Hand, Foot, and Mouth Disease (Commonly Enterovirus)

1. What is hand, foot, and mouth disease?
Hand, foot, and mouth disease (HFMD) is a common illness caused by a virus (most commonly Enterovirus 71 and Coxackievirus A16) in infants and children. It is rarely serious. Although it mainly occurs in children under 10 years old, adults may also be at risk. HFMD is not to be confused with foot-and-mouth disease of cattle, sheep, and swine, which is unrelated.

2. What are the signs and symptoms of HFMD?
HFMD begins with a mild fever, poor appetite, a sore throat, and general signs of a “cold.” A few days after the fever begins, sores develop in the mouth. The sores appear as red spots that turn into blisters on the tongue, gums, and inside of the cheeks. A skin rash may also occur which develops over 1-2 days and is characterized by flat or red raised spots that may blister. The rash does not itch and usually occurs on the palms of the hands and soles of the feet. A person with HFMD may have only the rash on the body or the mouth ulcers. Nearly all patients recover without medical treatment in 7-10 days.

3. Incubation period: 3 - 6 days.

4. Contagious period: Virus may be shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to < 1 week.

5. How does infection with HFMD occur?
HFMD is moderately contagious, and infection is spread from person to person by direct contact with nose and throat discharge or the stool of an infected person. HFMD is not transmitted to or from pets or other animals. A person is most contagious during the first week of the illness.

6. How can infection with HFMD be prevented?
A vaccine for the HFMD virus does not exist at this time; hygiene is the best prevention measure. This includes frequent hand washing, especially after diaper changes, and disinfection of contaminated surfaces with household cleaners. Children are often excluded from childcare programs, schools, or other group settings during the first few days of their illness, but these measures will not reduce disease transmission because some children shed the virus without symptoms, and other children may shed virus for weeks after recovery.

7. Is there a treatment for HFMD?
HFMD cannot be cured by medication, but treatment is available for symptoms such as fever or pain in the mouth from ulcers.

8. What are the circumstances in which HFMD could be significant?
Rarely, HFMD may be associated with serious infections such as: viral meningitis/encephalitis with fever, headache, stiff-neck; or a polio-like paralysis. The individual may need to be hospitalized.

9. Exclusion: None for children with the HFMD, unless they meet other exclusion criteria (see “General Exclusion Criteria”)

10. Readmission: Upon recovery, by school principal or principal’s designee.

11. Contacts and reporting: Non reportable, but consider sending letters to parents when there is an outbreak of HFMD. Call Nursing Services Communicable Disease Unit before any such notification to parents or staff.