



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Be advised that two students at the University of Texas-Austin were recently diagnosed with mumps. The UT semester has ended and thousands of students are expected to return to their home towns. Some of these students may be incubating mumps. Mumps symptoms include parotitis (swollen or tender salivary glands), orchitis (swollen or tender testicles), low grade fever, malaise, and/or myalgia. Many people do not have any symptoms.

Mumps is spread through respiratory droplets. The incubation period can be as long as 25 days, but is typically 14-18 days. People with mumps are infectious three days before to four days after the onset of parotitis. Infected persons without symptoms of mumps may still be able to transmit the virus. While vaccination against mumps is the best protection against mumps infection, vaccinated individuals may still become infected. Anyone diagnosed with mumps or suspected of having mumps should stay home for the four days after the onset of parotitis.

Please consider mumps as a diagnosis for any patients presenting with parotitis, orchitis, or other unexplained glandular swelling. The best diagnostic tool for mumps is molecular detection via RT-PCR of mumps RNA from a buccal swab. Serological testing for mumps can be challenging in vaccinated individuals. A negative IgM result does not rule out mumps infection in vaccinated persons. Mumps testing is widely available commercially and through the DSHS Laboratory.

**In Texas, *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.**

In the United States, the only vaccine currently available that protects against mumps is called MMR (measles, mumps, rubella). Adults born before 1957 are generally considered immune to mumps. All adults born in 1957 or later should have documentation of at least 1 dose of MMR unless medically contraindicated or there is laboratory evidence of immunity. A routine second dose of MMR vaccine, administered at least 28 days after the first dose, is recommended for adults who are postsecondary education students, healthcare personnel, or those who plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine, or vaccine of unknown type, who are at high risk (healthcare personnel) should be considered for revaccination with two doses of MMR vaccine.