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TO: All U.S. Residential Colleges and Universities

FROM: Director, Centers for Disease Control and Prevention
President, American College Health Association

SUBJECT: Strategy to Protect College Students From Mumps

As many of you know, there has been a large mumps outbreak affecting mainly college-age students, which started in Iowa in December 2005 and subsequently affected at least 11 other states. As of early May 2006, more than 2,500 mumps cases have been reported. The outbreak is believed to have started in college students, and the predominant age group affected has been 18 to 24 year olds. Transmission has been widespread in college-age students for reasons that may include social interactions, living environment, and local and interstate travel. While rare, complications of mumps can be severe, including meningitis, encephalitis and orchitis, leading to hospitalization and rarely death.

The Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) believe that it is critically important to decrease the risk of mumps among the students and others in the communities in which they reside.


The most effective strategy to protect college students from mumps is to ensure that all students have received two doses of the measles-mumps-rubella vaccine (MMR) or have other evidence of immunity (i.e., documentation of physician-diagnosed mumps, laboratory evidence of immunity, or birth before 1957). This statement reflects the vaccine policy recommendations of the Advisory Committee on Immunization Practices (ACIP), which were made in 1998 (two doses of MMR for all college students), and a recent change in ACIP recommendations made on May 17, 2006, requiring that presumptive evidence of mumps immunity through vaccination for college students be two doses, rather than one dose, of live mumps virus vaccine. Summer vacation and the return to classes in the fall represent an important opportunity to uniformly implement this vital strategy. CDC and ACHA recommend that schools implement the following measures:


1. All students should have documentation that they have received two doses of MMR or other acceptable evidence of immunity to mumps. Students who have documentation of receiving one dose of MMR and one dose of measles vaccine should receive a second MMR vaccine. Colleges should also consider offering vaccine clinics during the summer or early fall to improve student accessibility to MMR vaccine.

2. Documentation of two MMR doses should be in the form of a vaccination record (shot card). For returning students, pre-entrance health forms or electronic immunization records provide appropriate documentation.
3. Schools should consider implementing a policy of deferred registration for classes until proof of two MMR doses is available.
4. During the late spring or summer, students should be made aware of any recommendations, requirements, or enforcement procedures before the start of the fall semester. Inclusion of parents in these communications will likely improve compliance with an MMR vaccine requirement. Early communication with students this summer may provide them an opportunity to visit their primary care provider to obtain any necessary vaccination and/or proof of two doses of MMR vaccine.
5. Schools and post-high school educational institutions experiencing an outbreak of mumps should consider implementing a policy to ensure that faculty and staff have two doses of MMR.

Please remember that ACIP also recommends that adolescents be up-to-date with a variety of other vaccinations and/or booster doses to ensure high levels of immunity and to prevent outbreaks.

CDC and ACHA realize that these measures will have resource implications for colleges and universities; however, we believe these measures are necessary to provide the best protection for college students against mumps disease, as well as to avoid the inevitable disruption to the educational experience caused by illness and isolation procedures. MMR is a very safe vaccine, even if the person has already had two doses of MMR or has had the disease. No evidence indicates that administration of live MMR vaccine increases the risk for adverse reactions among persons who are already immune to these diseases through previous vaccination or disease. Should you have any questions or need additional information, please visit CDC's website (www.cdc.gov), ACHA's website (www.acha.gov), or contact your state or local health department.


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