



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 10, 2026

Dear Colleague,

The Maryland Department of Health (MDH) has noted a recent increase in mumps cases. Specifically, there have been 14 cases reported in Maryland (10 confirmed and 4 probable) in 2026, compared to 4 cases (1 confirmed and 3 probable) in all of 2025. These recent cases have primarily been occurring in adults in the Baltimore metropolitan area, although mumps cases can occur in any age group and throughout the state. **We would like to make you aware of this increase so that you can take appropriate steps to identify suspected cases in a timely manner, ensure appropriate testing and public health reporting is completed, and continue to offer vaccination for patients as per current clinical recommendations.**

MDH recommends that healthcare providers take the following steps:

- **Ensure all patients are up-to-date on MMR vaccination.** Vaccination is the most effective way to protect against mumps. Additionally, in the context of measles outbreaks throughout the United States and abroad, MMR is also important to prevent measles as well.
  - Adults who have never received the MMR vaccine and were born after 1957 should receive 2 doses 4 weeks apart.
- **Be aware of the clinical presentation of mumps**, which usually involves fever and systemic symptoms followed by pain, tenderness, and swelling in one or both parotid salivary glands, and fever.
  - Note that while parotitis is a characteristic feature of mumps infection, other commonly circulating respiratory pathogens, including influenza, can also cause parotitis.
- **Gather additional information** about the patient's:
  - History of mumps vaccination or previous mumps infection (note that even fully vaccinated individuals can be infected with mumps, but often have milder symptoms)
  - Exposure to sick individuals (and diagnoses, if known) and any recent travel.
- **If you suspect mumps in a patient:**
  - **Use droplet and standard precautions** when caring for a patient with suspected mumps.
  - **Order a rapid influenza diagnostic test or respiratory virus panel** for individuals who present with other signs and symptoms consistent with influenza.
  - **Order mumps PCR testing.**

- **PCR is the preferred testing method for mumps diagnosis.** Mumps PCR testing can be requested through the MDH laboratory, but must first be approved by the [local health department](#)/MDH.
- **Order mumps serologic testing in addition to PCR** if it has been more than 3 days since the onset of symptoms or if any of the following is present: orchitis/oophoritis, mastitis, pancreatitis, hearing loss, meningitis, or encephalitis.
- **Report suspected mumps cases to the [local health department](#) immediately.**

### Mumps Background

- **Signs/Symptoms:** Mumps is an acute viral illness caused by a paramyxovirus and usually involves pain, tenderness, and swelling in one or both parotid salivary glands (parotitis). Swelling may be unilateral or bilateral and usually lasts 3 to 7 days. Less frequently, the submandibular and sublingual glands may swell. Prodromal symptoms may precede parotitis by several days, including low-grade fever, myalgia, loss of appetite, malaise, headache, and respiratory symptoms.
- **Complications:** orchitis, oophoritis, mastitis, meningitis, encephalitis, pancreatitis, and hearing loss.
- **Mode of transmission:** through direct contact with saliva or respiratory droplets from the mouth, nose, or throat.
- **Incubation period:** On average 16 to 18 days, with a range of 12 to 25 days.
- **Infectious period:** Two days before through five days after the onset of parotitis.

For more information, please refer to [MDH's mumps guidance document](#) or contact your [local health department](#).

As a reminder, the Maryland Vaccine Program (MVP) makes vaccines, including MMR vaccine, available free to uninsured or underinsured adults. Eligible Marylanders can contact their local health department to check on availability.

Thank you for your continued help in preventing vaccine-preventable diseases and promoting vaccinations for your patients.

Sincerely,



Monique Duwell, MD, MPH

Chief, Center for Infectious Disease Surveillance and Outbreak Response



Meg Sullivan, MD, MPH

Deputy Secretary, Public Health Services