

# Mumps (Infectious Parotitis)

### What is mumps?

Mumps is a highly contagious, vaccine-preventable disease caused by infection with a virus. Infection with the mumps virus results in tenderness and swelling of the salivary glands in the cheeks and neck.

### Who is at risk for mumps?

Anyone can get mumps, but the greatest risk of infection occurs among unvaccinated school-age children. Adults experience worse symptoms if they do become ill with mumps. Due to high immunization rates, the number of cases of mumps has declined significantly in the United States.

## What are the symptoms of mumps?

- Swollen glands in front of and below the ear or under the jaw (parotitis)
- Fever
- Headache
- Earache
- Joint pain
- Possible painful swelling of the testicles in men (orchitis)
- Possible swelling of the ovaries in women, which may cause abdominal pain
- Possible complications such as meningitis, deafness and inflammation of joints
- Possible miscarriage

#### How soon do symptoms appear?

The symptoms usually start 16 to 18 days after infection with the virus, but the onset can range from 12 to 25 days.

#### How is mumps spread?

Mumps is spread by direct contact with mouth or nose secretions.

#### When and for how long is a person able to spread the disease?

Mumps is most infectious in the several days before and after parotitis onset. Most transmission likely occurs before and within five days of parotitis onset.

#### How is a person diagnosed?

Laboratory testing is needed to diagnose mumps.

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#### What is the treatment?

Currently, there is no specific treatment for mumps. Management of patients with mumps consists mainly of ensuring adequate intake of water and food, bed rest, and fever control.

#### Does past infection make a person immune?

Yes, a person develops lifelong protection after having the disease.

# Should children or others be excluded from child care, school, work or other activities if they have mumps?

Yes. A person with mumps should not be allowed to attend child care, school or work for five days after the onset of symptoms. A person with mumps is most contagious 48 hours before symptoms start.

# What can be done to prevent the spread of mumps?

- All children between 12 and 15 months of age should be vaccinated with the first dose of MMR (measles, mumps and rubella vaccine). A booster dose of MMR is recommended at 4 to 6 years of age. Two doses of mumps-containing vaccine are about 88 percent effective in preventing illness. Children are required to be age-appropriately immunized against mumps in order to attend early childhood facilities, schools and colleges in North Dakota.
- 2. The immunization status of all children and staff at schools or early childhood facilities should be reviewed.
- 3. During mumps outbreaks, exposed children and staff who have not been immunized should be excluded until they are vaccinated, or, if they refuse vaccination, they should continue to be excluded until the North Dakota Department of Health determines it is safe for them to return.
- 4. During mumps outbreaks, the North Dakota Department of Health may recommend that certain individuals receive a third dose of MMR vaccine.

#### **Additional Information:**

Additional information is available at <a href="https://www.ndhealth.gov/disease">www.ndhealth.gov/disease</a> or by calling the North Dakota Department of Health at 800.472.2180.

This disease is a reportable condition. As mandated by North Dakota law, any incidence of this disease shall be reported to the North Dakota Department of Health.

#### **Resources:**

American Academy of Pediatrics. [Mumps]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book:* 2018 Report of the Committee on Infectious Diseases. 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018:[pages 567 - 573].

Marin M, Marlow M, Moore KL, Patel M. Recommendation of the Advisory Committee on Immunization Practices for Use of a Third Dose of Mumps Virus–Containing Vaccine in Persons at Increased Risk for Mumps During an Outbreak. MMWR Morb Mortal Wkly Rep 2018;67:33–38. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6701a7">http://dx.doi.org/10.15585/mmwr.mm6701a7</a>.