



**DALLAS COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EPIDEMIOLOGY**

**Zachary Thompson**  
Director

**Dr. Christopher Perkins**  
Health Authority/ Medical Director

**From:** Wendy Chung MD, Chief Epidemiologist  
Sonya Hughes MPH, Anita Friedman RN, Acute Communicable Disease Control

**To:** **Dallas County Medical Providers**

**Date:** **August 28, 2015**

---

## HEALTH ADVISORY: Mumps

A case of mumps was confirmed today in a student attending a college in Dallas County. This infection was acquired from exposures during recent international travel. Although no additional associated cases have yet been reported in the area, **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 also be isolated for 5 days after onset of parotitis. In healthcare settings, suspected cases should be placed in standard and droplet precautions immediately. [www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html](http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html))
- **Any suspected mumps cases should be reported to DCHHS at (214) 819-2004.** 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:

- For patients and parents: <http://www.cdc.gov/vaccines/vpd-vac/mumps/fs-parents.html>
- For healthcare providers: <http://www.cdc.gov/mumps/hcp.html>