**MUMPS General notification letter of potential exposure**

Letterhead (Facility or Health Authority/Department)

Date

Salutation (Parents/Guardians, Patient, Students)

This letter is to inform you that (you, your child) may have been exposed to a person with mumps at (name of school, daycare, health facility, or setting) on (date(s)). We are sending this letter to make you aware of this exposure and to provide additional information about mumps.

Mumps is a contagious viral illness. Mumps symptoms include parotitis (swollen or tender salivary glands), orchitis (swollen or tender testicles), low grade fever, malaise (tiredness), and/or myalgia (muscle aches). Many people do not have any symptoms.

Mumps is spread through respiratory droplets (created when you cough and sneeze) and saliva. Sharing cups and utensils may also spread the virus. The time from being infected with the virus to developing symptoms can be as long as 25 days, but is typically 14-18 days. People with mumps are infectious three days before to five days after the onset of parotitis. Infected people without symptoms of mumps may still be able to transmit the virus.

Children usually receive the first mumps, measles, and rubella vaccine (MMR) at 12-15 month of age and the second dose at 4-6 year of age. MMR vaccine is not recommended for children under 1 year old. Adults who have not had two doses of MMR vaccine can receive the vaccine. However, pregnant women or people that are immunocompromised should not receive the MMR vaccine. If you are unsure of your/your child’s vaccination status or if your child has not received the vaccine or has only received one dose, consult your healthcare provider.

While vaccination against mumps is the best protection against mumps infection, vaccinated individuals may still become infected. Anyone diagnosed with mumps or suspected of having mumps should stay home for the five days after the onset of parotitis.

If (you, your child) experience(s) mumps symptoms, please contact your healthcare provider and inform them of your exposure to mumps. If you or your healthcare provider has any questions, please call (name of school, daycare, health facility, or setting contact at (phone number) or (health department name) at (phone number).

Sincerely,

SIGNATURE BLOCK