HEALTH ADVISORY: Mumps

One case of mumps has been confirmed and an additional 3 associated probable mumps cases have been reported in 4 adults in Dallas. Exposure to mumps likely occurred during a Halloween party which took place on October 29th 2016 in the 75219 zip code. Symptoms have included fever, and parotitis or orchitis, with onset of illness for most cases between November 16-18th. Since additional associated cases may continue to be identified, healthcare providers are reminded to consider mumps in the differential diagnosis of patients with compatible clinical features.

Mumps is transmitted by direct contact with respiratory droplets or saliva, with a usual incubation period of 16-18 days (range 12-25 days) after exposure. Acute parotitis lasting for more than 2 days is a typical manifestation of mumps, and occurs in over 30% of infected persons following a febrile prodrome. Up to 20% of mumps infections are asymptomatic. Complications of mumps can include deafness, orchitis, oophoritis, pancreatitis, and meningoencephalitis. Mumps can occur even in vaccinated persons, since 2 doses of mumps vaccine are ~88% effective at preventing disease.

Please be aware of the following recommendations for healthcare providers:

- **Healthcare providers should ensure that they themselves and all staff in their facility have presumptive evidence of mumps immunity or receive 2 doses of MMR vaccine.** Persons with mumps commonly present in physician’s offices and pose transmission risks in these settings. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3)


- **Persons with possible mumps should be told to stay home from work, school, daycare, and any public outings (e.g. church, grocery store) until 5 days have passed since symptom onset. People that have been exposed to mumps and are not immune should be advised to stay home from day 12-26 after exposure.**

- **Any suspected mumps cases should be reported to DCHHS at (214) 819-2004.** Please contact DCHHS while the patient is present in the clinical setting, to facilitate testing and follow-up of potential exposures. A blood specimen for serology and throat swab for viral culture should be collected at the first contact with a patient with suspected mumps.

Maintaining high two-dose community coverage with MMR vaccination remains the most effective way to prevent mumps outbreaks. All school-aged children, college students, international travelers, and health-care personnel should have documentation of 2 doses of MMR vaccine, unless they have other evidence of mumps immunity (e.g. past laboratory-confirmation of disease or mumps-specific IgG antibody). Other unvaccinated adults born in 1957 or later should have documentation of at least one dose of MMR vaccine.

Additional information about mumps is available at the following CDC websites:

- For healthcare providers: [http://www.cdc.gov/mumps/hcp.html](http://www.cdc.gov/mumps/hcp.html)