



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

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To: Dallas County Medical Providers

Date: December 13, 2016

HEALTH UPDATE (2): Mumps

North Texas is currently experiencing an increase in mumps cases. Over the past two weeks, 48 cases have been diagnosed in an ongoing mumps outbreak in Johnson County. Mumps cases unrelated to this Johnson County outbreak have also been recently identified in Collin, Dallas, Denton, and Tarrant Counties. To date in Dallas, 8 adults have been reported with mumps infections. Six of these cases are linked to a Halloween party which took place on October 29th 2016 in the 75219 zip code. Two unrelated cases with symptom onsets on 12/1 and 12/5 are possibly linked to exposures from out-of-state travel or visitors from areas experiencing mumps outbreaks. With anticipated increased travel volume over the next few weeks and the ongoing mumps outbreaks in other states and in Johnson County, additional cases of mumps may continue to be seen locally.

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. 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:

- **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)
- **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)
- 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 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.

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).