

MUMPS

Disease Category: Vaccine Preventable

Timeframe to follow-up:

See the link to the [Disease Investigation Process document](#)

Signs and Symptoms ¹⁻³	Fever, headache, myalgia, fatigue, malaise, loss of appetite, and unilateral or bilateral parotitis (salivary gland swelling)
Incubation ⁴	Usually 16-18 days after exposure; range is 12-25 days
Case Classification ⁵	Clinical criteria: Acute parotitis or swelling of another salivary gland lasting approximately 2 days, or orchitis/oophoritis unexplained by another cause. Confirmed: Meets confirmatory laboratory evidence or epidemiologic linkage according to CDC case definition. Probable: Meets clinical criteria with supportive epidemiologic linkage or presumptive laboratory evidence but not confirmatory evidence. Laboratory Criteria for Diagnosis <i>Confirmatory Laboratory Evidence:</i>^a - Positive reverse transcriptase polymerase chain reaction (RT-PCR) for mumps-specific nucleic acid^b, OR - Isolation of mumps virus, OR - Significant rise (i.e., at least a 4-fold rise in a quantitative titer or seroconversion^c) in paired acute and convalescent serum mumps immunoglobulin G (IgG) antibody.^b <i>Supportive Laboratory Evidence:</i> - Positive test for serum mumps immunoglobulin M (IgM) antibody.^{b,d} <i>Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.</i> ^a A negative laboratory result in a person with clinically compatible mumps symptoms does not rule out mumps as a case. ^bNot explained by MMR vaccination during the previous 6-45 days. ^cSeroconversion is defined as a negative serum mumps IgG followed by a positive serum mumps IgG. ^dMay be ruled out by a negative convalescent mumps IgG antibody using any validated method.
Differential Diagnosis ⁴	Viral parotitis (influenza, parainfluenza, adenovirus, Epstein-Barr virus, cytomegalovirus), bacterial parotitis, salivary gland obstruction, dental infection, lymphadenitis, and other causes of facial or jaw swelling.

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<u>Treatment</u> ³	No specific antiviral treatment exists. Treatment is supportive and includes hydration, rest, pain management, antipyretics, and symptom management. Severe complications should receive appropriate clinical management.
<u>Duration</u> ³	Symptoms usually persist for 7-10 days.
<u>Exposure</u> ⁴	Exposure may occur through direct contact with saliva or respiratory secretions from an infected person, respiratory droplets, prolonged close contact, shared utensils/drinks, or exposure in schools, households, workplaces, healthcare settings, dormitories, childcare centers, and congregate settings. Infectious period is generally 2 days before through 5 days after onset of parotitis.
<u>Laboratory Testing</u>	Local Health Authority can arrange testing with the Nevada State Public Health Laboratory (NSPHL) if a case or outbreak is suspected OR for contacts. Visit the NSPHL webpage for instructions on collection and storage of specimens. Review these links for further details on specific testing available at NSPHL: • Mumps Virus, NAAT • Mumps Virus Antibody, IgG
<u>Control of Contacts</u> ^{4,6}	Identify close contacts exposed during the infectious period. Review vaccination history and evidence of immunity. Symptomatic contacts should be investigated as suspected cases. Asymptomatic contacts should monitor symptoms for 25 days after last exposure. During outbreaks, exclusion or additional vaccination recommendations may be implemented.
Key areas of focus during investigation ⁶	Assess symptom onset date, vaccination history, exposure setting, school/workplace attendance, healthcare exposures, congregate living exposure, close contacts, outbreak linkage, laboratory testing, and potential settings of transmission.
Public Health Actions	Reports of suspected, probable, or confirmed mumps cases must be made to the Local Health Authority within 24 hours after identifying the case in accordance with NAC 441A.225 and Nevada communicable disease reporting requirements. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-684-5911/775-400-0333 (after hours) if outbreak suspected. For individual confirmed or probable cases: • Confirm diagnosis through clinical, epidemiologic, and laboratory information when available • Identify potential exposures • Complete and document the case investigation in EpiTrax and submit required case documentation to OSE according to surveillance procedures • Identify potential outbreaks from common sources

