Multi-Hazard Emergency Management Plan

Infectious Disease Annex
Approvals

__________________________________________
Ken Evans, President

__________________________________________
Date

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Craig Ness, VP Finance & Operations

__________________________________________
Date
# Record of Changes

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1. Purpose, Scope, Situation, and Assumptions

1.1. Purpose
This document is an annex to Lamar University Emergency Operations Plan. The Infectious Disease Annex provides a framework for infectious disease-specific preparedness and response activities and serves as a foundation for further planning, drills, and emergency preparedness activities. The information in this document serves as a supplement to, and not replacement for, the information in the Emergency Operations Plan. The information in the Emergency Operations Plan continues to apply in the case of an infectious disease event. This document addresses information specific to infectious disease-related emergencies that is not covered in the Emergency Operations Plan. Additionally, this annex does not replace the responsibility for specific departments involved in responding to an infectious disease emergency to develop appropriate policies and procedures for that response.

1.2. Scope
This annex is limited to preparedness and response for Lamar University campus (See Emergency Operations Plan, Section 1.4).

1.3. Situation
An infectious disease is a clinically evident disease resulting from the presence of pathogenic microbial agents. Infectious diseases represent a major threat; millions die as a result of an infectious disease every year. Infectious disease can be transmitted through several methods, including physical contact with infected individuals, airborne inhalation, and contaminated objects.

1.4. Threat and Vulnerability
The Jefferson County Health Department closely monitors several infectious diseases that occur or have occurred in the area, including:

- Human Immunodeficiency Virus
- Foodborne diseases such as Salmonellosis and EColi
- Vectorborne diseases (diseases that are transmitted by an animal or insect) such as West Nile, Influenza A (H1N1), and H5N1 Avian Flu

Lamar University Student Health Center also monitors cases of certain illnesses that present among students seeking treatment including influenza and mumps, among others.

Pandemic influenza, or a global outbreak of a new influenza virus, could also impact the University. The impact of a pandemic influenza outbreak could be significant, but the occurrence of such an outbreak cannot be predicted with certainty.

Students are the largest group in the University community and are at a particular risk for contracting infectious diseases. Infectious diseases may also spread rapidly among student populations due to living in close quarters such as in dormitories.
1.5. Capability and Mitigation Overview

The University has certain capabilities and resources that are available for any emergency but are likely to be used in an infectious disease emergency, including:

- University Health Services staff and resources,
- Environmental Health and Safety staff and resources,
- School of Nursing staff and resources,
- Counseling and Mental Health Services staff and resources, and
- Laboratory and immunization services and resources.

The University conducts a variety of infectious disease hazard mitigation activities including tracking and testing for certain infectious diseases and conducting educational campaigns regarding habits that discourage the spread of disease.

1.6. Planning Assumptions

The planning assumptions below are based on the CDC’s 2017 Update to the Pandemic Influenza Plan. Although these assumptions represent the conditions that may occur during a pandemic influenza event, many of the assumptions would also apply should a non-influenza pandemic occur.

- Delays in the availability of vaccines and shortages of antiviral drugs are likely, particularly in the early phases of the pandemic.
  - Non-Pharmaceutical Interventions (NPI’s) will be the principal means of disease control until adequate supplies of vaccines and/or antiviral medications are available. NPI’s that all people should practice at all times are particularly important during a pandemic and include: staying home when sick, covering coughs and sneezes, frequent and appropriate hand washing, and routine cleaning of frequently touched surfaces.
- The seasonality of a pandemic cannot be predicted with certainty. Although seasonal, non-pandemic influenza typically peaks in winter, cases of pandemic flu have been observed year round.
- The virus will have the ability to spread rapidly worldwide.
- If the pandemic is characterized by severe disease, it will have the potential to disrupt national and University community infrastructures (including health care, transportation, commerce, utilities, and public safety) due to widespread illness, absenteeism, death among employees and their families, as well as concern about ongoing exposure to the virus.
- During a pandemic, infection in a localized area (such as the University) can last about six to eight weeks. At least two pandemic disease waves will occur.
- The percentage of the population that becomes infected could range from 20% to 30% of the population, but rates will vary.
  - The number of infected persons in the University community could therefore range from 14,000 to 21,000, based on 2017 estimates of the number of University community members.
- The typical incubation period (the time between acquiring the infection and becoming ill) for influenza averages two days (but can range from one to four days).
- Of those who become ill with influenza, up to 50% will seek outpatient medical care. This could significantly tax the available resources of University Health Services and other local providers.
• Risk groups for severe and fatal infections cannot be predicted with certainty. Although certain groups such as small children and the elderly are more likely to have complications due to seasonal influenza, pandemic influenza may disproportionately affect a different demographic. During the 1918 pandemic, deaths were notably evident among young, previously healthy adults and in 2009, elderly people experienced a lower infection rate.

