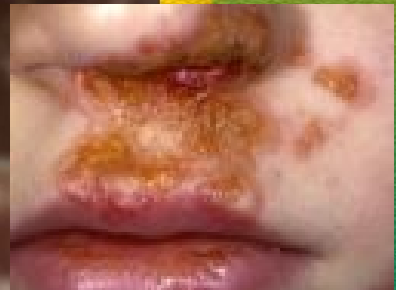


# Communicable Disease Newsletter

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**STAPH**



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## Mumps



Mumps, once a common childhood disease, is a viral infection spread by contact with infected respiratory tract secretions. It is a systemic disease noted for the swelling that can occur of one or more of the salivary glands, however, one third of mumps infections present primarily as a respiratory infection. In the United States, mumps is now uncommon, thanks to the mumps vaccine which debuted in 1967. Fewer than 300 cases per year are reported in the U.S. and most of these individuals are teenagers or adults.

Prior to the introduction of the mumps vaccine, the peak incidence of mumps was seen between January and May, and among children 5-14 years of age. Mumps remains endemic in other areas of the world, and cases seen here in the U.S. are often traced to cases "imported" into the United States.

Common complications associated with mumps include orchitis (more common after puberty) but sterility rarely occurs. Other rare complications include arthritis, thyroiditis, mastitis, oophoritis, and hearing impairment. Mumps during the first trimester of pregnancy is often associated with spontaneous abortion. Infection occurring among adults is more severe. Although rare, death resulting from mumps or complications associated with mumps occurs most often in adults.

Outbreaks of mumps can occur in highly immunized populations, most often in those individuals who did not receive the vaccine. The period of communicability is from 1-2 days before the onset of parotid swelling to 5 days after the onset of such swelling. Mumps virus can be found in human saliva from 7 days before the onset of symptoms to 9 days following the onset of symptoms. The incubation period is usually 2 weeks, but some cases may occur 12 to 25 days following exposure. Mumps is diagnosed by culturing the virus via throat washing, saliva, urine, or spinal fluid samples. Serologic testing can be used to detect mumps-specific IgM antibody. Treatment for mumps is primarily supportive.

The mumps vaccine is a live-attenuated vaccine administered subcutaneously more commonly as the measles-mumps-rubella (MMR) vaccine. The efficacy of the vaccine is approximately 95% with a single dose. Vaccine recommendations include one dose administered to children between the ages of 12-15 months, with a second dose administered at least 28 days from the first dose. Typically, the second dose is given to children ages 4-6 years. People should consider themselves susceptible to mumps unless they have documentation of at least one dose of vaccine on or after their first birthday, documentation of physician-diagnosed mumps, or serological proof of immunity or were born in the United States before 1957. Potential side effects of vaccination include redness or soreness at the site of administration, low grade fever, and stiffness of the joints of the hands and fingers. These side effects are temporary. Immunized people do not transmit the mumps vaccine virus.

### References:

1. Department of Health and Human Services. Centers of Disease Control and Prevention. [Epidemiology and Prevention of Vaccine-Preventable Diseases](#). 10<sup>th</sup> edition. January 2007.
2. American Academy of Pediatrics. [Red Book 2006 Report of the Committee on Infectious Diseases](#). 27<sup>th</sup> edition., pp.464-468.

## STAPHYLOCOCCUS AUREUS

### Signs and Symptoms

*Staphylococcus aureus*, often referred to as "staph", are bacteria healthy people can carry in their body. Staphylococci normally grow in the nose and on the skin of 20 to 30% of healthy adults. These bacteria cause no harm most of the time; however, a break in the skin, burn, or other injury may allow the bacteria to penetrate the body's defenses and cause infection. Commonly, staphylococcal infections produce collections of pus (abscesses), which can appear not only on the skin but also within internal organs. Staphylococcal infections range from mild to life-threatening.

There are many kinds of staphylococcal skin infections. The least serious is folliculitis, an infection of a hair root (follicle) that produces a slightly painful, tiny white pimple at the base of a hair. Impetigo consists of shallow, fluid-filled blisters surrounded by yellow crusts. Impetigo may itch or hurt. Staphylococcal skin abscesses (boils, furuncles) are warm, painful, collections of pus below the skin surface. Staphylococcal cellulitis is a spreading infection that develops under the skin, producing pain and redness. All staphylococcal skin infections are very contagious.

### Diagnosis and Treatment

Staph skin infections are usually diagnosed by their appearance without laboratory testing. They are easily treated with antibiotics or by draining the infection. The choice of antibiotic depends on the site of infection, the severity of the illness, and the susceptibility of the particular staph strain. When antibiotics are given, it is important to take the medication as instructed to prevent the bacteria from becoming resistant to certain types of antibiotics.