	• Provide education about how to prevent transmission To the best of the local health authority's ability, each step of the investigation should be completed within one working day or in alignment with NAC 441A.
Key Partner Agencies	• Nevada Division of Public and Behavioral Health (DPBH), Office of State Epidemiology (OSE) • Local Health Authorities (county/city health departments) • Nevada State Public Health Laboratory (NSPHL) • Healthcare providers and infection prevention staff • Schools, childcare facilities, universities, and congregate living facilities (when applicable) • Hospitals and residential care facilities • Centers for Disease Control and Prevention (for outbreak consultation and surveillance support when indicated)

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I. DISEASE REPORTING

A. Legal Reporting Requirements

Mumps is a reportable disease in Nevada pursuant to [NRS 441A](#) and [NAC 441A.225](#). Health care providers, facilities, laboratories, and local health authorities are required to report suspected or confirmed cases to the appropriate health authority and the Office of State Epidemiology (OSE) in accordance with Nevada reporting regulations. A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure.⁷

1. *Health Care Providers and Health Care Facilities*

Health providers and facilities must notify the health authority where provider is located within 24 hours after identifying the case.⁷⁻⁹

2. *Laboratories*

Laboratories must notify the health authority within the first working day after identifying the case.⁷ If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe.^{7,10}

3. *Local Health Authority (LHA)*

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation.¹¹

II. THE DISEASE AND ITS EPIDEMIOLOGY

A. Background

Mumps is an acute viral disease caused by the mumps virus, a member of the Paramyxoviridae family. The disease is characterized mostly by swelling of the parotid salivary glands, which may occur on one or both sides of the face. Mumps is transmitted through respiratory droplets, saliva, or direct contact with infected individuals. Although vaccination has significantly reduced disease incidence in the United States, outbreaks still occur, particularly in close-contact settings such as schools, colleges, and healthcare facilities. Symptoms may include fever, headache, muscle aches, fatigue, and loss of appetite prior to parotitis development. The incubation period is typically 12-25 days, with most cases developing symptoms 16-18 days after exposure.^{2,3}

B. Etiologic Agent

Mumps is caused by the mumps virus, an enveloped, single-stranded RNA virus belonging to the genus Rubulavirus within the Paramyxoviridae family. Humans are the only known natural host for the virus. Transmission occurs primarily through respiratory droplets, saliva,

and contaminated surfaces. Individuals infected with mumps are considered most infectious from several days before through several days after onset of parotitis.

C. Description of Illness

Mumps commonly presents with nonspecific prodromal symptoms including low-grade fever, headache, malaise, myalgia, and loss of appetite. This is followed by swelling and tenderness of one or both parotid salivary glands, known as parotitis, which typically lasts 3-7 days. Some individuals may experience respiratory symptoms or remain asymptomatic. Complications can include orchitis, oophoritis, meningitis, encephalitis, pancreatitis, and hearing loss. Symptoms are generally resolved within 10 days for uncomplicated cases. Vaccinated individuals may experience milder illness compared to unvaccinated persons.¹⁻³

D. Disease Burden in Nevada

Mumps is not considered endemic in Nevada; however, sporadic cases and occasional outbreaks continue to occur throughout the state. Cases are often associated with close-contact environments and may occur despite prior vaccination due to waning immunity. Nevada conducts surveillance for mumps through mandatory disease reporting requirements outlined in NRS Chapter 441A and NAC Chapter 441A.225. Trends in Nevada generally mirror national patterns, with relatively low annual case counts interrupted by periodic localized outbreaks.¹

See the [Nevada Office of State Epidemiology Communicable Disease Dashboard](#) for Nevada specific data on Mumps.

