EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

APRIL 2025

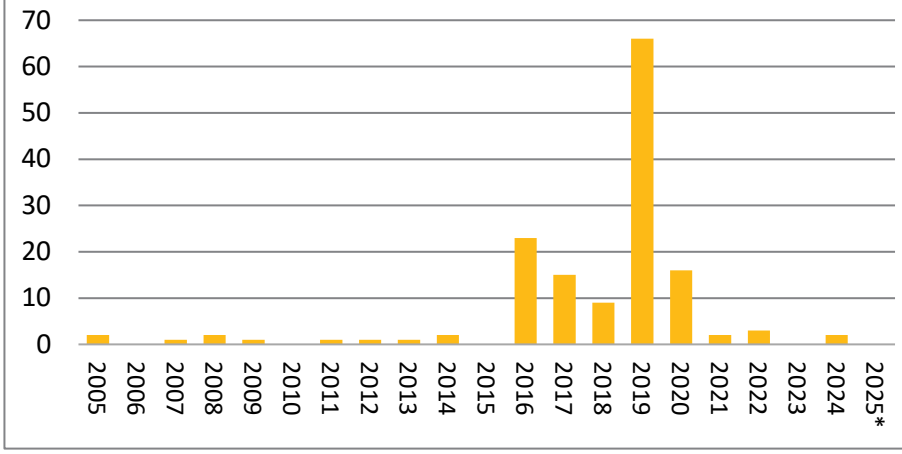
Volume 9, Issue 4: May 16, 2025

MUMPS

Mumps is an acute illness caused by the mumps virus and spread by direct contact with saliva or respiratory droplets from sneezing, coughing, or talking. Early signs and symptoms can include fever, headache, muscle aches, tiredness, and loss of appetite. Most people will have swelling of one or more of the salivary glands, especially the parotid gland (parotitis). Symptoms may appear from 12 to 25 days after exposure to mumps virus, usually between 16 and 18 days. Mumps does not cause all cases of infectious parotitis, but it is the only cause of epidemic parotitis. Mumps virus may also cause nonspecific or primarily respiratory symptoms; some patients may even have no symptoms at all. When a person is ill with mumps, they may be infectious from 2 days before to 5 days after the onset of parotitis. It is also possible for a person with no symptoms to still be infectious. It is recommended that persons ill with mumps limit contact with others during their infectious period.

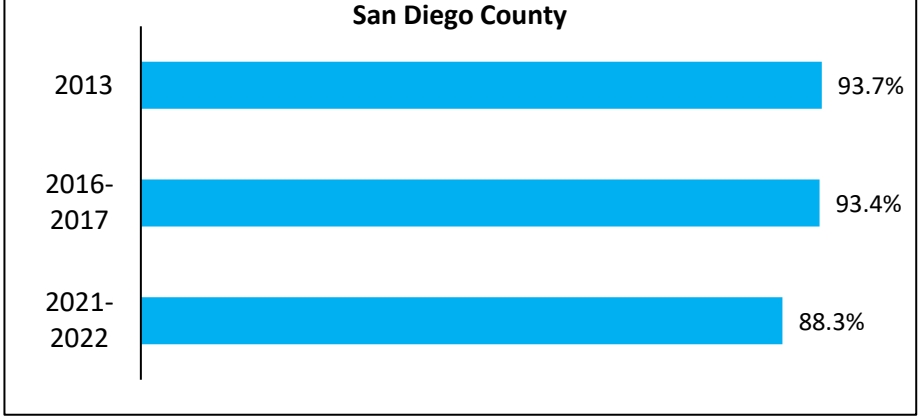
Mumps complications include inflammation of the testicles (orchitis) or ovaries (oophoritis), mastitis, meningitis, encephalitis, pancreatitis, and hearing loss. Complications can occur in the absence of parotitis and occur less frequently in vaccinated patients. Some complications of mumps are known to occur more frequently among adults than children.

