

activity period varies. A rule of thumb is no competitive contact sports such as basketball and football for one to two months after the acute phase of mono while less strenuous non-contact sports (i.e., jogging or swimming) are safely done sooner.

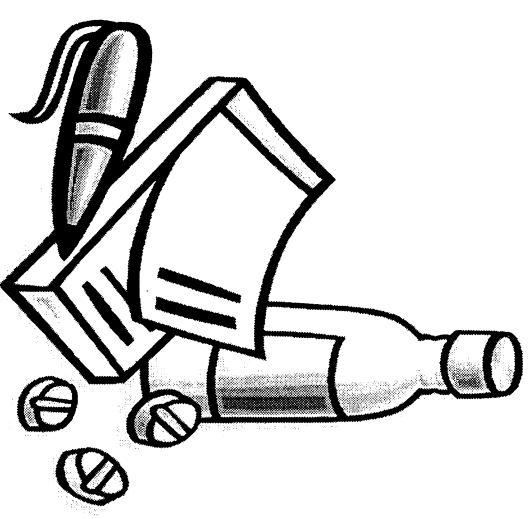
Can I Drink Alcoholic Beverages?

Most sufferers of infectious mononucleosis have slight liver enzyme changes indicating a mild inflammatory process in the liver. Since alcohol is toxic to the liver and causes inflammation, it makes sense to refrain from drinking during the acute phase of the disease and for at least a month afterwards. Only those people who develop jaundice from mono need to refrain from alcohol for an additional six to twelve months.

Summary

A fair amount is known about infectious mononucleosis, but no intervention exists to change the course of the disease. All therapy is directed at decreasing discomfort or treating complications. Most of the advice given to patients is common sense. If a person feels symptoms are present, it is appropriate to seek the advice of a health care provider.

What Is Mono ?



MCC Health Services
Building 3-165
(585) 292-2018

Adapted from UHS
University of Rochester

What Is "Mono"?

Mono commonly refers to a generally benign, self-limited, viral illness otherwise known as infectious mononucleosis. This illness is caused by the Epstein-Barr virus (EBV), a member of the herpes virus family. Common symptoms of mono include fever, muscle aches, enlarged and tender lymph nodes, sore throat, and severe fatigue. A related virus, Cytomegalovirus (CMV), may occasionally cause a syndrome similar to mono.

How Did I Get "Mono"? Will I Give It To My Roommate?

Mono is prevalent on college campuses and occurs throughout the school year. It is spread through oral secretions, explaining why mono is sometimes known as the "kissing disease." Susceptible roommates of mono sufferers rarely acquire the disease because it is not particularly contagious through routine contact. The virus is shed in oral secretions beginning in the second week of the illness; shedding of small amounts of virus may continue for three to six months. A majority of cases probably are contracted by intimate contact between susceptible people and healthy people who continue to shed the virus.

The incubation period (the time from contact with the virus until the sickness starts) for infectious mononucleosis averages 30-45 days. Isolation of mononucleosis patients to protect others is not recommended nor is it practical for such a prolonged period. An individual who has had mono is usually permanently protected against subsequent infection.

How Long Will I Be Ill?

There is a wide range in the severity of mononucleosis symptoms and the length of recovery will vary accordingly. Many people begin to feel tired and ill one to two weeks before the diagnosis is made. Fever and acute illness, accompanied by swollen glands and sore throat, usually last one to two weeks; fatigue may continue for two to three months beyond the acute stage. People who are strongly motivated to return to normal activity recover more quickly than those who "baby" themselves, so it is usually recommended that a student gradually return to classes after the acute illness has passed. Few students need to sacrifice a semester because of mono.

How Is "Mono" Diagnosed?

The health professional usually suspects infectious mononucleosis by clinical findings and confirms the diagnosis with a Monospot test. This simple blood test identifies specific antibodies caused by mono; however, it may take two or three weeks after the onset of symptoms for the test to become positive and in a small percentage of mono patients it may remain negative. Positive test results usually continue for three to six months, but in some cases may last for up to one year after illness.

A second laboratory clue to diagnosis is the white blood cell count or WBC. Early in the disease, the WBC may be increased but becomes normal or low with increased numbers of lymphocytes, specifically atypical or "reactive" lymphocytes, by the second or third week of illness.

Are there any complications of "Mono"?

In most cases, the spleen enlarges and a mild abnormality of the liver enzymes occurs. Potential, but rare, complications from these symptoms are increased risk of splenic rupture and inflammation of the liver (hepatitis) with jaundice.

About 25% of patients with mono will have a concurrent streptococcal throat infection which can be diagnosed only by a throat culture. In general, the frequency of severe complications of mono is very low.

What is considered appropriate care?

Increased rest and acetaminophen (Tylenol) to decrease the fever and muscle aches is the accepted method of treating mono. An antibiotic is also prescribed when the mono sufferer has a streptococcal throat infection. A student with high fever and malaise may be encouraged to spend a few days at home until the fever ends.

Controversy exists about the use of corticosteroids ("steroids") in the treatment of mono. Studies show steroids are beneficial in decreasing severe swelling in the throat. If swallowing becomes a problem, a short course of steroid therapy may be advised. Because symptoms may recur when therapy is terminated, routine use of steroids should be avoided.

When Can I Participate In Sports?

It is common medical practice to restrict participation in sports while convalescing from mono because of the risk of splenic rupture. The length of the restricted