



CLINICAL DISEASE: MUMPS



Mumps is an acute, highly contagious disease caused by the mumps virus and is transmitted primarily from person-to-person by large respiratory droplets, but can also be spread by direct contact with infected nuclei droplets or saliva. The incubation period ranges from 16 to 18 days from exposure to onset of symptoms. Between 30% and 40% of infected persons are asymptomatic.

In patients with symptomatic infection, there is a short non-specific prodromal phase characterised by:

- myalgia
- headache
- malaise
- and low-grade fever

Within a day the patient complains about earache which is aggravated by chewing movements. Soon the patient develops the characteristic salivary gland swelling that occurs in 95% of symptomatic mumps cases. The parotid glands are most commonly involved, although other salivary glands may also be enlarged in approximately 10% of cases. The swelling can persist for up to 10 days. The disease usually resolves within a week.

The most common extra-salivary manifestation of mumps is the involvement of the central nervous system (CNS), being 3 times more likely to occur in male children than in females. CNS diseases associated with mumps include aseptic meningitis and fulminant encephalitis.

Complications do occur at higher rate in adults than in children. Orchitis is the most common complication in adult males and develops 7 days after parotitis and is characterised by severe testicular pain and swelling accompanied by nausea and vomiting, and headache. Recovery from orchitis might lead to sexual impotence and sterility. Oophoritis develops in 5% of post-pubertal women and is characterised by fever, nausea and vomiting, and adnexal pain. Sequelae are uncommon, although impaired fertility and premature menopause following mumps may occur. Infection during the first trimester of pregnancy may lead to increased frequency of spontaneous abortion, and is also associated with low birth weight.

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