• Infected persons will shed the virus and may transmit it up to one day before the onset of illness and will continue to do so for five to seven additional days after becoming ill.

• One or two secondary infections will occur as a result of transmission from someone who is ill.

• Behavioral health and stress reactions are health risks in a pandemic that must be integrated into messages to mitigate individual psychological hale, increase compliance with public health directives, and promote the resilience of the community population.

2. Concept of Operations
The University utilizes the Incident Command System and the National Incident Management System to manage infectious disease emergencies.

2.1. University Responsibilities for Infectious Disease Emergencies
The University is responsible for protecting life and property from the effects of an infectious disease emergency on campus. The University has the primary responsibility for the management of an infectious disease emergency that occurs on campus or impacts campus. The University is also responsible for coordinating amongst external agencies that also respond to an infectious disease emergency on campus. The University is also responsible for coordinating with local health and emergency officials as part of the response to an infectious disease emergency.

The University’s top priorities during an emergency are to:

• Protect the lives, health, and safety of students, faculty, staff, visitors, and emergency responders,

• Ensure the security of the University,

• Protect and restore critical infrastructure and key University resources,

• Protect University property and mitigate damage to the University,

• Facilitate the recovery of University individuals, and

• Restore University operations.
2.2. Key Areas of Emergency Planning and Incident Management Related to Infectious Disease Emergencies

The University’s Emergency Operations Plan notes the various activities the University conducts before, during, and after an emergency. Examples of the specific activities that the University conducts regarding an infectious disease emergency are:

- **Mitigation**
  The University conducts mitigation activities to lessen the impact of an infectious disease emergency. Some of the mitigation activities related to an infectious disease emergency are listed below.
  - Student Health Center conducts a Flu Shot Campaign and educational campaigns to promote vaccination and personal habits that help reduce the spread of disease.
  - Student Health Center conducts infectious disease monitoring and testing among students.
  - Hand sanitizer stands are distributed across the University to help reduce the spread of disease.
  - Coordinating with local health officials to report instances of infectious diseases including influenza and influenza-like illnesses.

- **Preparedness**
  The University conducts preparedness activities to develop the response capabilities need in the event of an infectious disease emergency. Some of the preparedness activities specific to an infectious disease emergency the University conducts are:
  - Emergency planning, including maintaining this annex and associated procedures, and
  - Conducting or participating in tests, training, and exercises related to infectious disease emergencies.

- **Response**
  The University will respond to an infectious disease emergency that affects the campus community. Response activities may include, but are not limited to:
  - Activation of the Emergency Operations Center;
  - Distributing drugs and vaccines, including those obtained from the Jefferson County Health Department;
  - Conducting disease surveillance activities including monitoring and testing possibly infected persons;
  - Using containment strategies to discourage the spread of the disease, including quarantine, class cancelation, and social distancing;
  - Providing ongoing communication to the University community regarding the impact of and response to the infectious disease emergency on campus;
  - Providing psychological and social support services to the campus community, including to emergency responders and other staff; and
  - Coordinating among University departments involved in the response and with outside agencies.