Figure 1. Mumps Cases, San Diego County 2005-2025*



*2025 data are year-to-date; current as of 5/15/2025. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

Figure 2. MMR Vaccination Coverage* Among Children 19-35 Months old by Survey Years (2013-2022), San Diego County



*MMR vaccination coverage is defined by a child receiving at least 1 dose of the MMR vaccine. Data source is the Random Digit Dialing survey for San Diego County.
Data are provisional and subject to change as additional information becomes available.

From 2015 to 2025, there were 136 confirmed or probable cases of mumps reported in San Diego County. Parotitis was a symptom in 95% of these cases. The majority of the cases were male, with 15% experiencing orchitis. Few cases were hospitalized and there were no reported deaths. Forty-three percent of the cases mentioned travelling internationally and close to 60% of the cases reported attending a college or university. Almost 43% of all mumps

Continued on next page

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

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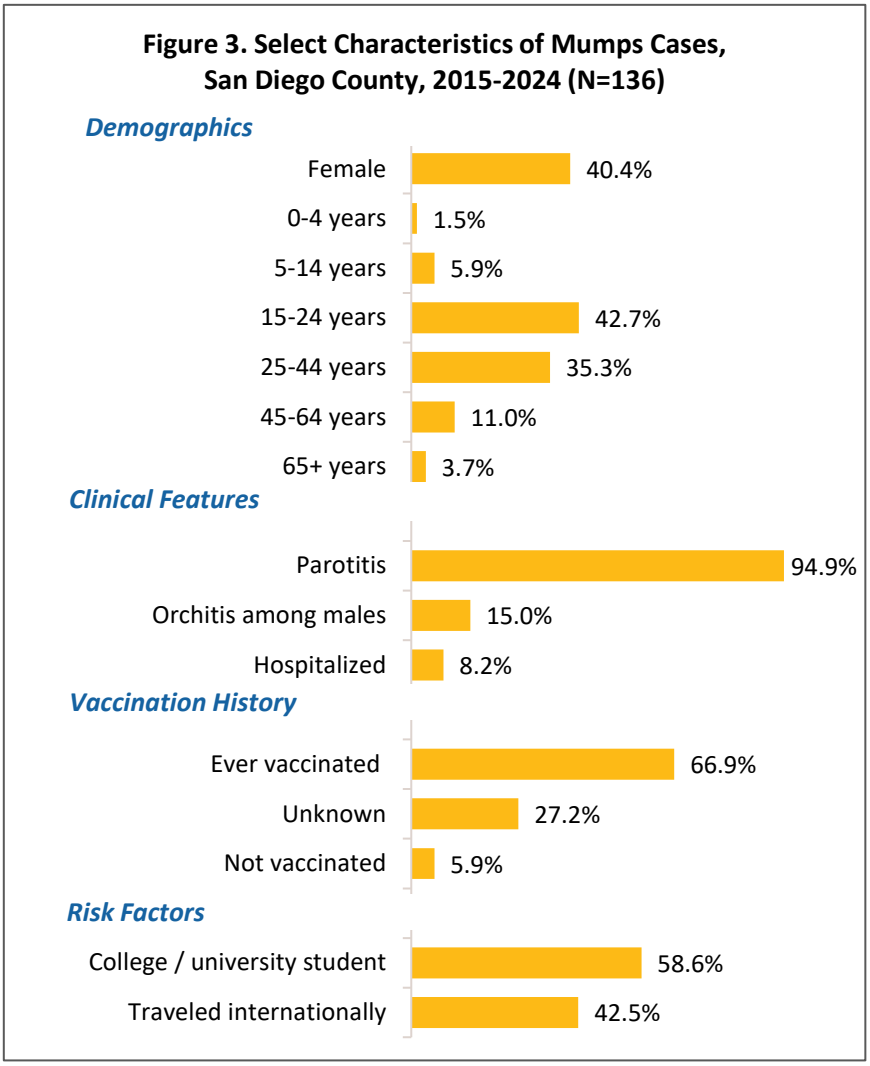
MUMPS, continued

cases were between 15 and 24 years old. About two-thirds of the cases reported receiving any mumps-related vaccination (either MMR or MMRV), while the remaining third either had unknown vaccination status or were not vaccinated. The majority of San Diego County mumps cases in the past ten years occurred in 2019.