E. Reservoirs

Humans are the only known natural reservoir for the mumps virus. Both symptomatic and asymptomatic infected individuals can transmit the virus to others. Transmission is more likely in crowded or close-contact settings such as schools, colleges, households, and healthcare facilities. There is no known animal reservoir for mumps.¹

F. Modes of Transmission

Mumps is transmitted primarily through respiratory droplets, saliva, or direct contact with respiratory secretions from an infected person. Transmission may occur through coughing, sneezing, sharing eating utensils or drinks, or touching contaminated surfaces followed by contact with the mouth or nose. Individuals infected with mumps can spread the virus before the onset of parotitis and during the symptomatic period. Close-contact environments increase the likelihood of disease transmission.^{2,3}

G. Incubation Period

The incubation period for mumps ranges from approximately 12 to 25 days after exposure, with most cases developing symptoms 16 to 18 days following exposure to the virus. During this period, infected individuals may not show symptoms but can later become infectious prior to onset of parotitis. Variation in incubation length may occur depending on host immune response and vaccinations status.³

H. Period of Communicability

Individuals with mumps are considered most infectious from approximately 2 days before through 5 days after the onset of parotitis. Viral shedding occurs in saliva and respiratory secretions during this time. People with suspected or confirmed mumps should be excluded from school, work, or other group settings for 5 days after onset of parotitis to reduce transmission.^{3,4}

I. Testing

Laboratory confirmation of mumps is recommended for suspected cases. Buccal swab specimens collected as soon as possible after onset of parotitis are preferred for PCR testing. Real-time RT-PCR is the preferred method to confirm mumps; it's more sensitive and specific than serologic assays to detect IgM.

Serologic testing for mumps IgM antibodies may support diagnosis; however, vaccinated individuals may have absent or delayed IgM responses.

The Nevada State Public Health Laboratory (NSPHL) may perform testing in accordance with state and CDC laboratory guidance. Specimens should be submitted following applicable laboratory submission protocols.¹²

J. Treatment

There is no specific antiviral treatment for mumps. Clinical management is supportive and includes rest, hydration, antipyretics, and pain management as needed. Patients should avoid close contact with others during the infectious period to reduce transmission. Healthcare providers should follow current clinical guidance from the American Academy of Pediatrics, Red Book, and CDC recommendations when managing suspected or confirmed cases of mumps.³

Provide most current [treatment guidelines](#) from [Red Book](#) to the healthcare provider or refer case to physician for proper treatment for Mumps.

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of Mumps, step by step, within one working day of notification or in alignment with [NAC 441A](#).

A. Step 1: Review relevant information about the disease.

1. *Review scientific information in [Control of Communicable Diseases Manual](#), most recent edition.*
2. *Review Mumps most recent case definition ([2024 CDC](#)).*

B. Step 2: Begin investigating the case.

1. *Contact Reporting Source and/or Reported Case*

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Please make three attempts to contact the case (text and phone

calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the “Encounters” tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed above. Filling out an electronic version of the CRF in EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case.¹¹

C. Step 3: Identify potential sources of infection

The investigation focuses on exposures in the 12-25 days before symptom onset, which corresponds to the incubation period for mumps. Interview the case regarding travel, household exposures, school or workplace attendance, healthcare exposures, social gatherings, congregate settings, and known contact with people experiencing parotitis or suspected/confirmed mumps. Assess vaccination history, exposure to unvaccinated populations, and participation in high-risk settings such as schools, universities, childcare facilities, correctional facilities, shelters, or healthcare settings. Determine whether additional cases may be linked to a common source or outbreak and document all epidemiologic exposures in EpiTrax.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE

1. *Management/Exclusions for Specific Groups or Settings⁴*

	Symptomatic	Asymptomatic
Sensitive Occupation*	Exclude from work for 5 days after onset of parotitis or salivary gland swelling. Must follow infection prevention guidance before returning to work.	May continue work if asymptomatic unless otherwise directed during an outbreak investigation. Monitor for symptoms.
Childcare/School Attendee	Exclude from school/childcare for 5 days after onset of parotitis.	May attend if asymptomatic and evidence of immunity is documented: monitor for symptoms if exposed.
Case in a Medical Facility	Place on droplet precautions and standard precautions for 5 days after onset of parotitis. Restrict	Monitor for symptoms and assess immunity status if exposed.

	movement and exposure to susceptible individuals.	
General Population	Remain home and avoid public settings for 5 days after symptom onset/parotitis.	No exclusion if asymptomatic; monitor for symptoms after exposure.

