

Hand, Foot and Mouth Disease

What is Hand, Foot and Mouth Disease (HFMD)?

Hand, foot, and mouth disease (HFMD) is a common viral illness of infants and children. The disease causes fever and blister-like eruptions in the mouth and/or a skin rash. HFMD is often confused with foot-and-mouth (also called hoof- and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related - they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

How do I become infected with HFMD?

Infection is spread from person-to-person by direct contact with the infectious virus. The infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.

The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.

What are the symptoms of HFMD?

- The disease usually begins with a fever, poor appetite, a vague feeling of being unwell, and often a sore throat.
- One or two days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over one to two days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

Who is most likely to get HFMD?

There are several viruses in the enterovirus group that can cause HFMD. Everyone who has not already been infected with one of these viruses is at risk of infection, but not everyone who is infected becomes ill with HFMD. After a person's first

exposure to one of these viruses, antibodies that protect against another infection from that specific virus develop. A second case of HFMD may occur following infection with a different member of the enterovirus group. Although HFMD can occur in adults, it's mainly seen in children under 10 years old because children are less likely than adults to have any of the protective antibodies.

What should I do if I think I have HFMD?

See your health care provider to discuss your concerns. A health care provider can usually tell the difference between HFMD and other causes of mouth sores by considering the patient's age, the symptoms reported by the patient or parent, and the appearance of the rash and sores. Lab tests to detect enterovirus usually take two to four weeks, so health care providers usually don't order tests.

What is the treatment for HFMD?

There is no specific treatment for HFMD, but symptoms can be treated to provide relief from pain from mouth sores and from fever and aches. Pain and fever can be treated with over-the-counter medications (caution: aspirin should not be given to children). Mouthwashes or sprays that numb can be used to lessen mouth pain. Fluid intake should be enough to prevent dehydration (lack of body fluids). If moderate-to- severe dehydration develops, it can be treated medically by giving fluids through the veins.

How can I protect myself from HFMD?

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices including:

- Washing hands frequently and correctly, especially after changing diapers and after using the toilet
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding one tablespoon of bleach to four cups of water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD.