

# MUMPS - QUESTIONS AND ANSWERS

**Q: Now that I have Mumps, what should I do? Am I infectious to others?**

**A:** If you develop Mumps you may be infectious to others (non-immune) from **about 4 days before to 5 days** after parotid swelling. Individuals are advised **not to attend college/lectures/placements/labs for 5 days after the parotid swelling first started** in view of the possibility of transmitting virus to non-immune individuals.

**Q: Now that I have Mumps, what should I do? Is there a specific treatment?**

**A:** There is no specific treatment for Mumps. Treatment should be based on relieving the symptoms, using paracetamol for fever and pain.

**Q: Now that I have Mumps, whom should I inform, or tell?**

**A:** If you have been confirmed as a case of Mumps by a healthcare professional, they will usually tell you whom you should inform. In the University setting, it is recommended that you inform people with whom you were in close contact in the period of **about 4 days before to 5 days** after the parotid swelling. Close contact refers to those you share a house or flat with, stay overnight with, your tutorial-room classmates, family members with whom you have been in close contact. Clinical placement settings e.g. a hospital ward should be notified. You should advise them that you have been diagnosed with Mumps. Close contacts that have not previously had at least 2 lifetime doses of MMR should attend their doctor to consider availing of a dose of MMR vaccine. It may help lessen the severity of any Mumps illness they contract from you.

**Q: I have Mumps and yet I must sit an important examination within the next 5 days. What are my options?**

**A:** If your Doctor advises that you are too unwell to sit the examination you should take that advice and the Doctor can issue you with a Medical Certificate which should be presented to the Students Records and Examinations Office. You should discuss with the SREO and /or your Department to determine if you have to retake the examination. In certain circumstances you and your Doctor may judge that on balance you are well enough to sit the examination. In that instance the Doctor may liaise with the SREO to arrange for you to sit the examination in a room separate from the rest of those sitting the examination. You may well be sitting in a room with others who also have Mumps. You are advised to avoid all contact with other students and university staff before and after the examination. Staff members who are acting as invigilators in these rooms will be chosen on the basis that they are likely to be clinically immune to Mumps through prior vaccination or history of having had the illness previously.

**Q: How does a person get infected from Mumps?**

**A:** Mumps is spread by airborne droplets released when an infected person sneezes or coughs and by direct contact with an infected person.

**Q: I had contact with some people who have been diagnosed Mumps. What are the symptoms of Mumps?**

**A:** The symptoms of Mumps may develop 14 to 25 days following exposure to an infected person. Mumps can be asymptomatic and there is evidence that 40-50% of Mumps infections are associated with non-specific symptoms (slight fever, muscle ache, loss of appetite, tiredness, and headache) or primarily respiratory symptoms, especially in children less than five years. Fever may last 3-4 days and the parotid gland (located just in front and below the ear) often swells (swelling may be on one side or both sides of the jaw). Symptoms usually last 7-10 days. In almost 30% of the symptomatic cases there are other salivary glands swelling. If there are no complications, the illness recovers spontaneously.

**Q: What are the complications of Mumps?**

**A: Inflammation of testicles (orchitis)** happens in 20 - 30% of the cases. It affects both testicles in about 20% of these cases. Infertility after infection is rare. **Inflammation of the ovaries (oophoritis) and/or of the breast (mastitis)** is uncommon and is not associated with any long-lasting consequences for the patient. **Pancreatitis** is reported in about 4% of the cases. Symptomatic **meningitis** is reported in up to 15% of the cases (this tends to be a mild and self-limiting complication). **Encephalitis** without meningitis is reported in approximately 5 out of 100,000 patients with Mumps.

**Questions people may ask if they have not contracted Mumps yet but are concerned:**

**Q: How can I protect myself from Mumps?**

**A:** Mumps can be prevented by vaccination. In Ireland the MMR vaccine is provided with the measles and rubella vaccinations (MMR) at the age of 12-15 months and 4-5 years. It is a good idea for individuals to keep records of their own vaccination status for future reference.

Individuals who might be at risk because they are not immune (never had Mumps nor two MMR doses) should avoid contact with a Mumps case.

In 3rd level settings where outbreaks are occurring, students between the ages of 16-24 years of age with no history of a 2nd dose of MMR are advised to contact their own GPs or their Student Health Centre to get the vaccine.

**Q: I am pregnant and was in contact with a Mumps case. What are the risks for my baby and myself?**

**A:** If you are immune (either through previous infection or through vaccination) you are unlikely to get the infection.

It is reported that acquisition of Mumps during the first 12 weeks of pregnancy is associated with an increased risk of spontaneous abortion. Malformations following Mumps virus infection during pregnancy have not been found. The risks for the mother are the same as for the other adults.

Pregnant women should not receive Mumps vaccine (i.e. not receive MMR vaccine). Women who are not pregnant and receive MMR vaccine should avoid pregnancy for two months after vaccination. You should speak with your GP if you have concerns.