

# Mononucleosis (Mono)



Mononucleosis (mono) is caused by the Epstein-Barr virus. Mono is best known for causing swollen glands, a sore throat, and tiredness. But it can cause other symptoms as well. Mono is most likely to occur in older children, teens, and those in their early to mid-20s. Younger children are much less likely to get as sick if they are exposed to the virus. Most people with mono recover without any problems. But the illness can take a long time to go away. In some cases, mono can cause prolonged tiredness (fatigue) or problems with the liver, spleen, or heart. So, it's important to diagnose mono and to watch your child carefully.

## How mono is spread

Mono can be easily spread from an infected person's saliva to an uninfected person by:

- Sharing foods and drinks
- Sharing a straw, cup, toothbrushes, and eating utensils
- Kissing and close contact
- Handling toys that had contact with a child's drool

## Symptoms of mono

Common symptoms of mono include:

- Tiredness, weakness
- Fever
- Sore throat
- Sore or swollen lymph nodes in the neck or armpits
- Swollen tonsils
- Rash
- Sore muscles or stiffness
- Headache
- Loss of appetite, upset stomach (nausea)
- Dull pain in the stomach area
- Enlarged liver and spleen
- Puffy eyes
- Sensitivity to light

## Treating mono

Mono is a viral infection. So, antibiotics won't cure it. Your child's healthcare provider may prescribe medicines to help ease your child's pain or discomfort. The best treatment for mono is rest. A child with mono should also drink lots of fluids. To help your child feel better and recover sooner:

- Make sure your child gets enough rest.
- Give plenty of fluids.
- The spleen may become enlarged with mono. Your child may need to not do any contact sports or heavy lifting for a while. This is to prevent injury to the spleen. Discuss this with your child's healthcare provider.
- Treat fever, sore throat, headache, or aching muscles with acetaminophen or ibuprofen. Your child's healthcare provider or nurse can help you with the correct dose. At times the provider will prescribe other treatments, such as steroids to control symptoms. Don't give aspirin (or medicine that contains aspirin) to a child younger than age 19 unless directed by your child's provider. Taking aspirin can put your child at risk for Reye syndrome. This is a rare but very serious disorder. It most often affects the brain and the liver.

Symptoms often last for a few weeks. But they can sometimes last for 1 to 2 months or longer. Even after symptoms go away, your child may be tired or weak for some time.

## Preventing the spread of mono

While you're caring for a child with mono:

- Wash your hands often with soap and clean, running water (warm or cold) , especially before and after tending to your sick child. Wash your hands for at least 20 seconds each time.
- Teach your child correct handwashing and when to wash their hands.
- Watch your own health and that of other family members who might be at risk.
- Clean dishes and eating utensils used by a sick child separately in hot, soapy water. Or run them through the dishwasher.

## When to get medical care

Call your child's healthcare provider right away if your otherwise healthy child:

- Has a fever (see "Fever and children" below)
- Has had a seizure caused by the fever
- Has difficult or very fast breathing
- Can't be soothed or shows signs of being grouchy or restless
- Seems abnormally drowsy, listless, or unresponsive
- Has trouble eating, drinking, or swallowing
- Stops breathing, even for an instant
- Shows signs of severe chest, neck, or belly pain

## Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal

temperature.

- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

**Fever readings for a baby under 3 months old:**

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

**Fever readings for a child age 3 months to 36 months (3 years):**

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

**Call the healthcare provider in these cases:**

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° F (38° C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

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