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In reply, please refer to:  
File:

October 7, 2025

**MEDICAL ADVISORY: DOH CONFIRMS MUMPS CASE ON HAWAII ISLAND AND  
INVESTIGATES EXPOSURES AT COMMUNITY EVENT**

Healthcare providers should:

- **Be on the alert** for patients presenting with signs and symptoms of mumps.
- **Isolate suspected mumps cases, collect buccal swab specimen** for rRT-PCR testing ideally within 3 days or up to 10 days of symptoms onset, and **call the DOH Disease Reporting Line** to report and arrange testing.
- **Advise persons reporting exposure** to contact the DOH for additional guidance; self-monitor for symptoms until 25 days after exposure; and if symptoms develop, self-isolate and call their healthcare provider for evaluation and testing.
- **Offer MMR vaccine** to all eligible individuals who are not up to date.

Dear Healthcare Provider:

The Hawai'i Department of Health (DOH) has confirmed a case of mumps in an individual in Hawai'i County. The case reported no travel history, suggesting that mumps may currently be circulating on the island. The state previously experienced a significant mumps outbreak from March 2017 through October 2018, with 1,009 confirmed cases. Most cases were on O'ahu, but Hawai'i, Kaua'i, and Maui counties also had confirmed cases. Reported mumps cases were infrequent during the COVID-19 pandemic due to increased practice of respiratory virus mitigation measures in community settings, but sporadic imported and locally transmitted cases have been reported over the past few years.

**Notification of exposure at community event:**

The recently confirmed case attended an event at [Harold H. Higuashihara Park](#) in Kailua-Kona on Thursday, Sept. 25, between 4:30 and 6:00 p.m. The DOH has issued a [news release](#) to inform the public of potential exposure to mumps at this event/location. The DOH advises anyone present at this location during this timeframe to call the DOH at the Disease Reporting Line numbers below for additional guidance. They should also self-monitor for symptoms until October 20 (25 days after exposure). Individuals who develop symptoms should isolate immediately and contact their healthcare provider. Healthcare providers should evaluate patients who report exposure at the event for symptoms of mumps and verify their vaccination status. There is no post-exposure prophylaxis for mumps, though vaccine may be offered to exposed

individuals who are not up to date with measles, mumps, and rubella (MMR) vaccine (see Vaccination section).

**Signs and symptoms:**

Mumps is an acute viral illness characterized by nonspecific prodromal symptoms (low-grade fever [which may last 3–4 days], myalgia, anorexia, malaise, and headache) followed by pain, tenderness, and swelling in one or both parotid salivary glands. Not all cases develop parotitis, and not all cases of parotitis are caused by mumps. If present, parotitis usually lasts 2–10 days. Patients may also present with nonspecific viral symptoms or primarily respiratory symptoms or may be asymptomatic. While disease in children is usually mild, older adolescents and adults may suffer complications, including meningitis, deafness (temporary or permanent), encephalitis, orchitis in post-pubertal males, and oophoritis and/or mastitis in post-pubertal females. Mumps should be considered in all patients with parotitis or mumps complications, regardless of age, vaccination status, and travel history.

**Infection Control in Clinical Settings:**

- Droplet precautions in addition to standard precautions should be used when providing direct care to suspected mumps cases.
- Surgical masks are recommended, and face shields may be considered for eye protection.
- Waiting room time should be minimized for patients being evaluated for mumps.
- Suspected mumps cases should be masked while in waiting areas.
- For mumps, usual procedures for cleaning, disinfecting, and re-using exam rooms and equipment are sufficient.

**Testing:**

Acute mumps infection is best diagnosed by detecting virus by real-time reverse transcriptase polymerase chain reaction (rRT-PCR) in a buccal/parotid duct specimen as soon as possible after parotitis onset, ideally within 3 days but can be collected up to 10 days after onset. The specimen should be obtained by massaging the parotid gland area for 30 seconds before swabbing the area around Stensen's duct with a flocced polyester fiber (i.e., synthetic, not cotton) swab. If it has been more than three days since onset of parotitis or if other manifestations of mumps are present without parotitis, a serum specimen can be also tested for mumps IgM. Additionally, a urine specimen can be collected for rRT-PCR if appropriate.

