Guidelines Set on Vaccine Use in Mumps Outbreak

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All health care workers should receive two doses of the measles-mumps-rubella vaccine if they don't have evidence of immunity, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention voted during a special meeting held by telephone in response to the current multistate mumps outbreak that began in Iowa late last year.

Between January 1 and May 2, 11 states reported 2,597 cases of mumps. Eight states (Illinois, Iowa, Kansas, Missouri, Nebraska, Pennsylvania, South Dakota, and Wisconsin) reported mumps outbreaks (5 or more outbreak-associated cases) with ongoing local transmission or clusters of cases; three states (Colorado, Minnesota, and Mississippi) reported cases associated with travel from an outbreak state.

The majority of mumps cases (1,487, comprising 57%) were reported from Iowa; states with the next highest case totals were Kansas (371), Illinois (224), Nebraska (201), and Wisconsin (176). Of the 2,597 cases reported overall, 1,275 (49%) were classified as confirmed, 915 (35%) as probable, and 287 (11%) as suspect; for 120 (5%) cases, classification was unknown (MMWR 2006;55[Dispatch]:1-5).

To prevent mumps, ACIP has long recommended a two-dose MMR vaccination series for all children, with the first dose administered at ages 12-15 months and the second dose at ages 4-6 years. Two doses of MMR vaccine are recommended for school and college entry unless the student has other evidence of immunity.

In the specially convened meeting—the results of which are considered interim—the committee redefined evidence of immunity to mumps through vaccination as follows: One dose of a live mumps virus vaccine for preschool children and adults not at high risk; two doses for children in grades kindergarten through 12 and adults at high risk (such as persons who work in health care facilities, international travelers, and students at post–high school educational institutions). Other criteria for evidence of immunity (such as birth before 1957, documentation of physician-diagnosed mumps, or laboratory evidence of immunity) remain unchanged.

Furthermore, health care facilities should consider recommending one dose of MMR vaccine to unvaccinated health care workers born before 1957 who do not have other evidence of mumps immunity.

During an outbreak and depending on the epidemiology of the outbreak (the age groups and/or institutions involved), a second dose of vaccine should be considered for adults and for children aged 1-4 years who have received one dose. The second dose should be administered as early as 28 days after the first dose, the minimum recommended interval between two MMR vaccine doses. In addition, during an outbreak, health care facilities should strongly consider recommending two doses of MMR vaccine to unvaccinated workers born before 1957 who do not have other evidence of mumps immunity. ■

Many Teenagers Ignorant of STD Risks of Oral Sex

More than one-quarter of teenagers in a recent survey did not know that sexually transmitted diseases can be passed through oral sex, reported Ms. Nicole Stone, at the Centre for Sexual Health Research, University of Southampton, England, and her associates.

In contrast, only 2% of the teens were unaware that sexually transmitted diseases (STDs) can be transmitted through "vaginal intercourse with ejaculation" (Perspect. Sex. Reprod. Health. 2006;38:6-12).

The study included a survey of more than 1,300 British teenagers and analysis of sexual event diaries of more than 100 of the teenagers. Knowledge of STD transmission improved among older girls. Only 5% of 18-year-old girls did not know that STDs could be transmitted during oral sex, compared with about 22% of 16-year-old girls.

"It is essential that those charged with teaching youth about sexual issues—whether in schools, in clinics or in homes—be encouraged to broaden the scope of their coverage," the researchers wrote.

—Mary Ellen Schneider