	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	MUMPS AIDE MEMOIRE	Review Date	December 2027
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Mumps Aide Memoire

Isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Care Checklist completed daily

Patient
Assessed
Daily

NO

It has been 5 days since the
onset of parotid swelling

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol based hand rub

PPE:

A fluid repellent Type 11R surgical mask and disposable yellow plastic apron should be worn for all routine care of the patient.

Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces.

Where there is a risk of splashing of blood/body fluids to the face, eye protection should be considered and worn during AGPs.

An FFP3 mask must be worn during AGPs and the appropriate fallow time after the procedure depending on the air changes in the room.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected


Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 17 days within a range of 14 - 25 days

Period of Communicability: 7 days before, until 5 days after the onset of parotid swelling

Transmission route: direct, indirect droplet.



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Additional Information

<i>Clinical Condition</i>	<p>Mumps is a respiratory disease caused by a paramyxovirus. Following an incubation period of 16 to 18 days (range between 12 to 25 days) symptoms will develop. Clinical features include fever and headache (day 1- 6) followed by swelling of the parotid glands on one or both sides which usually lasts for up to 10 days or more. Up to 30% of cases in children have no symptoms. Occasionally complications other than diagnostic symptoms can present including aseptic meningitis, transient hearing loss, pancreatitis or orchitis</p> <p>If a clinical case of mumps is suspected, clinicians should seek advice from a paediatric/ adult ID physician.</p> <p>Mumps is a vaccine preventable disease and is part of the normal childhood vaccination schedule.</p> <p>Period of Infectivity: Two days before symptom onset and up to nine days afterwards.</p>
<i>Mode of Spread</i>	<p>The virus is present in saliva and respiratory secretions.</p> <p><u>Droplet transmission</u> – droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected case land on the mucous membranes of the eyes, nose or mouth of a susceptible person.</p> <p><u>Direct contact</u> – Direct contact with the saliva of an infected person.</p> <p><u>Indirect contact</u> – Hands touching a contaminated surface then touching the mucous membranes of the eyes, nose or mouth of a susceptible person.</p>
<i>Specimens required</i>	Mouth/ buccal swab in viral medium.
<i>Persons most at risk</i>	<p>Anyone without immunity to the mumps virus. A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity.</p> <p>Mumps in adulthood is more likely to cause severe disease.</p>
<i>Visitors</i>	<p>Clinical staff should explain the risk of Mumps exposure to visitors.</p> <p>A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity. Close contacts of the patient who are not immune could potentially be incubating the infection and should be advised against visiting. Contact the IPCT for advice.</p>