

# FAQs from Health Departments on Responding to Mumps in Detention Facilities

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## UNDERSTANDING DETENTION FACILITY OPERATIONS

### 1. Q: WHO IS RESPONSIBLE FOR DETENTION FACILITY OPERATIONS AND THE POPULATIONS HOUSED THERE?

A: To implement effective public health interventions within a detention facility, it is helpful for public health officials to understand both detention facility operations and the legal custody process and context for detained populations. Facilities provide health services within a larger detention system. When collaborating with detention facilities, health departments should determine which entity (e.g., county, parish, state, private company, federal agency) owns and operates the facility, and which law enforcement agencies have custody of the detainees. The facility owner, facility operator, and law enforcement agency may all be different and distinct agencies. Detention facilities that house individuals under federal custody may not be federally owned or operated facilities. Moreover, the way in which each delivers care may differ. For example, a facility operator may staff the medical clinic directly while another facility may contract its detention health services from another company.

A facility might house populations under the custody of different law enforcement agency (e.g., multiple law enforcement agencies may have contracts to house individuals in their custody at the same facility). The following agencies have the authority to place individuals in their custody and may house populations at a detention facility:

- Local law enforcement,
- U.S. Immigration and Customs Enforcement (ICE),
- U.S. Marshals Service, and
- U.S. Customs and Border Protection.

### 2. Q: HOW CAN I FIND OUT IF THERE ARE DETENTION FACILITIES THAT HOUSE ICE DETAINEES IN MY JURISDICTION?

A: Health departments can meet with their local jurisdiction's government executives or administrators to: determine *which law enforcement agencies* have agreements to house people at the facility; and determine *which detention facilities* have agreements to house ICE detainees. Health departments can also contact the ICE [community relations officer](#) within their state or region, or search the interactive ICE [Detention Facility Locator](#) for facilities within their state.

## COORDINATION WITH THE DETENTION FACILITY

### 3. Q: WHAT ARE THE FIRST STEPS A HEALTH DEPARTMENT SHOULD TAKE IF A FACILITY REPORTS A SUSPECTED MUMPS CASE?

A: First, identify which law enforcement agency has custody of the person with suspected mumps, and obtain contact information for the facility operator and medical authority. These key contacts should collaborate with the health department and inform the procedures for procuring vaccine. Health departments should then advise the facility to: isolate all suspect mumps cases for five days after parotitis onset; quarantine (or cohort) all exposed

detainees for 25 days following the end of the most recent exposure; and offer a dose of MMR vaccine. The health department can work with the facility to identify other groups (e.g. staff, other housing units) who are at increased risk and should be offered a dose of MMR vaccine.

4. Q: SHOULD THE DETENTION FACILITY FOLLOW HEALTH DEPARTMENT OR ICE GUIDANCE WHEN RESPONDING TO A MUMPS CASE? WHO IS THE PUBLIC HEALTH AUTHORITY FOR THE FACILITY?

A: State and local health departments have the authority to provide recommendations, issue guidance and respond to mumps cases and outbreaks in most facilities. Medical staff at detention facilities that house ICE detainees should collaborate with and seek guidance from their local health department. ICE Health Service Corps guidance only applies to the 20 facilities they staff; there are more than 200 other detention facilities across the United States. All other facilities, whether operated by a private company or the local jurisdiction, are *not* required to follow ICE Health Service Corps guidance or policies. ICE encourages detention facilities to develop infection prevention and control protocols in consultation with their local health departments.

5. Q: WHAT SHOULD HEALTH DEPARTMENTS DO IF WE HAVE COMMUNICATION CHALLENGES WITH THE FACILITY?

A: Detention facilities should follow their state disease reporting requirements. If mumps is a reportable condition within the state, facilities should report confirmed and probable cases to the state health department. Health departments should establish ongoing collaborative relationships with detention facilities within their jurisdictions. ICE Health Service Corps can facilitate communications between health departments and detention facilities, related to care of ICE detainees (see below for [contact information](#)).

