR vaccination details such as vaccination dates reported.

Nine cases were hospitalised, representing six percent (n=9/163) of all cases and eight percent (n=9/109) of cases where hospitalisation data were provided. The number of days hospitalised was reported for all nine of the hospitalised cases; the median and mean number of days hospitalised was five days (range one to 11 days).

Reported complications of mumps included orchitis (4%, n=2/46), mastitis (2%, n=2/86), meningitis (2%, n=2/86) pancreatitis (2%, n=2/83), deafness (1%, n=1/84), nephritic syndrome (n=1) and rigours and raised liver function tests (n=1).

The setting where the case most likely acquired mumps was reported for 23% (n=38/163) of cases. The identified settings for these cases were: social setting for 71% (n=27/38) of cases; international travel for 11 percent (n=4/38); university/college for eight percent (n=3/38); day-care/preschool for five percent (n=2/38); family/household for three percent (n=1/38) of these cases and hospital out-patient for three percent (n=1/38).

Two localised outbreaks of mumps were notified during 2012 with a total of seven associated cases of illness; both outbreak locations were in private houses.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) system on 17th July 2013. These figures may differ slightly from those published previously due to ongoing updating of notification data on CIDR.

Table 1. Number of mumps cases notified and the crude incidence rate per 100,000 population (CIR) by HSE Area in 2012

HSE Area	Number	CIR
HSE-E	71	4.4
HSE-M	9	3.2
HSE-MW	6	1.6
HSE-NE	12	2.7
HSE-NW	12	4.6
HSE-SE	15	2.4
HSE-S	16	3.0
HSE-W	22	4.9
Total	163	3.6

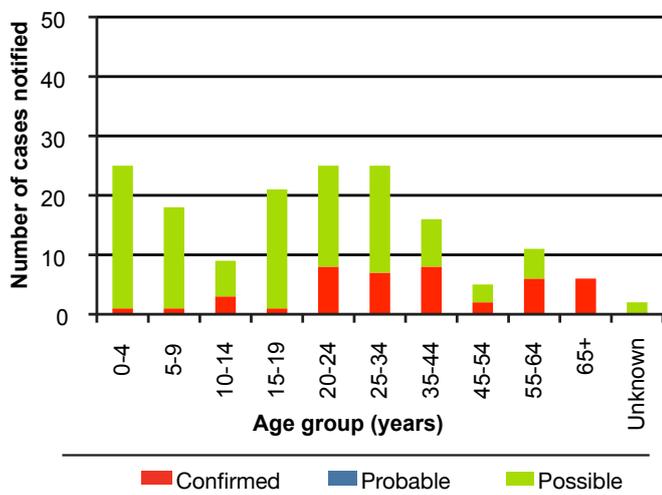


Figure 2. Number of notified mumps cases in 2012 by age group and case classification

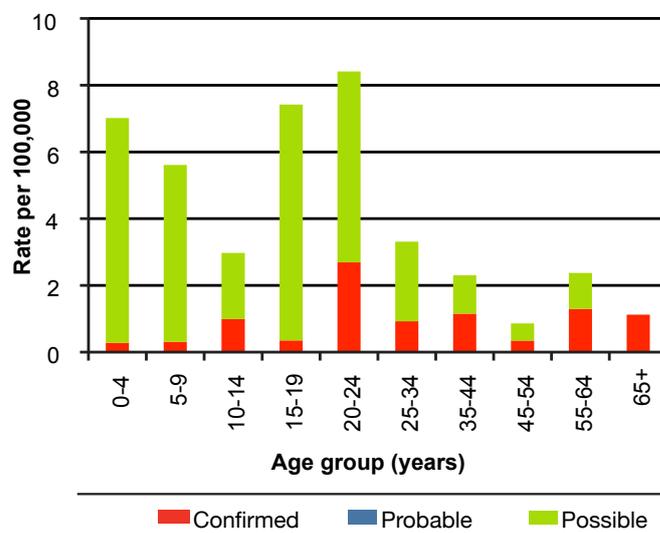


Figure 3. The age specific incidence rates (per 100,000) of notified mumps cases in 2012