Between September 1, 2018 and August 22, 2019, 898 mumps cases were reported in adults detained by U.S. Immigration and Customs Enforcement (ICE) in 57 facilities across 19 states. Outbreaks can occur in crowded living spaces such as jails or college dorms. From 2016 to 2020, San Diego County confirmed 6 mumps outbreaks, including 8 cases detected at the Otay Mesa Detention Center (OMDC). In recent years mumps case totals have declined, returning to levels seen before the 2019 outbreaks.

Vaccination is a safe and important tool for the prevention of mumps. Two doses of mumps vaccine, included in the MMR and MMRV vaccines, are recommended at 12 to 15 months of age and at 4 to 6 years of age. One MMR dose is 72% effective against mumps while two doses are 86% effective. The MMR vaccine also includes protection for measles and rubella. While vaccinated individuals may still get mumps if exposed, they are less likely to experience severe symptoms or spread the disease.

Figure 3. Select Characteristics of Mumps Cases, San Diego County, 2015-2024 (N=136)



Grouped by CDC disease years. Denominators are cases with available information for each variable. Data are provisional and subject to change.

The County of San Diego periodically conducts a Random Digit Dialing (RDD) telephone-based survey that assesses immunization coverage rates, knowledge, and beliefs amongst representative populations of the county. Unfortunately, the coverage rate for MMR has declined in San Diego County. RDD data showed a decrease from 93.7% of 19-35 month-olds receiving ≥ 1 MMR dose in 2013 to 88.3% coverage in 2021-22. This falls below the Healthy People 2030 objective of maintaining the national baseline of 90.8% of children receiving ≥ 1 MMR dose by the time they are 2 years old. Healthy People 2030 is a set of science-based, 10-year objectives for improving the health of the nation, as defined by the Department of Health and Human Services.

Resources

- Centers for Disease Control and Prevention mumps website
- Epidemiology and Prevention of Vaccine-Preventable Diseases – Mumps (the Pink Book)
- California Department of Public Health mumps website
- San Diego Immunization Program

Suggested citation: Morales J, Wallace D, Nelson JA. Mumps. County of San Diego Monthly Communicable Disease Report 2025; 9(4):1-2.

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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2025 April	2025 March	2025 January - April (YTD)	Prior Years 2024 YTD	Prior Years Avg YTD, 2022-2024	Prior Years 2024 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	1	1	2	1	0.3	5
Brucellosis	C,P	0	0	0	1	1.0	1
Campylobacteriosis	C,P	89	64	289	337	282.3	1,127
Candida auris	C	9	7	59	39	22.0	151
Chickenpox, Hospitalization or Death	C,P	0	0	0	2	1.0	3
Chikungunya	C,P	0	0	0	0	0.3	2
Coccidioidomycosis	C	56	55	245	209	160.3	649
Cryptosporidiosis	C,P	6	9	30	42	30.0	129
Dengue Virus Infection	C,P	0	3	9	9	3.7	64
Encephalitis, All	C	1	2	9	14	10.7	49
Giardiasis	C,P	14	19	83	76	63.7	243
Hepatitis A, Acute	C	1	0	2	7	14.3	17
Hepatitis B, Acute	C	0	2	8	6	6.0	17
Hepatitis B, Chronic	C,P	36	43	173	234	263.3	727
Hepatitis C, Acute	C,P	0	3	10	33	36.3	100
Hepatitis C, Chronic	C,P	154	129	593	620	817.0	1,873
Legionellosis	C	6	6	23	24	29.3	83
Listeriosis	C	0	0	2	2	2.7	10
Lyme Disease	C,P	0	0	0	3	2.0	6
Malaria	C	0	0	1	5	3.3	19
Measles (Rubeola)	C	0	0	0	2	0.7	4
Meningitis, Aseptic/Viral	C,P,S	4	8	17	26	22.3	106
Meningitis, Bacterial	C,P,S	0	6	10	19	14.0	44
Meningitis, Other/Unknown	C	1	0	2	13	8.7	24
Meningococcal Disease	C,P	1	0	3	4	1.7	5
Mumps	C,P	0	0	0	1	0.7	2
Pertussis	C,P	21	29	128	221	94.3	728
Rabies, Animal	C	0	1	1	0	0.3	13
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	142	53	277	165	150.7	748
Shiga toxin-Producing *E. coli* (including O157)	C,P	14	19	64	78	64.3	259
Shigellosis	C,P	19	31	97	151	125.3	469
Typhoid Fever	C,P	0	0	1	2	4.7	4
Vibriosis	C,P	1	4	10	11	6.3	53
West Nile Virus Infection	C,P	0	0	0	0	0.0	2
Yersiniosis	C,P	15	13	52	54	29.0	135
Zika Virus	C,P	0	0	0	0	0.0	1

Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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Figure 4. Select Enteric Infections by Month
May 2024 – April 2025

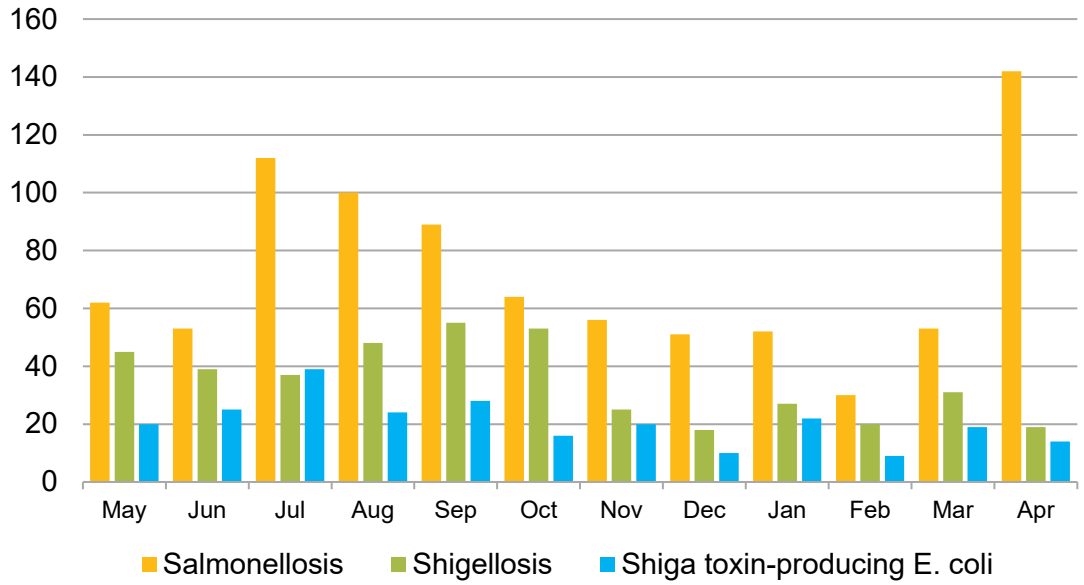

Figure 5. Select Vaccine-Preventable Infections by Month
May 2024 – April 2025

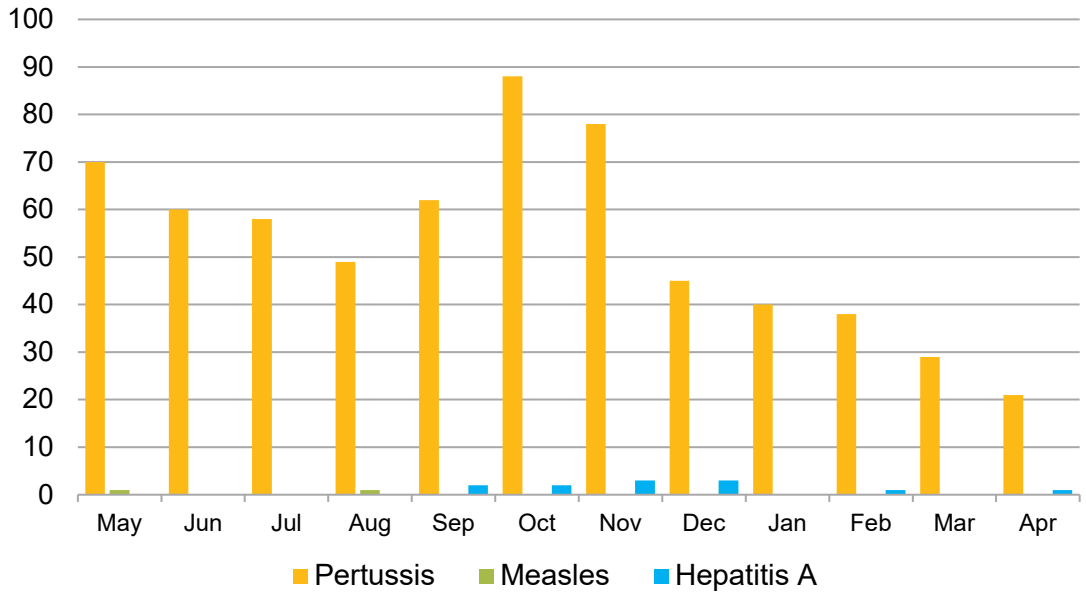