## MANAGEMENT OF MUMPS CASES AND EXPOSED PERSONS AMONG DETAINEES

6. Q: HOW DO WE TELL WHICH AGENCY HAS CUSTODY OF SYMPTOMATIC OR EXPOSED DETAINEES? IS THE RESPONSE DIFFERENT FOR DIFFERENT AGENCIES?

A: Case management and vaccine procurement for detainees depends on the agency who has custody of the detainee. Agencies include, but are not limited to:

- Local law enforcement,
- U.S. Immigration and Customs Enforcement,
- U.S. Marshals Service,
- U.S. Customs and Border Protection, and
- U.S. Department of Health and Human Services (HHS), Agency for Children and Families (AFC), Office of Refugee Resettlement (ORR) (unaccompanied minors)

The facility will know which federal agency has custody over the detainee, and the detainee's identification number. The law enforcement agency's health service component can verify its custodial authority using the detainee's full name and agency identifying number. For individuals in ICE custody, health departments must

provide the detainee's alien number to ICE, a nine-digit number (e.g. 012345678); this verifies ICE custody and transfer history.

7. Q: HOW DO WE DETERMINE THE MUMPS CASE TRANSFER HISTORY?

A: If the detainee is under ICE custody, health departments can contact ICE Health Service Corps to obtain information on the detainee's transfer history using the patient's alien number. The alien number is a nine-digit number (e.g., 012345678).

8. Q: SHOULD DETENTION FACILITIES QUARANTINE (OR COHORT) ALL DETAINEES EXPOSED TO MUMPS? CAN THE FACILITY RELEASE THESE INDIVIDUALS FROM QUARANTINE AFTER RECEIVING A DOSE OF MMR VACCINE?

A: If the facility suspects a mumps case, the facility should quarantine (or cohort) detainees who were exposed to the infected individual through close contact. Quarantined (or cohorted) individuals should be housed and conduct activities separately as a group for 25 days, and be offered a dose of MMR vaccine. Facilities should restrict their close contact with other non-exposed groups during this time. However, facilities may permit detainees from cohorted units to go to off-site medical appointments and court.

After completion of the 25-day cohort period, detainees who received a dose of MMR vaccine do not need to be cohorted again in the event of subsequent exposures (i.e. exposure to new case[s] in their cohorted unit). Health departments can work with the facility to assess detention facility and law enforcement operational requirements when recommending actions to manage exposed detainees.

## VACCINATION

9. Q: WHY NOT VACCINATE ALL DETAINEES?

A: Each detention facility's medical authority (e.g. medical director) should evaluate their staffing needs and resources to support intensive and routine vaccination efforts. Most detention facilities have limited nursing staff, who have many other responsibilities. It is a challenge for staff to administer the vaccine and document the vaccination in the medical record and on medical transfer summaries as additional duties, without sacrificing other medical and mental health care of the detainees.

Detainees experience frequent transfers while in custody. Detention facilities often process 50-100 detainee arrivals per day who require an intake medical screening. Facilities often process an additional 50-100 detainees who leave per day; all require medical transfer summary documentation. The detention facility's health staff must ensure vaccination documentation is transferred efficiently so multiple facilities do not re-administer the vaccine within a short time frame.

10. Q: IS THERE A WAY TO STOCK MMR VACCINE AT THE FACILITY SO FACILITIES CAN VACCINATE DETAINEES AT INTAKE?

A: There are no restrictions for stocking vaccine and vaccinating detainees at intake, if the entity that operates the medical clinic in the detention facility uses its program resources to stock vaccine. Detention facilities cannot use the ICE Health Service Corps procurement mechanisms to order stock vaccine beforehand because each vaccine dose is linked to an individual by name and alien number. ICE Health Service Corps must account for each MMR dose administered to individual ICE detainees. ICE Health Service Corps vaccine procurement mechanisms are only used for MMR vaccine for ICE detainees. ICE cannot obtain or pay for vaccine for staff, inmates, or prisoners in the custody of other law enforcement agencies.

