MONONUCLEOSIS
(also known as “mono”, “infectious mononucleosis”, “glandular fever”, “kissing disease”, and Pfeiffer’s disease; caused by Epstein-Barr virus [EBV])

Date of Publication: March 11, 2013

Is the initiation of non-invasive dental hygiene procedures* contra-indicated? Potentially, if patient/client is acutely ill.

- Is medical consult advised? ........................................... If patient/client is febrile or has tonsillar exudate or has head/neck lymphadenopathy or has general malaise or any combination of the aforementioned signs/symptoms, refer to primary care provider (e.g., physician or nurse practitioner) for follow-up and definitive diagnosis (including possible blood test). Instruct patient/client to reschedule dental hygiene appointment when s/he feels well.

Is the initiation of invasive dental hygiene procedures contra-indicated?** Potentially, if patient/client is acutely ill.

- Is medical consult advised? ........................................... See above.
- Is medical clearance required? ..................................... No
- Is antibiotic prophylaxis required? ................................. No
- Is postponing treatment advised? .................................. Possibly; see above.

Oral management implications

- Mode of transmission is person-to-person spread by oropharyngeal route via saliva.
- No special precautions or isolation procedures are recommended, because the virus is frequently found in the saliva of healthy people. Many healthy people carry and spread the virus intermittently for life.
- Period of communicability may be prolonged; pharyngeal excretion may persist for a year or more after infection, and 15–20% of EBV antibody-positive healthy adults are long-term oropharyngeal carriers.
- In industrialized countries, age of infection is typically in older childhood and young adulthood (most recognized in high school and college students), whereas in developing countries infection is widespread in early childhood.
- In young children, the disease is generally mild and more difficult to recognize.
- Affected patients/clients should be advised not to share their toothbrushes to reduce transmission risk to others.

Oral manifestations

- Tonsillar exudate (white patches)
- Pharyngeal erythema
- Cervical lymphadenopathy (especially posterior)

Related signs and symptoms

- Fever, sore throat, swollen lymph nodes (particularly in the armpits), fatigue, general malaise, head and body aches, rash.
- Splenomegaly (swollen spleen) occurs in 50% of infected young adults, and liver involvement results in jaundice in 4%.
Disease/Medical Condition

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Related signs and symptoms (cont’d)

- Duration of signs/symptoms is typically one to several weeks; the disease is rarely fatal and is more severe in older adults.
- There is no specific treatment, other than management of signs/symptoms (e.g., non-steroidal anti-inflammatory medications [NSAIDs]).

References and sources of more detailed information

- HealthLinkBC
  https://www.healthlinkbc.ca/medical-tests/hw5179 (Mononucleosis Tests)
- Centers for Disease Control and Prevention
  https://www.cdc.gov/epstein-barr/index.html
  https://www.cdc.gov/epstein-barr/hcp.html
- DentistryIQ
  https://www.dentistryiq.com/dental-hygiene/clinical-hygiene/article/16352575/who-have-you-been-kissing-a-dental-hygiene-perspective-on-different-kissing-diseases

* Includes oral hygiene instruction, fitting a mouth guard, taking an impression, etc.

** Ontario Regulation 501/07 made under the Dental Hygiene Act, 1991. Invasive dental hygiene procedures are scaling teeth and root planing, including curetting surrounding tissue.

Date: December 10, 2012
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