- **Recovery**
  The University will conduct recovery activities in the aftermath of an infectious disease emergency or a pandemic event. Recovery activities will focus on returning the University to normal operations as well as developing any Corrective Action Plans to improve preparedness and response capabilities.
2.3. Levels of Readiness and Activation

As described in Section 2.3 of the Emergency Operations Plan, the University uses a four level system to describe different levels of emergency response activation. This system will be used in an infectious disease emergency. The table below depicts the activation and readiness levels as they apply in an infectious disease emergency.

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
<th>Description</th>
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</table>
| IV    | Normal Conditions   | Infectious diseases or pandemic events pose a minimal immediate risk to students, faculty, and staff. The University continues to conduct normal business and monitors threats. University Health Services tracks infectious diseases and influenza like illnesses that are present among students seeking treatment.  
This is the default level of readiness and activation for the University. The University emphasizes prevention and preparedness activities.  
Typical activities: Monitoring local and global news for information regarding infectious disease emergency, plan testing, training, and exercises. |
| III   | Increased Readiness | Infectious diseases or pandemic events pose an increased risk to students, faculty, and staff. Actions may include developing coordination meetings or conference calls as well as increased health monitoring and education activities.  
Typical activities: Conducting coordination meetings or conference calls among University departments and with Texas State University System and local partners, increased health monitoring and education activities. |
| II    | Partial Activation  | Infectious diseases or pandemic events pose a significant risk to students, faculty, and staff. The University has most if not all of the resources required to respond to the event although increased coordination among University departments and outside agencies may occur. University operations and activities may be impacted or canceled due to absenteeism or to prevent the spread of disease.  
The EOC is typically activated.  
Typical activities: Implementation of social distancing guidelines, modification of operations that may include shift work or teleworking or changes to class times. |
| I     | Full Activation      | Infectious diseases or pandemic events pose a major risk to students, faculty, and staff. The University may not have all of the resources required to respond to the event and significant coordination among University departments and outside agencies is required. University operations will be impacted or canceled due to absenteeism or to prevent the spread of disease. Classes, student activities, and some non-essential functions may be ceased for a period of time.  
The EOC is activated to coordinate response activities, communications, and policy decisions, as appropriate.  
Typical activities: Cancelation of classes and other activities, distribution of food and medicine. |
2.4. **Infectious Disease or Pandemic Response Activation**

The response activities detailed in this annex will be activated in accordance with needs, available resources, and the declared readiness level. The Vice President for Finance & Operations will determine if this annex needs to be activated. Activation will follow the guidelines set forth in the Emergency Operations Plan.

3. **Direction, Control, Organization, and Coordination**

3.1. **Command and Control**

The same command and control structure detailed in the Emergency Operations Plan will be used during an infectious disease emergency. The depiction below summarizes that command structure.

During an infectious disease emergency, as with any emergency, the University is led by two working groups, the Executive Operations Team, working out of the Emergency Command Center, and the Incident Command Staff working out of the Emergency Operations Center.
3.2. Support Components Responsibilities

As discussed in the Emergency Operations Plan Section 3.4, the University relies on Emergency Support Functions (ESFs) and non-emergency support functions to carry out emergency operations. Some of these groups have specific responsibilities related to an infectious disease emergency response, in addition to general emergency responsibilities. The ESFs that have specific tasks related to an infectious disease emergency are listed below. The specific tasks for which the ESFs are responsible are included in the appropriate ESF Annex.