**11. Q: SHOULD HEALTH DEPARTMENTS RECOMMEND VACCINATION FOR DETAINEES EXPOSED TO MUMPS OR ALL DETAINEES AT THE FACILITY?**

A: Intense and frequent close contact is common in the detention setting. Detainees in close contact with individuals with mumps are at increased risk for acquiring the disease; facilities should offer a dose of MMR vaccine in accordance with [existing vaccination guidance](#). All exposed detainees should be offered a dose of MMR vaccine. Some facilities now vaccinate all detainees, not only those exposed. The decision to vaccinate all detainees within a facility is based on the health department's recommendation and should consider staffing needs. Mass vaccination efforts include vaccine administration, in addition to documentation in medical records and on medical transfer summaries.

**12. Q: WHO PAYS FOR VACCINE FOR ICE DETAINEES?**

A: ICE Health Service Corps pays for the MMR vaccine if facilities use the approved mechanisms to procure MMR for detainees in ICE custody.

**13. Q: SHOULD HEALTH DEPARTMENTS RECOMMEND VACCINATION FOR STAFF AT THE FACILITY?**

A: Local public health authorities should determine the groups at increased risk for acquiring mumps during an outbreak. The Centers for Disease Control and Prevention provides [guidance for public health authorities on use of a third dose of MMR vaccine during mumps outbreaks](#). The recommendation to vaccinate depends on a risk assessment by public health officials for each individual facility. Health departments may recommend a dose of MMR vaccine due to increased risk for facilities with: mumps cases among staff or where staff are in close contact with detainees; and staff who work with both detained migrants and correctional detainees. Health departments may also assess the risk for other service staff (e.g., transport, food service, laundry, or sanitation services) at the facility.

**14. Q: WHO PAYS FOR VACCINE FOR FACILITY STAFF OR OTHER NON-ICE DETAINEES, LIKE INMATES? DOES ICE REQUIRE DETENTION FACILITY STAFF TO BE VACCINATED?**

A: ICE Health Service Corps does not have the authority to provide occupational health services; federal personnel policies only apply to federal ICE employees. ICE Health Service Corps vaccine procurement mechanisms are only

used for MMR vaccine for ICE detainees. ICE cannot obtain vaccine for staff, inmates, or prisoners in the custody of other law enforcement agencies.

Facilities and health departments have several options for obtaining vaccine if the local or state health department recommends vaccination for staff, inmates, or prisoners who are not ICE detainees due to increased risk.

- For inmates or prisoners who are not ICE detainees, the facility should first check with the law enforcement agency responsible for the at-risk individuals to see if they can provide vaccine.
- Staff members' employer, health plan, or pharmacy may assist with a vaccination clinic.
- Health departments can also partner with their immunization program to use [317 vaccine funds](#) or request additional outbreak-related [317 vaccine funds](#).

## LABORATORY TESTING

### 15. Q: SHOULD HEALTH STAFF CONDUCT MUMPS IMMUNOGLOBULIN G (IGG) TESTING FOR EXPOSED DETAINEES TO IDENTIFY THOSE WITH PRESUMPTIVE IMMUNITY?

A: Facility health staff should **not** conduct immunoglobulin G (IgG) testing for mumps. A positive IgG for mumps only means that a person was previously exposed to the mumps virus, either through vaccination or natural infection. It does not necessarily predict if a person is protected from mumps. There is no level of mumps antibodies that determine protection or immunity. Therefore, the CDC recommends quarantining or cohorting for all exposed individuals, including those with a positive mumps IgG, and offering a dose of MMR vaccine to protect against subsequent exposures.

### 16. Q: SHOULD HEALTH DEPARTMENTS CONTINUE TO TEST ALL DETAINEES IN A FACILITY THAT HAS ONGOING MUMPS?

A: To conserve resources once public health officials confirm a mumps outbreak at the facility, health departments can elect to not test cases if they find an epidemiological link between confirmed and probable cases. CDC developed [guidance for health departments to help reduce the number of specimens unnecessarily or improperly collected and tested during outbreaks](#).

## OTHER QUESTIONS

### 17. Q: HOW DID THE MUMPS OUTBREAK START IN U.S. DETENTION FACILITIES, AND WHY IS IT SO DIFFICULT TO STOP?

A: Mumps is endemic in many countries. At least 500,000 cases of mumps are reported worldwide each year, although this is likely an underestimate since mumps is not nationally notifiable in all countries. Since September 2018, there were cases among detainees who were exposed before they entered the U.S. and detained by a law enforcement agency. The outbreak resulted from mumps virus introduction into a susceptible population living in a congregate (group) living setting where frequent close contact among detainees facilitated virus transmission.

