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Mumps

Fact Sheet

Introduction

Mumps is an acute viral disease that causes fever and swelling of one or more salivary glands, especially the parotid glands below the ears. About one-third of infected people have no symptoms but can still spread the virus.

Mode of Transmission

Humans are the only known host, and it is transmitted by direct contact or airborne droplets with the saliva of the upper respiratory tract. Rarely could it spread via the urine of the infected individuals.

Incubation period

The incubation period is usually 16 to 18 days, although it may vary from 12 to 25 days.

Period of communicability

Mumps is contagious 3 days before and 9 days after the onset of symptoms.

Clinical manifestation

Mumps is characterised by tender, swollen parotid or other salivary glands, either on one or both sides (parotitis). However, it can also be asymptomatic or begin with nonspecific symptoms like low-grade fever, muscle aches, loss of appetite, malaise, and headache, which may appear days before parotitis. In unvaccinated children, 20–40% of infections are asymptomatic. Adolescents and adults are more likely to experience complications. Severe complications are rare. However, Mumps can lead to complications such as orchitis, oophoritis, mastitis, meningitis, encephalitis, pancreatitis, and hearing loss. Hearing loss is usually temporary and one-sided, but permanent deafness occurs in about 1 in 20,000 cases. In countries without mumps vaccination, mumps is a major cause of acquired pediatric hearing loss. Neurological complications like meningitis (<1–10%) and encephalitis (1 in 1,000 cases) are rare but more serious, with some cases resulting in

long-term effects. Complications like orchitis and oophoritis mainly occur after puberty, and severe disease is more common in unvaccinated adults. Immunity acquired after contracting the disease is usually long-term.

Treatment

There is no specific treatment for Mumps, and usually symptomatic treatment is given.

Prevention

1) Pre-exposure Immunization

Immunisation with the mumps vaccination will prevent the occurrence of Mumps. Mumps vaccines are available, either as monovalent or in combination with the measles and rubella vaccine (MMR vaccine) or measles, rubella and Varicella vaccine (MMRV). The vaccines are highly protective and without significant adverse effects. All individuals are recommended to receive two lifetime doses of the mumps-containing vaccine.

At present mumps vaccine is available only in combination with the measles and rubella vaccines as the MMR vaccine in Sri Lanka. Currently, the measles-mumps-rubella (MMR) vaccine is scheduled for all children at 9 months of age and the measles-mumps-rubella (MMR) vaccine at 3 years of age. Any susceptible individual who is more than 9 months of age could be immunised with mumps mumps-containing vaccine at any age.

2) Isolation of cases and contacts

Persons diagnosed with mumps should remain at home during their infectious period (until nine days after the onset of symptoms). Preferably, all the contacts also should be quarantined for a period of more or less equivalent to the incubation period to prevent further spread of the disease.

3) Concurrent disinfection

Frequent hand washing using soap or an alcohol-based hand gel, non-sharing of eating utensils, towels and bed linen, and regular cleaning of frequently touched surfaces may minimise the spread among immediate contacts.

6) Investigation of contacts and the source of infection

Mumps is a notifiable disease in Sri Lanka. Upon notification, cases of mumps should be investigated by the MOH and his team. This should be followed by isolation of cases and contacts where necessary.