<table>
<thead>
<tr>
<th>ESF#</th>
<th>Emergency Support Function</th>
<th>University Department/Partner Agency</th>
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<tbody>
<tr>
<td>2</td>
<td>Communications</td>
<td>Information Technology Services, Lamar University</td>
</tr>
<tr>
<td>3</td>
<td>Public Works</td>
<td>Facilities Services, Lamar University Planning and Construction, Lamar University</td>
</tr>
<tr>
<td>6</td>
<td>Mass Care, Emergency Assistance, Temporary Housing, and Human Services</td>
<td>Student Engagement, Lamar University International Office, Lamar University Travel Management Services, Contracted Travel Vendor</td>
</tr>
<tr>
<td>8</td>
<td>Public Health and Medical Services</td>
<td>Student Health Center, Lamar University</td>
</tr>
<tr>
<td>10</td>
<td>Hazardous Materials</td>
<td>Beaumont Fire Department EHS &amp; Risk Management – Lamar University</td>
</tr>
<tr>
<td>13</td>
<td>Public Safety and Security</td>
<td>Lamar University Police Department, Lamar University</td>
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<tr>
<td>17</td>
<td>Human Resources</td>
<td>Human Resources, Lamar University</td>
</tr>
<tr>
<td>19</td>
<td>Student Services</td>
<td>Dean of Students, Lamar University</td>
</tr>
</tbody>
</table>

4. Communications

The University will employ the communications measures detailed in the Emergency Operations Plan Section 4, Communications, during an infectious disease emergency.

These communications measures include emergency notifications and interoperable radio communications for first responders. Per the incident command structure detailed above, the Public Information Officer will coordinate external communications.

5. Administration, Finance, and Logistics

The University will employ the administration, finance, and logistics procedures detailed in the Emergency Operations Plan Section 5 during an infectious disease emergency.

6. Annex Development and Maintenance

This annex will be developed and maintained in accordance with the procedures detailed in the Emergency Operations Plan Section 6.
7. References

The Texas Department of State Health Services. Texas Department of State Health Services Pandemic Influenza Operational Guidelines, version 2.1, July 6, 2008: 1—170.
https://www.dshs.texas.gov/commprep/planning/pandemic.aspx

Center for Disease Control, Flu Pandemic: https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html


Center for Disease Control, SARS-Recommendations for Outpatient Facilities and Expanded Precautions:
https://www.cdc.gov/sars/guidance/c-healthcare/app1.html#matrix2
https://www.cdc.gov/sars/guidance/i-infection/app2.html

Center for Disease Control, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings; Updated Feb. 15, 2017 (1-209)
Appendices

I. Acronyms

LA Legal Affairs
MOU Memorandum of Understanding

PI Pandemic Influenza
PIAT Pandemic Influenza Assessment Team
POD Point of Distribution, a site for the mass
PPE Personal Protective Equipment

SA Student Affairs
SARS Severe Acute Respiratory Syndrome
SNS Strategic National Stockpile

TDSHS / DSHS Texas Department of State Health Services

WHO World Health Organization

CDC Centers for Disease Control
CMHC Counseling and Mental Health Center
DOS Dean of Students
EAP Employee Assistance Program
ECC Emergency Command Center
ECS Emergency Communication System
EHS Environmental Health and Safety
EOC Emergency Operations Center
FAQ Frequently Asked Questions
HFS Housing and Food Services
HR Human Resources
IC Incident Command
ICS Incident Command System
IRAT Influenza Risk Assessment Tool
IT Information Technology
II. Hand Sanitation Guidelines

These guidelines should be standard practices at all times but they are critical in the event of an outbreak of a pandemic of an easily transmitted infectious agent (Avian flu, SARS, pandemic flu, mumps etc.).

- Expand existing education campaign on proper hand washing as soon as possible:
  - Place posters in all restrooms and in break rooms to remind everyone about hand washing. Posters will be in many different formats and modified as necessary to suit different situations (e.g. childcare facilities, food service areas, etc.)
  - Initiate an ad campaign and other communication efforts to educate the University community on the importance of proper hand sanitation.
- Place garbage cans near exits to restrooms (can be outside or inside of exit door).
- Request that Custodial Services include cleaning of all hand contact surfaces (handles, knobs, latches, pulls flush handles, door knobs, etc.) in their routine cleaning activities, and provide a training program and reminders. This is especially important in all restrooms.
- Place wall mounted hand sanitation dispensers in locations throughout common areas. This would include all areas where food is sold or provided (this should be part of every catering package), libraries, computer labs, etc.