Many cases in detention facilities occurred in migrant adults from countries that did not have a routine mumps vaccination program until the mid-1990s. Persons aged 20 years or older from these countries are likely unvaccinated for mumps. However, mumps outbreaks were also reported in this same age group in the United States among vaccinated persons since 2006. Many facilities offered MMR vaccine to detainees at increased risk to help control mumps outbreaks in facilities with mumps cases. However, MMR vaccine is not effective at preventing disease in people already infected with mumps virus, therefore cases may still occur among people who were exposed prior to vaccination. If an exposed detainee develops mumps after they are transferred to a new facility, they could subsequently infect other unvaccinated detainees at the new facility.

#### 18. Q: ARE THERE COMMUNICATION MATERIALS AVAILABLE FOR DETAINEES OR STAFF?

A: [Infographics with information on mumps for adult detainees](#) and [infographics with information on mumps for adults, including staff](#) are available on the Centers for Disease Control and Prevention website in English, Spanish, and Hindi. Health department and facility staff may email the Centers for Disease Control and Prevention mumps team at [ncirddvdmrhp@cdc.gov](mailto:ncirddvdmrhp@cdc.gov) to obtain a letter to employers about mumps control measures. The facility or health department may also consider requesting a work place [Health Hazards Assessment](#) from the National Institute for Occupational Safety and Health (NIOSH).

#### 19. Q: WHAT ENVIRONMENTAL CLEANING OR INFECTION CONTROL PRECAUTIONS SHOULD THE FACILITY TAKE?

A: The facility should use routine cleaning and infection control precautions. There are no known environmental studies on the survival of mumps on surfaces. However, the data on parainfluenza virus, which is closely related to mumps virus, indicates mumps virus survival may vary from less than one hour to hours. Survival times are highly dependent on the types of surface, the concentration of the virus, and conditions of virus on the surface (i.e., moist or dried). Common disinfectants such as Lysol or bleach should adequately remove the mumps virus. Educating detainees to avoid close contact or sharing objects that could have saliva on them is important. Being in the same room for short periods of time or at different times, or touching potentially contaminated surfaces, are usually less likely to be a source of transmission for mumps.

## CONTACT INFORMATION

- Centers for Disease Control and Prevention, Division of Viral Diseases: [ncirddvdmrhp@cdc.gov](mailto:ncirddvdmrhp@cdc.gov)
- ICE Health Service Corps, Public Health, Safety, and Preparedness Unit: [IHSC\\_InfectionPrevention@ice.dhs.gov](mailto:IHSC_InfectionPrevention@ice.dhs.gov)

## HELPFUL RESOURCES

- National Association of County & City Health Officials (NACCHO) Webinar Recording: Mumps in U.S. Detention Facilities (8/28/19): <http://essentialelements.naccho.org/archives/15117>
- Guidance on use of a 3rd dose of MMR during mumps outbreak: <https://www.cdc.gov/mumps/health-departments/MMR3.html>

- [Optimizing laboratory testing for mumps: https://www.cdc.gov/mumps/health-departments/optimize-testing.html](https://www.cdc.gov/mumps/health-departments/optimize-testing.html)
- Mumps job-aid for health care providers: <https://www.cdc.gov/mumps/health-departments/provider-job-aid.html>
- Mumps infographic for adult detainees in English, Spanish, and Hindi: <https://www.cdc.gov/mumps/infographics/mumps-mmr.html>
- Mumps infographic for staff in English, Spanish, and Hindi: <https://www.cdc.gov/mumps/infographics/mumps-adults.html>
- To obtain a letter to employers about mumps control measures, email [ncirddvdmrhp@cdc.gov](mailto:ncirddvdmrhp@cdc.gov).
- ICE Community Relations Offices: <https://www.ice.gov/contact/oce>
- ICE Detention Facility Locator: <https://www.ice.gov/detention-facilities>