Providers should call the DOH at the Disease Reporting Line numbers below to arrange PCR testing at the State Laboratories Division (SLD), and for consultation on optimal testing methodologies. Serologic testing is widely available through commercial laboratories but is not definitive for diagnosis of mumps.

For persons presenting with symptoms of mumps without known epidemiologic-linkage, multiplex testing for other infectious etiologies is recommended concurrent with mumps testing to better interpret the clinical picture alongside laboratory results. Consider testing for other infectious etiologies that can cause parotitis such as influenza, parainfluenza, EBV, & adenovirus.

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### **Vaccination:**

All individuals without presumptive evidence of immunity to mumps are [routinely recommended](#) to receive the measles, mumps, and rubella (MMR) vaccine.

- Children should receive two doses: the first at 12–15 months and the second at 4–6 years.
- Adults born in 1957 or later should have at least one documented dose of MMR.
- Two doses are recommended for healthcare personnel, international travelers, and students in post-secondary institutions.

[Presumptive Evidence of Immunity](#) includes written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957 (though healthcare facilities may still choose to vaccinate personnel born before 1957 who lack lab evidence of immunity). Although no mumps outbreak has been declared, should DOH declare an outbreak, a third dose of MMR may be recommended for individuals at increased risk.

### **Other control measures:**

- Suspected and laboratory-confirmed mumps patients should self-isolate for five days after onset of parotitis or other salivary gland swelling. In patients with lab-confirmed mumps without parotitis, patients should self-isolate for five days after onset of their first symptom (e.g., onset of non-specific respiratory symptoms, orchitis).
- Persons who are exposed and lack evidence of immunity should avoid large gatherings even if not symptomatic, as mumps can be infectious up to two days prior to onset of parotid swelling. Exclusion from school or work may be recommended for those without prior evidence of immunity depending on risk level of the setting. More detail on exclusion recommendations for exposed healthcare worker can be found [here](#). Call DOH for other setting-specific guidance.

**Mumps is ROUTINELY REPORTABLE by both clinical providers and laboratories in the state of Hawai'i. Report any clinically suspected cases of mumps promptly—do not wait for laboratory confirmation:**

O'ahu (Disease Reporting Line) .....(808) 586-4586  
Maui District Health Office .....(808) 984-8213  
Kaua'i District Health Office .....(808) 241-3563  
Hawai'i District Health Office (Hilo) .....(808) 933-0912  
Hawai'i District Health Office (Kona) .....(808) 322-4877  
After hours on O'ahu .....(808) 600-3625  
After hours on neighbor islands .....(800) 360-2575 (toll free)

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We appreciate your assistance in protecting the health of Hawai'i's residents and visitors.

Sincerely,



Sarah K. Kemble, MD  
State Epidemiologist

**References:**

DOH New Release—DOH Confirms Case of Mumps in Hawai'i County:  
<https://health.hawaii.gov/news/newsroom/doh-confirms-case-of-mumps-in-hawaii%ca%bbi-county/>

Mumps Symptoms and Complications (CDC): <https://www.cdc.gov/mumps/signs-symptoms/index.html> (accessed on October 6, 2025; last updated June 5, 2024)

Infection Control in Healthcare Personnel—Mumps (CDC):  
<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/mumps.html> (accessed on October 6, 2025; last updated April 5, 2024)

Hawaii State Laboratories Division Mumps Testing and Specimen Collection Guidance:  
<https://health.hawaii.gov/statelab/files/2025/04/sld-brs-sr-mumps.pdf>

Laboratory Testing for Mumps (CDC):  
<https://www.cdc.gov/mumps/php/laboratories/index.html> (accessed on October 6, 2025; last updated June 11, 2024)

Mumps Vaccine Recommendations (CDC): <https://www.cdc.gov/mumps/hcp/vaccine-considerations/index.html> (accessed on October 6, 2025; last updated September 20, 2024)

ACIP Recommendations: Measles, Mumps and Rubella (MMR) Vaccine:  
<https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html> (accessed on October 6, 2025; last updated July 29, 2024)

Strategies for the Control and Investigation of Mumps Outbreaks (CDC):  
<https://www.cdc.gov/mumps/php/public-health-strategy/index.html> (accessed on October 6, 2025; last updated September 20, 2024)