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FACT SHEET

Mumps

Mumps is a contagious disease caused by a virus from the paramyxovirus, a member of the Rubulavirus genus. Mumps occurs worldwide and spreads easily through coughing and sneezing. Anyone can get mumps but it is more common in infants, children and young adults. It can cause serious, lasting problems, including: meningitis (infection of the covering of the brain and spinal cord), deafness (temporary or permanent) encephalitis (swelling of the brain), orchitis (swelling of the testicles) in males who have reached puberty, oophoritis (swelling of the ovaries), and/or mastitis (swelling of the breasts) in females who have reached puberty. In rare cases, mumps is deadly.

<http://www.cdc.gov/mumps/hcp.html>

Cause: By the mumps virus.

Symptoms: The most common symptoms are fever, headache, muscle aches, fatigue, loss of appetite and swollen salivary glands under the ears on one or both sides of the face (parotitis). The disease can lead to hearing loss, aseptic meningitis (infection of the covering of the brain and spinal cord) and, in males who have reached puberty, the disease can cause painful, swollen testicles.

Spread: Mumps is spread by airborne transmission with mucus or droplets from the nose or throat of an infected person, usually when a person coughs or sneezes. It grows in the nose, throat and surrounding lymph nodes and spreads to other areas of the body. It happens more often in late winter and spring.

Incubation: symptoms may begin 16-18 days after being exposed but can range from 12-25 days after infection.

Contagious Period: People are most infectious before showing signs or symptoms; this can happen from 3 days prior to the onset of symptoms and for 5 days afterward. Within one week symptoms lessen and usually resolve within 10 days.

Precautions: Infants, children and adults who are under immunized, unimmunized or immune compromised are at risk. Pregnant women who get infected with mumps may be at risk for complications.

Prevention: The best way to protect against mumps is to get the measles-mumps-rubella vaccine (MMR vaccine). Doctors recommend that all children get the MMR vaccine. Anyone who has not received 2 doses of a

mumps-containing vaccine (preferably MMR vaccine) should be vaccinated. Pregnant women should not receive the vaccine. Pregnancy should be avoided for 4 weeks after vaccination with MMR. Persons who may have been exposed should be educated on the signs and symptoms of mumps disease and should seek medical attention as soon as any of these symptoms begin.

<http://www.cdc.gov/vaccines/parents/index.html>

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mumps.pdf>

Diagnosis and Treatment:

At the initial visit, a highly specific test for mumps called an IgM for mumps antibodies should be collected. If the acute-phase specimen is positive for IgM, a second specimen is not necessary. A second negative IgM does not rule out mumps unless the IgG (a test that indicates a past infection) result is also negative. Paired serum specimens may also be used to demonstrate seroconversion from negative to positive from acute to convalescent, which is considered a positive diagnostic result for mumps. In unvaccinated individuals, a four-fold increase in IgG titers is also considered a positive diagnostic result for mumps, but these are rarely done.

<http://www.cdc.gov/mumps/lab/index.html>

There is no specific treatment. Supportive care should be given as indicated. **Anyone with mumps should not go back to child care, school or work until 5 days after symptoms began or until they are well whichever is longer.** Contacts to a mumps case should have their immunization status evaluated.

<http://www.cdc.gov/mumps/about/index.html>