



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Parent information leaflet: Acute EBV infection (glandular fever) in children and young people

What is glandular fever?

Glandular fever (also called **infectious mononucleosis**) is an illness most commonly caused by the **Epstein–Barr virus (EBV)**. EBV is very common.

- In **younger children**, EBV often causes mild symptoms or none at all.
- In **teenagers and young adults**, it is more likely to cause the typical glandular fever illness.

How do you catch it?

EBV spreads mainly through **saliva** (spit), for example:

- Kissing
- Sharing drinks, bottles, cups, straws, cutlery, vapes, or toothbrushes

It is sometimes called the “kissing disease”, but children and young people can catch it through everyday close contact.

Incubation period: symptoms usually start **4–6 weeks** after exposure (sometimes a bit shorter/longer).

What symptoms should we expect?

Symptoms vary by age. Common features include:

- **Tiredness** (can be significant)
- **Fever**
- **Sore throat** (often quite painful)
- **Swollen glands** in the neck (sometimes armpits/groin)
- **Headache**, muscle aches
- Reduced appetite



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Other possible features:

- **Swollen tonsils** with white patches (can look like bacterial tonsillitis)
- **Snoring** or mouth breathing (from large tonsils)
- **Enlarged spleen** or liver (may cause tummy discomfort)
- **Rash** (more likely if certain antibiotics are given)

Most children and young people improve gradually over **2–4 weeks**, but **fatigue can last longer**, sometimes several weeks.

How is it diagnosed?

Often this can be diagnosed based on symptoms and examination. Blood tests may be used, such as:

- **Full blood count (FBC)** (may show a higher lymphocyte count, sometimes “atypical lymphocytes”)
- **Liver blood tests (LFTs)** (mild inflammation is common)
- **EBV blood tests (serology)** to confirm recent infection

(Some quick “mono spot” tests are less reliable in younger children and early illness.)

Your clinician will interpret results alongside symptoms, because early tests can sometimes be negative.

How is it treated?

There is **no specific cure** for EBV. Treatment is supportive:

- **Rest and pacing:** encourage breaks and gradual return to normal activity
- **Fluids:** small frequent drinks if throat is sore
- **Pain and fever relief:**
 - **Paracetamol** and/or **ibuprofen** (if suitable for your child)
 - Avoid aspirin in under-16s
- **Sore throat care:** warm drinks, ice lollies, honey (over 1 year), saline gargles (older children)

Antibiotics do not treat EBV, because it is a virus. Antibiotics are only used if a bacterial infection is also suspected.



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A note about antibiotics and rash

Some antibiotics (especially **amoxicillin/ampicillin**) given during EBV infection can trigger a widespread rash. This rash:

- Can look dramatic
- Does **not necessarily mean** your child has a true penicillin allergy

If this happens, tell your clinician so it can be documented appropriately.

Can my child go to school/college?

- Children can return when they feel well enough to manage the day and are **fever-free**.
- Many young people need a **phased return** because tiredness can linger.
- EBV can be present in saliva for weeks to months, so keeping someone off school until they are “no longer contagious” is not practical and is not usually recommended.

To reduce spread:

- Avoid sharing drinks/cutlery/toothbrushes.
- Good hand hygiene.

Sports and the spleen: important safety advice

EBV can cause the **spleen** (an organ under the left ribs) to swell. A swollen spleen is vulnerable to injury. A rare but serious complication is **splenic rupture**, usually linked to impact.

General guidance (may vary by clinician and individual):

- Avoid **contact sports, martial arts, rugby, football, hockey**, trampolining, and heavy lifting for **at least 3–4 weeks from symptom onset**, and until the child feels well and fever has settled.
- If the spleen is enlarged on examination, your clinician may advise a longer break.
- Ultrasound is not always needed; decisions are often based on symptoms and examination.

If your child has any restrictions, follow the plan given by your clinician/team.



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What complications should we watch for?

Most children recover without problems, but seek help if symptoms are severe or unusual. Possible complications include:

- Dehydration (due to severe throat pain)
- Breathing or swallowing difficulty due to large tonsils
- Liver inflammation (hepatitis) causing jaundice
- Anaemia or low platelets (rare)
- Splenic rupture (very rare)

When should we seek urgent medical advice?

Get urgent same-day medical review (or go to A&E) if your child has:

- **Breathing difficulty**, drooling, or cannot swallow fluids
- **Signs of dehydration** (very dry mouth, no urine for 8–12 hours, drowsiness)
- **Severe tummy pain**, especially **left upper abdomen**, pain in the left shoulder tip, dizziness, fainting, or collapse
- **Yellow skin/eyes (jaundice)**, very dark urine, or pale stools
- **Severe headache**, confusion, neck stiffness, seizures
- A persistent fever that is not improving, or your child appears very unwell

When should we arrange a routine follow-up?

Contact your GP/clinician if:

- Symptoms are not improving after **2–3 weeks**
- Tiredness is severe or persists beyond **4–6 weeks**
- Your child is struggling to return to school or usual activities
- There are recurrent fevers, weight loss, or night sweats

Recovery and reassurance

- Most children and young people make a **full recovery**.
- Fatigue can be the longest-lasting symptom; gentle pacing and a gradual return to normal activity helps.
- Once infected, EBV stays in the body in a dormant form, but this is normal and usually causes no problems.



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Enclosed is a link to further parent information:

Parent information on “My child is unwell – When should I see a doctor?”

<https://drwmuller.com/information-for-parents-carers/>

See: Emergencies: “When do I need to see a doctor urgently?”

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