CAHAN SD
California Health Alert Network San Diego

To: CAHAN San Diego Participants
Date: September 18, 2026
From: Public Health Services

Health Advisory: Mumps Outbreak on a University Campus in San Diego

Key Messages

- As of September 18, 2026, there are 5 epidemiologically linked cases of mumps (3 confirmed, 2 probable) in San Diego State University (SDSU) students.
- An ongoing outbreak investigation is underway to limit the further spread of mumps.
- Health care providers should provide a third MMR dose to any SDSU student who requests vaccination and who have completed the two-dose series.
- Mumps should be considered when individuals present with parotitis, other salivary gland swelling, acute orchitis or oophoritis, aseptic meningitis, encephalitis, sudden hearing loss, and pancreatitis, even when patients have been fully vaccinated.
- Providers are requested to promptly report any suspected mumps case to the County of San Diego Immunization Unit by calling 866-358-2966 press 5 at the prompt (after hours call 858-565-5255).

Situation

As of September 18, 2026, there are 5 epidemiologically linked cases of mumps (3 confirmed, 2 probable) in San Diego State University (SDSU) students on an athletic team. This meets the Centers for Disease Control and Prevention (CDC) definition of a mumps outbreak. Cases had symptom onsets from September 6 to 11. No cases have been hospitalized.

In 2026, only one additional case of mumps has been reported in San Diego County, but that case is not epidemiologically linked to SDSU. In 2025, there were seven mumps cases in the County. Nationally, as of September 10, 2026, there have been 157 mumps cases reported in 2026 and 25 of these cases occurred in California residents.

Background

Mumps is an acute viral illness caused by an RNA paramyxovirus transmitted through respiratory droplets. After mumps vaccination was introduced in 1967, there was a more than 99% decrease in mumps cases in the United States. The measles, mumps, and rubella (MMR) vaccine is very effective in preventing mumps (approximately 72% with one dose and 86% with two doses). However, outbreaks still occur due to lack of adequate vaccination or waning immunity. These outbreaks often occur in settings where people have close, prolonged contact, such as universities, schools, and correctional facilities. Mumps is the only known cause of outbreak-associated parotitis.

Prodromal symptoms are nonspecific and may include myalgia, anorexia, malaise, headache, and low-grade fever. The most common manifestation, occurring in 30-40% of cases, is unilateral or bilateral swelling of one or more of the salivary glands, usually the parotid glands (parotitis). Parotitis tends to occur within the first 2 days of infection and may first be noted as earache and tenderness on palpation of the angle of the jaw. Approximately 40–50% of infections present only with nonspecific or respiratory symptoms, and about 20% are asymptomatic. Asymptomatic infections can still transmit infection. Suspected cases should be immediately tested and isolated.

There is no post exposure prophylaxis for mumps. During an outbreak, an additional dose of the MMR vaccine is recommended for people who are likely to have close contact and are at increased risk of becoming infected. Close contact is defined as unprotected face-to-face (<3 feet) contact with an infected individual for at least 5 minutes.

Actions Requested

1. ***Provide*** a third MMR dose to any SDSU student who already has two MMR doses and requests the vaccination.
2. ***Consider*** mumps in patients with acute parotitis or other salivary gland swelling and persons with orchitis/oophoritis, regardless of vaccination status**.**
    - Suspicion for mumps should increase in post-secondary school students, un- or under immunized individuals, international travelers, justice involved persons, recently arrived immigrants, and men who have sex with men (MSM).
3. ***Obtain*** a buccal swab (preferred sample) for mumps PCR testing.
    - PCR is most reliable if a buccal swab is obtained within 3 days of parotitis onset, but virus may be detected for up to 9 days after onset.
    - The buccal specimen should be taken in the area at Stensen's (parotid) duct in patients with acute parotitis and under the tongue at Wharton's (submandibular) duct in patients with other salivary gland swelling.
    - Improper specimen collection can lead to false negative results. (An instructional video is here).
4. ***Submit*** serum mumps IgM to detect acute mumps infection if onset is ≥3 days.
    - Buccal swab should also be collected if it is between 3 and 9 days from symptom onset.
5. ***Consider*** the option to test urine for mumps PCR in patients with orchitis/oophoritis.
    - **Buccal swabs are still preferred with these patients.**
6. ***Instruct*** mumps cases to isolate for five days after symptom onset.
    - Patients who are in congregate living facilities (jails, shelters, etc.) should be housed separately from others until no longer contagious.
    - Healthcare workers with unprotected exposure who do not have presumptive evidence of immunity will need to be excluded from work from the 12th day after the first exposure through the 25th day after the last exposure.
7. ***Report*** suspected mumps cases before obtaining confirmatory lab results. Contact the County of San Diego Immunization Unit at 866-358-2966 (press 5 at the prompt) during business hours Monday through Friday or via the answering service at 858-565-5255 after hours, evenings, weekends and County-observed holidays (ask for the Immunization Unit).

Resources

- Mumps Cases and Outbreaks|CDC
- Mumps Quicksheet|CDPH
- How should I test?|CDPH
- Mumps|COSD

Thank you for your participation.

CAHAN San Diego
County of San Diego Health & Human Services Agency
Epidemiology and Immunization Services Branch
Phone: (866) 358-2966 option 5. Fax: (619)692-5677
Urgent Phone for pm/weekends/holidays: (858) 565-5255
E-mail: cahan@sdcounty.ca.gov
Secure Website: http://cahan.ca.gov
Public Website: http://sandiegocounty.gov/cahan