
Mumps

Summary

- Mumps is a viral illness that causes fever and swollen salivary glands.
 - Mumps is uncommon in developed countries, including Australia, due to the widespread use of mumps vaccines.
 - Mumps protection is available in combined vaccines that also contain protection against other serious and potentially fatal diseases.
 - Mumps is contagious, so if you are caring for someone with mumps, make sure you practise strict hygiene. For example, wash your hands frequently, particularly before handling, preparing or eating food.
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Mumps is a viral illness that causes fever and swollen salivary glands. Serious and potentially lethal complications include inflammation of the brain (encephalitis) or heart muscle (myocarditis). The disease is spread from person to person and is as contagious as the flu (influenza).

Mumps is uncommon in developed countries, including Australia, because of the widespread use of the mumps vaccine. Outbreaks still occur, so it is important to continue vaccinating children.

Symptoms of mumps

Signs and symptoms of mumps may include:

- fever
- headache
- fatigue
- weight loss
- swollen parotid gland (the salivary gland located just in front of the ear) on one or both sides of the face
- painful chewing
- painful swallowing.

Complications of mumps

Inflammation caused by mumps may spread to other areas of the body. Possible complications of mumps can include:

- mastitis – breast inflammation
- orchitis (or orchiditis) – testicle inflammation
- oophoritis – ovary inflammation
- **meningitis** – inflammation of the membranes called 'meninges' surrounding the brain and spinal cord
- **encephalitis** – brain inflammation
- myocarditis – heart muscle inflammation
- **pancreatitis** – pancreas inflammation
- **hepatitis** - liver inflammation
- thyroiditis – thyroid inflammation
- miscarriage in the first trimester of pregnancy
- nerve deafness – usually in both ears.

Causes of mumps

Mumps is most commonly spread when someone ingests (swallows) or inhales the cough or sneeze droplets from an infected person. The virus is also carried in urine. Symptoms occur between 14 and 25 days following infection.

One person in three who contracts mumps does not have any symptoms and doesn't realise they are sick, but they are still contagious and may infect many other people. A healthy person without symptoms who spreads an infectious disease is called a 'carrier'.

If you are caring for someone with mumps make sure you practise strict hygiene. For example:

- Wash your hands frequently, particularly before handling, preparing or eating food and after visiting the toilet or changing a nappy.
- Don't share food or drink utensils.
- Encourage the sick person to cough or sneeze into a tissue.

Mumps: high-risk groups

Mumps is uncommon in Australia because of our immunisation programs, but cases still occur.

Anyone who hasn't been immunised is at high risk of catching mumps, particularly if they travel to countries where immunisation programs aren't widespread.

Diagnosis of mumps

Methods used to diagnose mumps may include:

- medical history, including immunisation status
- physical examination
- travel history
- blood test.

Treatment for mumps

No specific medical treatment for mumps exists. Antibiotics don't work because the illness is viral. Treatment aims to ease symptoms and reduce the risk of complications.

Options may include:

- bed rest
- plenty of fluids
- paracetamol to reduce pain and fever
- cold compresses held against the swollen parotid glands
- soft and easy to swallow foods, such as soup, porridge or pureed vegetables
- isolation, to reduce the risk of spreading the disease.

A case of mumps without complications usually gets better within about two weeks. See your doctor if the sick person:

- complains of pain anywhere other than the face, as this may be a sign of inflammation in another organ
- has a high fever
- appears to be getting sicker.

Immunisation against mumps

Immunisation is the best way to prevent mumps and potential serious complications. This can be achieved with two types of combined vaccine.

In the first vaccine, the mumps component is combined with the measles and rubella (German measles) components and is commonly known as the MMR vaccine.

In the second vaccine, the mumps component is combined with measles, rubella and varicella (chickenpox) components and is commonly known as MMRV vaccine.

Protection against mumps is available under the **National Immunisation Program Schedule**. In Victoria,

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immunisation against mumps is free of charge for:

- children at 12 months – the first dose of mumps vaccine is given as the MMR combination vaccine
- children at 18 months of age – the second dose of mumps vaccine is given as the MMRV combination vaccine
- all children under 10 years of age can receive the free National Immunisation Program vaccines
- all young people aged 10 to 19 years, can receive the free National Immunisation Program vaccines
- women planning pregnancy or after the birth of their child – two doses of MMR are available for women who have low immunity or no immunity to rubella
- Aboriginal and Torres Strait Islander people, refugees and asylum seekers and vulnerable people – catch-up immunisations are available for people who have not been fully vaccinated
- people born during or since 1966, without evidence of two documented doses of valid MMR vaccine or without a blood test showing evidence of immunity to measles, mumps and rubella, are eligible for one or two doses of MMR vaccine. (If two MMR doses are required they should be given a minimum of 28 days apart.)

If you have not received the vaccine, ask your doctor or immunisation provider about catch-up doses.

Note: The MMRV vaccine is not recommended for use in people aged 14 years and over. From 14 years of age people require the MMR vaccine and a separate chickenpox vaccine.

People who should not be immunised against mumps

Not everyone should have the mumps vaccine. A person with an impaired immune system should not be immunised.

Some of the possible causes of impaired immunity may include:

- infection with human immunodeficiency virus (HIV) or the presence of acquired immunodeficiency syndrome (AIDS) from an HIV infection
- taking certain medications, such as high-dose corticosteroids
- receiving immunosuppressive treatment, including chemotherapy and radiotherapy
- having some types of cancer, such as Hodgkin's disease or leukaemia
- having an immune deficiency with extremely low levels of antibodies (hypogammaglobulinaemia, multiple myeloma or chronic lymphoblastic leukaemia).

If you have an impaired immune system, speak with your doctor about what options might be available.

Pregnancy and mumps immunisation

Do not receive the MMR or MMRV vaccine if you are already pregnant. Avoid pregnancy for 28 days after the mumps immunisation.

Where to get help

- In an emergency, always call triple zero (000)
- Emergency department of your nearest hospital
- Your **GP (doctor)**
- Local government immunisation service
- **Maternal and Child Health Line** (24 hours) Tel. **13 22 29**
- **NURSE-ON-CALL** Tel. **1300 60 60 24** – for expert health information and advice (24 hours, 7 days)
- **Immunisation Program**, Department of Health and Human Services, Victorian Government Tel. **1300 882 008**
- **National Immunisation Hotline** Tel. **1800 671 811**
- **Pharmacist**
- **Adverse Events Following Immunisation – Clinical Assessment Network (AEFI-CAN)** Tel. **1300 882 924** to report an unexpected or serious reactions to vaccination; the line is attended between 9 am and 4 pm and you can leave a message at all other times

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This page has been produced in consultation with and approved by:

Department of Health and Human Services - RHP&R - Health Protection - Communicable Disease Prevention and Control Unit

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