



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

Zachary Thompson
Director

Dr. Christopher Perkins
Health Authority/ Medical Director

From: Joel Henderson MPH, Senait Woldai MPH, Folasuyi Richardson MPH, Epidemiology
Charles Thamby RN, Sarah Frank RN, Acute Communicable Disease Nursing
Wendy Chung MD, Chief Epidemiologist

To: Dallas County Medical Providers

Date: February 09, 2017

HEALTH ADVISORY (3): Mumps

Three cases of mumps have been identified in students attending a high school in Dallas County this week. As of date in 2017, four other non-related mumps infections have been reported in Dallas County, in 3 adults and 1 child. None of these cases are linked to exposures from out-of-state travel or to visitors from areas experiencing mumps outbreaks. All cases had parotitis. Four of the cases had documentation of two doses of mumps-containing vaccine. North Texas has been continuing to experience an increase in mumps cases over the past few months, including an ongoing large outbreak in Johnson County. **Healthcare providers should remain aware that additional cases of mumps may continue to be seen locally, and should consider mumps in the differential diagnosis of patients presenting with acute swelling of parotid or salivary glands, lasting for more than 2 days.** (www.cdc.gov/mumps/hcp.html)

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. Symptoms of mumps typically include acute onset of fever with unilateral or bilateral parotitis. Up to 20% of mumps infections are asymptomatic. The infectious period extends from about 2 days before onset of symptoms to 5 days after appearance of symptoms. Complications of mumps include orchitis, oophoritis, deafness, and meningoencephalitis. Mumps can occur even in vaccinated persons, since the effectiveness of the mumps vaccine is approximately 88% after two doses.

Please be aware of the following recommendations for healthcare providers:

- **Healthcare providers should ensure that all staff in their facility have documented 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. (www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3)
- In healthcare settings, patients with suspected mumps infections should be placed in **standard and droplet precautions** immediately. (www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)
- **A buccal or oral swab specimen (obtained after massaging parotid glands for 30 seconds) for mumps PCR AND a blood specimen for mumps IgM** should be collected from all patients with clinical features compatible with mumps, and can be sent to your usual reference laboratory. (www.cdc.gov/mumps/lab/qa-lab-test-infect.html)
- Patients with suspected mumps should be advised exclusion from work, school, or childcare, through 5 days following onset of swelling, regardless of negative PCR or IgM results.
- Any suspected mumps cases should be reported to DCHHS, while the patient is present in the clinical setting, to facilitate testing and follow-up of potential exposures. Providers should contact DCHHS at **(214) 819-2004**, or after-hours at the DCHHS on-call number for healthcare providers: **(877) 605-2660**.

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 for patients about mumps and mumps outbreaks is available from the CDC website (www.cdc.gov/mumps/outbreaks/outbreak-patient-qa.html).