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Opinion: Mumps outbreaks mean there's still work to be done



Published on: March 7, 2017 | Last Updated: March 7, 2017 8:46 AM MDT

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FILE - In this Jan. 16, 1957 file photo, Jon Douglas, 6, right, visits his friend, Greg Cox, standing behind a sign warning he has mumps, on the door of his home in Altamont, III. Fifty years ago, mumps was once a childhood rite of passage of puffy cheeks and swollen jaws. That all changed with the arrival of a vaccine in the late 1960s, and mumps nearly disappeared. But in 2017, the U.S. is in the midst of one of the largest surges in decades. ASSOCIATED PRESS



Last week, public health officers announced an outbreak of mumps clustered around bars in

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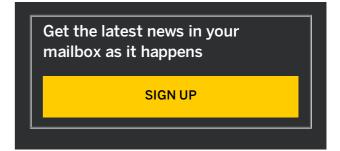
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in Whistler, last month in Halifax, last week in Medicine Hat, and now, apparently, among several Vancouver Canucks.



For a disease most thought was history, there seems to be a lot of it around right now.



Mumps is caused by infection with mumps virus, which comes from the same family as measles. Most people who catch it experience about 10 days of fever, pain and fatigue, followed by trademark swelling of the salivary glands, usually a painfully puffy neck or jaw. There is no treatment other than managing symptoms — usually just pain and fever relief. Fortunately, for most people these symptoms are minor and short-lived.

Unfortunately, sometimes they're not: in rare cases mumps can give rise to very serious complications, especially meningitis and hearing loss. Males can experience painful swelling of testicles, and women the ovaries; for men, in particular, this can damage fertility. Worse yet, mumps is highly contagious. Each case gets passed on to twice as many people as flu or SARS. The virus is transmitted by droplets from coughing, saliva, or direct contact, so sharing drinks or cutlery can pass it on.

Why is mumps coming back now? There are at least three reasons.

First, our policies have changed. Before the late 1960s, there was no vaccine for mumps, which meant most people developed immunity the hard way, by getting sick. From 1970 to 1996, children were given a single shot of mumps vaccine, and rates dropped massively. Research started to show two shots gave better protection than one, so in 1996 Canada's policy changed.

Changing our policies in line with evidence is always a good idea, but it

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can be tricky in practice. Now, many people born between 1970 and 1996 have "incomplete" vaccination coverage, though most don't know it. There's some debate about whether the current vaccine is effective enough against all strains of mumps.

When outbreaks do happen, the response, on paper, is straightforward. Doctors notify public health agencies, and Canada's current guidelines are that people should "self-quarantine" for at least five days, and up to nine. People who think they might have mumps are advised to call ahead to their doctor's office rather than simply showing up, since they might be contagious. These common-sense policies should be enough to contain the virus.

But of course, beyond these straightforward pieces of science policy lies the messiness of the real world. Our policies would suffice if the virus behaved as expected in a vacuum. We've already seen mumps thrives in situations where people have their guard down. Locker rooms and night clubs are usually not places where we're quite so fastidious about contagion. Asking people to self-quarantine is always going to be difficult, especially if they think their friends have all been vaccinated anyway. These cultural complexities are the second reason.

Third, even given great research and communication, there are always xfactors nobody can anticipate. For mumps, that came in the shape of the anti-vaxxer controversy. The virus is one of three covered by the MMR (measles, mumps, and rubella) vaccine. This is the vaccine that a fraudulent and discredited scientist once tried to connect to autism. His findings have been debunked, but the damage was done. Cases of mumps spiked massively in the aftermath, and will continue to as the long tail of the virus continues to find unprotected populations to thrive in.

A key lesson is that viruses have social lives. A vaccine alone can't win out

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against the massed forces of history, culture and politics. There is a whole social world that needs to support that vaccine, long after the virus itself has slipped from memory.

Many Canadians are now learning the hard way that as much as cuttingedge research takes headlines, the unglamorous, shoe-leather work of public health is the stuff that affects them in concrete ways. It turns out there's still quite a lot of that work left to be done.

Mike Callaghan is a medical anthropologist and research fellow at the London School of Hygiene and Tropical Medicine, United Kingdom.

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Richard Colvin · Edmonton, Alberta

Probably thanks to the anti-vaccination crowd. Children should be vaccinated at school and the nothing to do with it.

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Dave Hackett · U of A Edmonton

Why is it my Grandchildren can't have a peanut butter sandwich in their lunch because someor these f..tard parents are allowed to send unvaccinated children to school?

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Deborah Kahn · Burlington, Vermont

As always, no mention that there is a whistleblower suit against Merck, claiming that the mumps 1) ineffective; 2) Merck knew it was ineffective and 3) Merck faked the data it submitted to the F licence for producing the MMR. Much more fun to try and blame those who don't use the ineffective evidence that high numbers of vaccinated people are coming down with the mumps.

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Goodyear Jhuugmkkmp · NAIT

Funny how the sheeple line up to turn their children autistic!



Dina Flathers

More of these diseases will begin to resurface as the antivaxxer group grows and they travel.

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Shannon Burge · Edmonton, Alberta

Vaccinate your kids, idiots.

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