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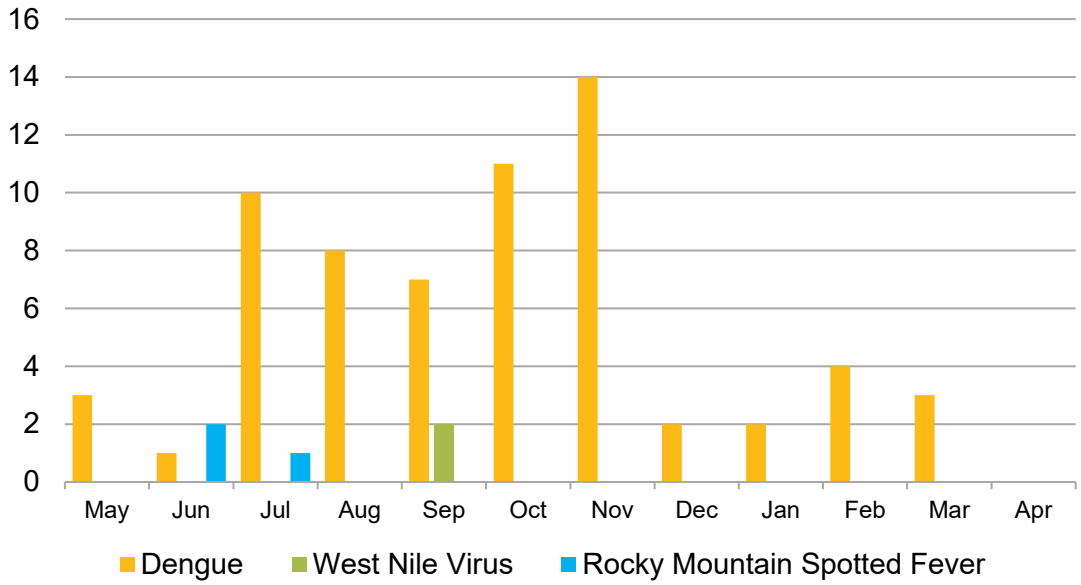
Figure 6. Select Vector-Borne Infections by Month
May 2024 – April 2025



See the County disease-specific webpages, for more information on West Nile virus and Dengue.
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.