# STAPHYLOCOCCUS AUREUS CONT'D

## Prevention

In order to keep staph infections from spreading, it is important to:

- Wash your hands often or use an alcohol-based hand sanitizer.
- Keep your cuts and scrapes clean and cover them with bandages.
- Do not touch other people's cuts or bandages.
- Do not share personal items like towels or razors.

## Reference:

1. <http://www.cdc.gov>
2. <http://www.merck.com>



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## MOLLUSCUM CONTAGIOSUM



Molluscum contagiosum is a common skin infection which is characterized by firm bumps (papules) that are usually painless, two to five millimeters in diameter, and flesh-colored or pink. They may appear shiny and have a small indentation in the center. The virus that causes molluscum contagiosum belongs to a family of viruses called poxviruses, which are found only in humans. It is transmitted from the skin of one person who has these growths to the skin of another person. Molluscum contagiosum occurs most often in cases where skin-to-skin contact is frequent. Papules commonly are found on the trunk, face, and extremities. They often occur in young children, especially among siblings. A person with molluscum contagiosum can remove the bumps by scratching them, but

this often spreads the virus to the adjacent skin (autoinoculation). It is also possible that the virus can be spread through contaminated objects, such as towels, clothing, and toys. In adults, it can also be sexually transmitted if growths are present in the genital area. The disease is often linked with warts, but it is not related to genital warts, which are caused by the human papilloma virus (HPV). People with eczema, immunocompromising conditions, and human immunodeficiency virus (HIV) infection tend to have more widespread and prolonged eruptions.

**Incubation period:** The incubation period varies between two to seven weeks, but may be as long as six months. The period of communicability is unknown. Therefore, exclusion from school or daycare is not required.

**Diagnosis:** Diagnosis of molluscum contagiosum is usually made clinically, based on the characteristic appearance of the lesions. If there is any doubt, a skin scraping from the infected area can be taken and examined for the virus under a microscope.

**Treatment:** For people with a normal immune system, molluscum contagiosum resolves without treatment within six to eighteen months. Children

with single or widely scattered papules are often left untreated, especially if the area is usually covered by clothing. However, because this condition can spread easily with direct skin-to-skin contact or from autoinoculation, sometimes removal of the papules is desired. This is done by scraping or curettage, surgical removal, freezing (cryotherapy) electrocautery, laser therapy, or topical medications.

**Prevention/control:** To help prevent or control the spread of molluscum contagiosum:

- Wash your hands
- Avoid touching, rubbing, or scratching the papules.
- Do not shave or have electrolysis performed on body areas affected by molluscum infection.
- Keep the papules covered with clothing or a bandage. Keep the area clean and dry.
- Contact sports, such as wrestling, basketball, and football, should be avoided unless the papules can be covered by clothing or bandages.
- Don't share clothing, towels, hairbrushes, or other personal items.
- Avoid sexual contact until the papules are treated and have completely resolved.

## References:

1. American Academy of Pediatrics. *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006:p. 463.
2. <http://www.cdc.gov/ncidod/dvrd/molluscum/overw.htm>
3. <http://www.mayoclinic.com>

**COMMUNICABLE DISEASE  
REPORTED FOR SAGINAW COUNTY  
7/1/2007 – 9/30/2007**

Disease	No. Reported
ANIMAL BITE	7
CHLAMYDIA (Genital)	276
FLU-LIKE DISEASE	752
GONORRHEA	91
HIV	4
HEPATITIS B CHRONIC	6
HEPATITIS C CHRONIC	39
LEGIONELLOSIS	1
MENINGITIS ASEPTIC	8
SHIGELLOSIS	3
SALMONELLOSIS	8
ROCKY MT SPOTTED FEVER	1

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities, and local media.

**If you would like to get this newsletter by e-mail please submit your e-mail address to:  
sborsenik@saginawcounty.com**

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Please visit our website at [www.saginawpublichealth.org](http://www.saginawpublichealth.org) where our communicable disease pamphlets are available.

**COMMUNICABLE DISEASE YTD  
REPORTED FOR SAGINAW COUNTY  
1/1/2007 – 9/30/2007**

Disease	No. Reported
ANIMAL BITE	15
CAMPYLOBACTER	2
CHICKENPOX (Varicella)	2
CHLAMYDIA (Genital)	760
CRYPTOCOCCOSIS	1
FLU-LIKE DISEASE	14479
GIARDIASIS	5
GONORRHEA	268
HIV	10
HEPATITIS B CHRONIC	16
HEPATITIS C CHRONIC	136
HISTOPLASMOSIS	1
INFLUENZA	1
LEGIONELLOSIS	2
MENINGITIS ASEPTIC	21
SHIGELLOSIS	3
SALMONELLOSIS	12
ROCKY MT SPOTTED FEVER	1



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