Glandular fever

Glandular fever (also known as infectious mononucleosis) is an infection caused by the Epstein-Barr virus (EBV). This virus belongs to the herpes group, and like other varieties of herpes, it can infect a person without causing any symptoms. It is very common and by the age of 40, most adults carry EBV in their blood, showing they have been infected at some time.

When symptoms do occur, most people recover from glandular fever within a few weeks. In a very small number of cases, however, it can lead to serious complications.

Who is most likely to get glandular fever, and how?

The symptoms are most likely to develop if the infection takes place during adolescence or young adulthood. The virus is contagious - it is passed from one person to another in saliva (hence its popular name “the kissing disease”). However, kissing is not the only means of spreading the infection. Coughing and sneezing can leave droplets of infected mucus or saliva suspended in the air to be inhaled by other people. Sharing food or drink from the same container as an infected person can also spread the virus. In rare cases, blood transfusions have been known to spread the infection.

The symptoms of glandular fever

Once a person has been infected, the symptoms take about 4-6 weeks to appear. They generally include one or more of the following:
- a sore throat
- swollen tonsils
- swollen lymph nodes (“glands”) in the neck or - less commonly - in the armpits and groin
- fever
- flu-like symptoms with a temperature, aches and pains, headaches and loss of appetite
- fatigue, which may be intense
- a rash, which is usually not itchy
- swollen eyes

Most of these symptoms disappear after 2-4 weeks although the fatigue can last for several weeks or months, and may cause the person affected to feel low or dispirited. Once recovered, however, people don’t usually get glandular fever again.

Possible complications:

These are very rare but include swelling and possible rupture of the spleen, hepatitis (inflammation of the liver) causing jaundice and anaemia (a deficiency of red blood cells).

Diagnosis

If the symptoms suggest you, or your child has glandular fever, consult your GP. Glandular fever can usually be diagnosed with a blood test, known as a Paul Bunnell or Monospot test. If for any reason this test is inconclusive, additional blood tests, such as EBV antibody tests, can be done. In addition, a throat swab (a sample of saliva and mucus taken from the throat) can rule out other throat infections.

Treatment

There is no specific medical treatment for glandular fever - see advice on home treatment, below. As glandular fever is a viral illness, antibiotics have no effect. The body’s own immune system produces antibodies to fight viruses. GP sometimes mistake the symptoms of glandular fever for a bacterial infection and prescribe antibiotics, which can result in a widespread rash. Occasionally, if the tonsils become enlarged enough to interfere with swallowing or breathing, a stay in hospital and treatment with steroids may be necessary. Surgery is extremely rare and only necessary if the spleen ruptures and has to be removed.

Home treatment:
- rest at home and drink plenty of fluids, especially water and fruit juices
- avoid stress and vigorous exercise, which can delay recovery (for this reason, glandular fever can present a real problem to students at examination time)
- avoid contact sports for 6-8 weeks as the spleen may be enlarged
- adults can take paracetamol, ibuprofen or aspirin for fever and headaches, and gargle with aspirin to help reduce the discomfort of a sore throat. Children under 12 must not be given aspirin and recent advice suggests it should be avoided for teenagers too. Paracetamol or ibuprofen formulations are preferable and liquid formulations (eg Panadol or Nurofen) are available for children

The virus is present in the throat during infection and for up to a year afterwards. Once the infection has passed it tends to remain dormant for a long period although it can reactivate.
How to prevent spreading glandular fever

There is currently no vaccine to prevent glandular fever. To prevent spreading the virus:

– avoid kissing and any close contact with someone who is currently or has recently been infected
– do not share crockery, clothing or towels with someone who is known to have glandular fever

Further information

Association of Medical Microbiologists

National Center for Infectious Diseases
http://www.cdc.gov/nchcdd/publications/ebv.htm

Public Health - Department of Human Services, Victoria, Australia

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This leaflet is for information only. For a detailed opinion or personal advice, please consult with your own doctor.