III. Personal Protective Equipment Guidelines

The purpose of Personal Protective Equipment (PPE) is to minimize injury/exposure to University personnel through proper use and care. The program is most effective if administered and enforced by management or department where employee protection is required. It is designed to ensure that UT personnel receive the correct PPE that they need, in the right size or style, understand its care, use and disposal and that it is readily available to them.

- **Hazard Evaluation:** Determination of PPE to be used by personnel will be determined by the agent and the risk of exposure by personnel. This evaluation will be done by the employee’s supervisor in conjunction with Environmental Health and Safety.

- **PPE Selection:** The following factors will be considered when selecting PPE:
  - Agent hazards
  - Task requirements
  - Potential for PPE failure
  - Maintenance requirements
  - Interferences
  - PPE durability
  - Duration of use
  - Regulatory requirements/certification
  - User’s size and physical abilities (for fit, comfort and individual needs)
  - User acceptance

- **Training:** Training will be provided by Environmental Health & Safety
IV. Pandemic Influenza

A significant and recurring risk to the University is that of an infectious disease emergency. One common example, influenza, also known as the flu, is a disease that infects the respiratory tract (nose, throat, and lungs). Influenza usually comes on suddenly and may include fever, headache, dry cough, sore throat, nasal congestion, and body aches. Although the seasonal flu is not usually fatal, complications can arise. The seasonal flu kills an average of over 50,000 U.S. citizens every year, sends some 700,000 to the hospital, and causes countless lost days of school and work. Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness. During the 20th century, the most notable pandemic was the 1918 Spanish influenza and the recent 2009 pandemic has resulted in updated international and national guidance. The impact of an actual pandemic cannot be predicted precisely.

<table>
<thead>
<tr>
<th>The Difference Between Seasonal Flu and Pandemic Flu</th>
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<tr>
<td><strong>Seasonal Flu</strong></td>
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<tr>
<td>Outbreaks follow predictable seasonal patterns. They occur annually, usually in winter, and in temperate climates.</td>
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<tr>
<td>Usually some immunity built up from previous exposure</td>
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<tr>
<td>Healthy adults usually not at risk for serious complications; the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications</td>
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<tr>
<td>Health systems can usually meet public and patient needs</td>
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<tr>
<td>Vaccine developed based on known flu strains and available for annual flu season</td>
</tr>
<tr>
<td>Adequate supplies of antivirals are usually available</td>
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<tr>
<td>Average U.S. deaths since 1976 range from 3,000 to as high as 49,000 per year.</td>
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<tr>
<td>Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia</td>
</tr>
<tr>
<td>Generally cause modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)</td>
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<tr>
<td>Manageable impact on domestic and world economy</td>
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</tbody>
</table>

**Phases of a Pandemic**

The World Health Organization (WHO) and the Center for Disease Control (CDC) has a 2017 defined pandemic preparedness and response framework to include phases and intervals of pandemic activity to assist those responsible for public health and medical and emergency preparedness to respond to threats and occurrences of pandemic influenza. [https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf](https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf)

The table below shows preparedness and response framework for novel influenza A virus pandemics, including World Health Organization phases and CDC intervals and federal and state/local indicators

Appendix IV - Pandemic Influenza
<table>
<thead>
<tr>
<th>World Health Organization phases</th>
<th>CDC intervals</th>
<th>Federal indicators for CDC intervals</th>
<th>State/Local indicators for CDC intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic phase: Global spread of human influenza caused by a new subtype</td>
<td>Initiation: Initiation of a pandemic wave</td>
<td>Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission</td>
<td>Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission</td>
</tr>
<tr>
<td></td>
<td>Acceleration: Acceleration of a pandemic wave</td>
<td>Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission</td>
<td>Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission</td>
</tr>
<tr>
<td></td>
<td>Deceleration: Deceleration of a pandemic wave</td>
<td>Consistently decreasing rate of pandemic influenza cases in the United States</td>
<td>Consistently decreasing rate of pandemic influenza cases in the state</td>
</tr>
<tr>
<td>Transition phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions</td>
<td>Preparation: Preparation for future pandemic waves Low pandemic influenza activity but continued outbreaks possible in some jurisdictions Low pandemic influenza activity but continued outbreaks possible in the state</td>
<td>Low pandemic influenza activity but continued outbreaks possible in some jurisdictions</td>
<td>Low pandemic influenza activity but continued outbreaks possible in some jurisdictions</td>
</tr>
</tbody>
</table>

