



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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## HEALTH ADVISORY: Mumps November 30, 2016

Two outbreaks of mumps are currently being investigated in North Central Texas, one outbreak in Dallas County involving 5 adult cases and one outbreak in Johnson County involving 10 cases primarily in children. There are also several current outbreaks throughout the country including a multi-county outbreak in Arkansas and in university settings in other states.

Due to the highly communicable nature of this disease and potential exposures with holiday travel, **please consider mumps as a diagnosis for any patients presenting with the following symptoms, particularly those who have traveled out of the state or have come into contact with known mumps cases:**

- Unilateral or bilateral swelling of the parotid or salivary glands preceded by a low grade fever, myalgia, malaise, or headache.

Complications or other presentations are rare and usually mild but include deafness, pancreatitis, oophoritis, meningitis, and encephalitis. Additionally, up to 20% of those infected may be asymptomatic.

**In Texas, diagnosis or suspicion of mumps is required to be reported.  
Do not wait for laboratory confirmation to report mumps suspects.  
Mumps reports should be made to your local health department  
or by calling 800-705-8868.**

**Diagnostic Testing:** The following specimens should be collected for all patients suspected to have mumps at the time of the initial medical visit:

- Buccal swab (preferred) for viral isolation and PCR testing. NOTE: individuals previously vaccinated may not develop detectable IgM antibodies therefore a buccal swab is highly recommended.
- Blood drawn and submitted for serological testing to detect IgM antibody.

**Infection Control:** Mumps is transmitted from person to person by respiratory droplets or saliva. The incubation period is 16-18 days (range of 12-25 days) from exposure to onset of parotitis. Persons are contagious from 3 days before to 5 days after onset of parotitis.

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).

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.