* Footnote for sensitive occupation: Sensitive occupations should follow applicable Nevada communicable disease exclusion requirements under [NAC 441A](#), including healthcare, childcare, and food handling settings when applicable.

2. *Exclusion Notifications*

Notify schools, employers, healthcare facilities, or congregate settings of exclusion requirements when appropriate and while maintaining confidentiality consistent with public health and privacy requirements. Provide recommendations for isolation, symptom monitoring, vaccination review, and return-to-work or school guidance in accordance with CDC recommendations and Nevada communicable disease control requirements.

V. CONTROL OF CONTACTS

A contact is any person exposed to a confirmed, probable, or suspected mumps case during the infectious period through close or prolonged contact with respiratory secretions or saliva. Contacts may include household members, intimate partners, classmates, coworkers, healthcare personnel, childcare attendees, roommates, teammates, or persons exposed in congregate settings. The infectious period for mumps is generally considered 2 days before through 5 days after onset of parotitis or salivary gland swelling. Identify contacts through case interviews, attendance rosters, workplace records, healthcare exposure logs, and other epidemiologic investigation methods. Investigate symptomatic contacts in the same manner as a case and document findings in EpiTrax. Investigate symptomatic contacts in the same manner as a case.^{4,6}

1. *Management/Exclusions for Specific Groups or Settings^{4,6}*

	Symptomatic	Asymptomatic
Sensitive Occupation*	Exclude from work and evaluate as a suspected case. Restrict duties until cleared according to CDC and Nevada communicable disease guidance.	May continue working if asymptomatic and evidence of immunity is documented. Monitor for symptoms for 25 days after last exposure. Additional restrictions may apply during outbreak settings.
Childcare/School Attendee	Exclude from school or childcare and investigate as a suspected case. Remain excluded for 5 days after onset of parotitis if diagnosed with mumps.	May attend if asymptomatic; review vaccination status and monitor for symptoms for 25 days after exposure. Exclusion of susceptible unvaccinated contacts may

		occur during outbreaks or as directed by public health authorities.
Case in a Medical Facility	Immediately isolate using droplet and standard precautions and evaluate as a suspected case.	Continue symptom monitoring and assess immunity status. Follow facility infection prevention protocols if exposed.
General Population	Remain home and avoid public gatherings until evaluated and exclusion guidance is determined.	No exclusion if asymptomatic; educate regarding symptom monitoring and seek evaluation if symptoms develop within 25 days of exposure.

*Sensitive occupations should follow applicable exclusion requirements under [NAC 441A](#), including healthcare personnel, childcare workers, and food-handling occupations when applicable.

2. *Exclusion Notifications*

Notify schools, childcare facilities, employers, healthcare facilities, or other congregate settings of exclusion recommendations when indicated, while maintaining confidentiality and minimum necessary disclosure standards. Provide written guidance regarding symptom monitoring, vaccination review, isolation recommendations, exclusion periods, and return-to-work/school criteria in accordance with CDC recommendations, Nevada communicable disease guidance, and outbreak-specific recommendations.

VI. CONTROL OF CARRIERS

A carrier state has not been documented for mumps and thus no carrier-specific control measures are needed.

VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify DPBH Environmental Health, local health authorities, or infection control, as appropriate.

A. School, Childcare, or University-Associated Outbreak^{4,6}

- Coordinate with school administration, local health authority, and Nevada DPBH/OSE to identify exposed students, staff, and close contacts.
- Review immunization records and assess evidence of immunity or MMR vaccination status. Recommend exclusion of symptomatic individuals and implement symptom monitoring among exposed persons.

