
Mumps

Frequently Asked Questions

1. What is mumps?

Mumps is an infection caused by the 'rubula' or mumps virus. It is sometimes called 'infectious parotitis', meaning infection of the salivary glands.

2. How is mumps spread?

Mumps spreads from person to person via droplets of saliva or mucus of an infected person. The virus may also be spread indirectly when someone with mumps touches items or surfaces without washing their hands and then someone else touches the same surface and rubs their mouth or nose.

3. What are the signs and symptoms of mumps?

Signs and symptoms of mumps usually commence up to 16 - 18 days from exposure (incubation period). Initial symptoms are headache, malaise and fever, followed within a day by the characteristic swelling of the parotid (salivary) glands. Parotitis occurs in 31 – 65% of individuals infected with the virus. Complications of mumps can include meningitis (in up to 15% of cases), orchitis (inflammation of the testes) and deafness. Deafness, in one or both ears, can occur in approximately one per 20,000 reported cases of mumps. Very rarely, mumps can cause meningo-encephalitis, pancreatitis or oophoritis and joint involvement. People with mumps are usually considered most infectious from up to seven days before and until five days after the onset of parotitis. It is therefore recommended that persons with mumps remain in quarantine for 5 days after the swelling of the parotids begin. There is no cure for mumps, only supportive treatment (bed rest, fluids, and fever reduction).

4. Who is at risk for mumps?

Mumps is generally a mild childhood disease, most often affecting children between five and nine years old. However, the mumps virus can infect adults. People who have had mumps are usually protected for life against another mumps infection. However, second occurrences of mumps do rarely occur. No data exists regarding the epidemiology of mumps infection in South Africa, however it is known to be a common infection of childhood.

5. How can I prevent mumps?

Safe and effective vaccines against mumps have been available since the 1960s. The 'measles, mumps and rubella' (MMR) vaccine is a combination of live attenuated (weakened) measles, mumps and rubella viruses. It is **not** part of the Expanded Program for Immunization (EPI) for South Africa. The vaccine is administered as an injection under the skin or into the muscle of the arm. The first dose of MMR is recommended to children 12-15

months of age and the second doses at 4-6 years of age. In South Africa, measles vaccine is given alone (i.e. not in combination with other vaccines) and at 6 and 12 months

6. What should be done if someone is exposed to a person infected with mumps?

There is no post-exposure prophylaxis for mumps infection. If a person who has not been vaccinated against mumps is exposed to someone with active mumps infection, they will develop disease unless they are vaccinated or have been infected in the past.

7. How is mumps infection diagnosed?

Mumps is often diagnosed on the basis of the patient's clinical presentation. The diagnosis may be confirmed by the detection of IgM antibodies to the mumps virus in a blood specimen submitted to a laboratory. Alternatively, a four-fold rise in IgG antibodies in serum specimens taken 2 weeks apart confirms the diagnosis. A reverse-transcriptase PCR test may also be done to detect mumps virus RNA in clinical specimens.

8. Where can I find more information?

- The NHLS Immunology laboratory conducts mumps antibody testing on blood specimens only. Specimens should be labelled 'Braamfontein Immunology Laboratory, NHLS', and the test 'Mumps ELISA' should be requested. Call the laboratory at 011-489-9194.
- Health care workers can call the NICD Hotline for after hours and emergency medical advice and assistance 082-883-9920.
- Other informative websites include www.who.int, www.immunize.org and www.cdc.gov/vaccine/pubs/surv-manual/chpt09-mumps.html