It is important to note that routine activities monitoring the onset and severity of seasonal influenza provide the baseline surveillance, epidemiology, and laboratory data that would detect the appearance of a novel influenza A virus with pandemic potential. Even with that identification, however, this does not ensure progression to the next interval (the recognition interval): the virus might not demonstrate the potential for increased numbers of human illnesses, nor increased potential for ongoing human-to-human transmission. Further, after the preparation interval, subsequent waves of outbreaks likely will occur, prompting federal, state, and local public health officials to respond to subsequent acceleration, deceleration, and preparation intervals. The duration of each pandemic interval might vary from weeks to months depending on the characteristics of the virus and the public health response.
V. Mumps

Mumps is a viral infection of the salivary glands that is spread through coughing, sneezing, and saliva. It can spread by sharing drinking glasses, kissing, sneezing, and coughing. Symptoms include swelling of the glands close to the jaw, fever, headache, and muscle aches. Mumps is a mild to moderate disease; however, mumps can cause serious complications including meningitis, miscarriage during pregnancy, breast swelling, hearing loss, and sterility in men.

- **Who Is at Risk for Mumps:** If you were born after 1956 and never had the mumps or haven’t received two (2) mumps shots, then you are considered at greater risk for being infected with mumps. Since 1989, 2 doses of the measles/mumps/rubella shot (MMR) have been recommended to prevent infection of the mumps virus. These typically are done initially around 15 months of age, and again when starting kindergarten or high school. Contact your doctor or check your old health/school records if you are unsure if you have had two (2) mumps shots.

- **Recommendation:** If you are not sure you have had mumps or received your two (2) mumps shots, you should contact your primary care physician to get a mumps immunization.

- **Additional Ways to Prevent Mumps:** Other things you can do to reduce the risk of being infected with the mumps virus is to wash your hands well and often with soap. Cover your mouth when you cough or sneeze-and discard used facial tissue promptly. Eating utensils and beverages should not be shared. Surfaces that are frequently touched (electronic devices, games/toys, doorknobs, tables, counters, etc.) should also be regularly cleaned with soap and water or with cleaning wipes.

- **Exposure to Mumps:** Not everyone who is exposed to someone with mumps will get sick. Exposed people who have been vaccinated with two doses of mumps vaccine are protected yet, not guaranteed to escape getting mumps. A person who hasn’t been vaccinated or had mumps disease is at a higher risk to become sick if exposed to the mumps virus. Symptoms may appear 2-3 weeks after exposure. A person is contagious (able to spread the virus to others) from around 3 days before they develop symptoms to 12-25 days after the symptoms begin.

- **Mumps Symptoms and Diagnosis:** Because of the contagious nature of the mumps virus, do not come to campus if you are experiencing mumps symptoms. Contact your doctor immediately. Your doctor will request laboratory testing to confirm your infection with the mumps virus. If you are diagnosed with mumps, we ask that you not return to campus unless you have received a release from your doctor to return to work.

- **Paid Leave upon Diagnosis of Mumps:** Staff should use sick, annual, and compensatory time to cover absences connected with seeking medical advice and treatment concerning mumps. Upon your return to work and in addition to your release to work, you will be asked to provide a certification from your doctor verifying that you had the mumps.

- **Additional Information Regarding Mumps**

  Additional information about mumps can be found at the following Centers for Disease Control websites:

  https://www.cdc.gov/mumps/index.html

  https://www.cdc.gov/mumps/about/signs-symptoms.html