To whom this may concern

It has recently been brought to our attention that part of the WHO position contained in the WHO mumps vaccine position paper published on 16 February 2007 in the WER may have been misinterpreted and that such a misinterpretation represents a barrier to vaccine acceptance in older age groups and for delivery in supplementary immunization activities that may be urgently needed in some countries to deal with measles and rubella immunity gaps.

This misinterpretation specifically concerns the following text excerpted from the WHO position section of the paper.

“Because mumps vaccine is usually administered in combination with measles and rubella vaccine (as MMR), ascribing particular adverse events to the mumps component of the vaccine is often difficult. Methodological diversity among studies aimed at determining the frequency of aseptic meningitis following immunization with different mumps vaccines does not permit comparison between the Urabe Am9, Leningrad–Zagreb, Hoshino, Torii and Miyahara strains. However, in most instances the disease is asymptomatic or mild with no long-term consequences. Although vaccines based on the Jeryl-Lynn and RIT 4385 strains seem less prone to cause meningitis, all mumps vaccine preparations for which relevant data are available are considered acceptably safe for use in routine immunization programmes. Mass vaccination campaigns using MMR vaccine that contained mumps vaccine strains associated with an increased risk of aseptic meningitis have resulted in clusters of adverse events that disrupted mass vaccination programmes. For this reason, countries planning to use mumps vaccine during mass campaigns should pay special attention to planning, including critically reviewing the mumps vaccine strain selected; providing guidelines for monitoring, investigating and managing adverse events following immunization (which tend to be more noticeable in a campaign setting); and training health workers about expected rates of adverse events as well as how to communicate risk and provide health education to the community."

Although we now do realize how the above may have been over interpreted, its aim far from being restrictive about the acceptability of various strains of mumps vaccine was on the contrary aimed at being permissive and it states “that all mumps vaccine preparations for which relevant data are available are considered acceptably safe for use in routine immunization programmes”.

The specific caution note about the planning of campaigns was not to discourage the use of specific strains during campaigns but only to ensure proper planning and communications during the campaigns and pre-empt a negative impact on the campaigns of the potential emergence of aseptic cases during the campaign whereas such cases are in most instances asymptomatic or mild with no long-term medical consequences.