- Provide public health education regarding symptom recognition, isolation recommendations, and vaccination guidance.
- Consider additional outbreak-control recommendations, including vaccination strategies, in consultation with CDC and state epidemiology leadership.

B. Healthcare Facility or Residential Care Facility Exposure^{4,6}

- Coordinate with infection prevention staff, facility administration, healthcare personnel, and local health authorities.
- Assess exposed patients, residents, visitors, and staff for symptoms and evidence of immunity.
- Implement droplet and standard precautions for suspected or confirmed cases.
- Restrict symptomatic personnel or residents according to infection prevention guidance and Nevada communicable disease control requirements.
- Provide recommendations regarding exclusion, monitoring, and outbreak mitigation measures.

C. Workplace or Congregate Setting Outbreak^{4,6}

- Coordinate with employers, occupational health personnel, congregate living administrators, and public health partners to identify close contacts and assess risk of transmission.
- Provide recommendations regarding exclusion of symptomatic persons, symptom monitoring, and return-to-work criteria.
- Review vaccination status when appropriate and reinforce prevention messaging regarding respiratory hygiene, isolation, and reporting of symptoms.

D. Community-Associated or Multi-Jurisdiction Outbreak^{4,6}

- Coordinate with local health authorities, DPBH/OSE, neighboring jurisdictions, and CDC when indicated to support case investigation, contact tracing, laboratory coordination, and outbreak response.
- Monitor epidemiologic trends to identify linked cases, shared exposures, or ongoing transmission.
- Implement public messaging and targeted prevention strategies as needed.

VIII. PREVENTION

Reference the most current mumps-specific material from the CDC's Manual for the Surveillance of Vaccine-Preventable Diseases, the AAP Red Book, and Nevada DPBH/OSE guidance when providing prevention recommendations. Prevention efforts should emphasize vaccination, early recognition of symptoms, isolation of symptomatic persons, respiratory hygiene, and reduction of exposure to respiratory secretions or saliva. Educational messaging should be tailored to both healthcare providers and the public and reinforced during case investigations, contact tracing, and outbreak response activities. The [Nevada OSE website](#) also provides information about Mumps.

Prevention Tips for the General Public ²

- Receive age-appropriate MMR (measles, mumps, rubella) vaccination according to CDC recommendations.
- Avoid close contact with persons who are ill or experiencing swelling of the salivary glands, fever, or other symptoms consistent with mumps.
- Do not share drinks, eating utensils, lip products, cigarettes, vaping devices, or other items contaminated with saliva.
- Practice frequent handwashing and respiratory hygiene, including covering coughs and sneezes.
- Remain home and avoid school, work, social events, or public gatherings for 5 days after onset of parotitis (salivary gland swelling) if diagnosed or suspected to have mumps.
- Monitor for symptoms after exposure and seek medical care if symptoms such as parotid swelling, fever, headache, malaise, muscle aches, or jaw pain develop.

Prevention Tips for Healthcare Providers ¹³

- Consider mumps in patients presenting with acute parotitis or salivary gland swelling, especially in persons with known exposure or epidemiologic linkage.
- Implement standard and droplet precautions for suspected or confirmed cases for 5 days after onset of parotitis.
- Promptly report suspected or confirmed mumps cases to public health authorities in accordance with [NAC 441A](#) and Nevada reporting requirements.
- Obtain appropriate laboratory testing and collect epidemiologic information, including vaccination history, travel history, exposure history, and close contacts.
- Provide patient education regarding isolation, symptom monitoring, prevention of transmission, and vaccination recommendations for household or close contacts when appropriate.

IX. REFERENCES

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X. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Northern Nevada Public Health (formerly known as Washoe County Health District) Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

XI. UPDATE LOG



Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

09/23/2026

Chief Medical Officer Approval Date