**MUMPS HEALTH ALERT/ADVISORY**

Date

Dear Colleague:

**Details of situation:** [insert info]

**Clinical information:** Mumps is a viral illness with acute onset of parotitis—swollen or tender salivary glands (usually in the space below where the jaw and ear meet). This swelling may be on one or both sides and will usually resolve in about a week. Most notably, adult males may have swollen or tender testicles. Many people may not have any symptoms at all. Complications or other presentations are rare and usually mild, but include deafness, pancreatitis, oophoritis (swollen ovaries), meningitis, and encephalitis.

Mumps is spread by droplets of saliva or mucus from the mouth, nose, or throat of an infected person, usually when the person coughs, sneezes or talks. Items used by an infected person, such as cups or soft drink cans, can also be contaminated with the virus, which may spread to others if those items are shared.

**Disease Reporting Requirements/Statute:** Several Texas laws ([Health & Safety Code, Chapters 81, 84, and 87](http://www.statutes.legis.state.tx.us/?link=HS)) require specific information regarding notifiable conditions be provided to the health department. Health care providers, hospitals, laboratories, schools, childcare facilities and others are required to report patients who are suspected of having mumps ([Chapter 97, Title 25, Texas Administrative Code](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=A&rl=Y) ).

**In Texas, diagnosis or *suspicion* of mumps is required to be reported within a week.**

**Mumps can be reported without laboratory confirmation.**

**Mumps reports should be made to the local health department or 800-705-8868.**

**Infection Control:** Patients are contagious from 3 days before onset of symptoms to 5 days after. If a patient presents with parotitis, isolate the patient.

All healthcare facilities should ensure that they have updated documentation of mumps immunity status for all staff—not just healthcare providers. Documentation of immunity includes written record of receipt of two MMRs, positive serological titers, or birth prior to 1957 (although healthcare facilities should consider vaccinating unvaccinated personnel born before 1957 who do not have laboratory evidence of mumps immunity). During an outbreak of mumps, unvaccinated healthcare workers regardless of birth year who lack laboratory evidence of immunity should receive 2 doses of MMR vaccine. Exclude healthcare personnel without evidence of immunity from duty from day 12-25 after last exposure.

People suspected of having mumps should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store) until five 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 12-25 after exposure.

**Lab Confirmation Tests:**

* Testing for mumps should be done in patients with parotitis or orchitis without other clinical explanation, especially those that are unvaccinated, have an unknown vaccination history, and/or have been exposed to someone with mumps.
* A blood specimen for serology and buccal swab for PCR should be collected at the first contact with a suspected mumps case.

**Treatment and Post-exposure Prophylaxis:** Currently there is no treatment or routine post-exposure prophylaxis recommendation for mumps. Un- or undervaccinated individuals should be brought up to date with MMR vaccine. In certain outbreak settings, a third dose of MMR may be recommended.

**Routine Vaccination:** All patients should be kept current with mumps vaccination. Check the vaccination history of all patients and offer vaccine to anyone that is not up to date with the vaccine schedule. Maintaining high two-dose MMR vaccination coverage in communities remains the most effective way to prevent outbreaks.

Health Authority Signature Block