

Parents' Guide to Childhood Immunization

Mumps

Mumps is best known for the swelling of the cheeks and jaw that it causes, a result of inflammation of the salivary glands. Mumps also causes a fever and headache.

It is usually a mild disease, but it leads to meningitis in about 1 child in 10 who get the disease. It can occasionally cause encephalitis, deafness (about 1 in 20,000 cases), or even death (about 1 in 10,000 cases).

MMR Vaccine Side Effects



Some children (about 1 in 5) get a mild rash or fever after MMR vaccine.

These reactions begin a week or two after the vaccination and usually last for 1–3 days.

About 1 child in 7 may get swollen lymph glands, and 1 child in 100 may have pain or stiffness in the joints that can last from a few days to a few weeks. There is a smaller risk of painful **swelling of the joints** (arthritis). These joint symptoms occur more often in adults, especially women. **Febrile seizures** (seizures caused by a fever) have occasionally been reported after MMR vaccination. These usually happen 1 or 2 weeks after the shot and are caused by the fever than can accompany the vaccination rather than by the vaccine itself. Children recover from febrile seizures quickly and they do not cause permanent harm. There have been reports of children getting **encephalitis** (inflammation of the brain) after an MMR shot. This happens so rarely — less than once in a million shots — that experts can't be sure whether the vaccine is the cause or not. Remember, though, that if the same million children were infected with measles, about 1,000 of them would get encephalitis.

MMR Vaccine Precautions

In addition to the normal precautions for all vaccines, shown on page 30, children who are known to have a **severe allergy to gelatin** or the antibiotic **neomycin** should not get MMR. A child who has a **suppressed immune system**, either because of a disease such as cancer or HIV infection or a medication such as steroids, should be evaluated by a doctor before getting MMR.

A child who has recently gotten a **transfusion or other blood product** might have to wait up to several months before getting MMR. Two live vaccines (for example, MMR and varicella) may be given on the same day or separated by at least 4 weeks. But they should not be given less than 4 weeks apart, because they might interfere with each other. MMR and inactivated (killed) vaccines may be given together, or at any time in relation to each other. Children who have gotten MMR vaccine cannot infect people they come in contact with.

Combination Vaccines

Several vaccines are sometimes combined into a single shot. These are called combination vaccines. Some combination vaccines are used routinely - DTaP is a combination; so is MMR. There are currently four other combination vaccines available for children. One combines DTaP and Hib vaccines; the second Hib and hepatitis B; the third combines DTaP, hepatitis B, and polio, and the fourth combines measles, mumps, rubella and varicella. The advantage of combination vaccines is, of course, that your children get the protection of all the component vaccines while getting fewer injections. Each of these vaccines has certain restrictions, and not all providers carry them. But ask your provider about them if you are interested in reducing the number of shots your child needs.

http://www.cdc.gov/vaccines/vpd-vac/mumps/downloads/pg_why_vacc_mumps.pdf