

Hand, foot and mouth disease

What is hand, foot and mouth disease?

Hand, foot and mouth disease (HFMD) is a common infection that affects young children and causes a specific blistering rash of the hands, feet and mouth. It is usually caused by the Coxsackie A virus. It has a worldwide distribution with a tendency to occur in small epidemics. HFMD is commonly referred to as 'crèche disease' or 'child-care centre disease'.

How common is HFMD?

It is very common in children and occurs frequently among groups of children in child-care centres, kindergartens and schools. The incidence is greatest in summer and autumn. Although it usually occurs in children under 10 years of age, especially from 6 months to 3 years, it can also occur in older children and adults particularly younger adults.

What are the symptoms?

There is a prodromal (early stage) illness which is present before the rash appears and includes:

- malaise (i.e. feeling 'out of sorts')
- fever, usually of sudden onset
- sore throat
- poor appetite (anorexia)
- headache
- irritability, especially in small children
- abdominal pain (in some).

The rash appears after 1 or 2 days, and consists of the following:

- small red spots which progress to blisters and then become tender ulcers
- blisters (vesicles) in the gums of the mouth and around the mouth
- red lumps and blisters on the fingers and palms of the hand and on the toes and soles of the feet
- blisters may also appear on the limbs, the buttocks and also on the genitals.

Note:

- The illness usually lasts for 7 to 10 days.
- The diagnosis is made on the clinical appearance—special tests are usually unnecessary.
- The spots are similar to chickenpox but are not itchy.
- The ulcers in the mouth are painful.
- HFMD is NOT related to foot and mouth disease of animals.

How is HFMD spread?

It is transmitted by direct contact from person to person or by droplets spread in the air. The virus is passed out in the infected person's faeces and saliva for several weeks. The incubation period is 3 to 6 days and children are very infectious until the blisters have disappeared.

Is HFMD serious?

Usually not. Most children have a mild illness that is short lived and they recover in 4 to 6 days. The sore mouth can make the child miserable for a few days. The skin blisters and ulcers heal without scarring. There is a small risk of transmission to the fetus of a pregnant woman, especially in late pregnancy, not to the mother, and the fetus may develop complications.

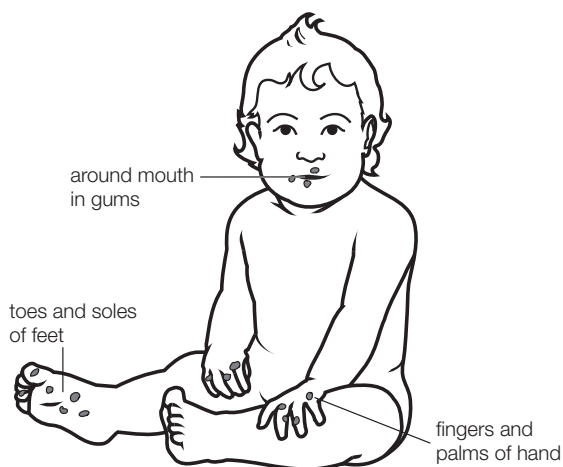
What about school or child care exclusion?

Exclusion is not recommended as it is not practical; the virus may be present in the faeces for several weeks.

What is the treatment of HFMD?

The infection is generally mild and can be treated symptomatically at home. Keep your child resting quietly until fever and other symptoms disappear.

- *Fever and pain:* Use paracetamol according to age especially for fever and a sore mouth.
- *Mouth ulcers:* Rinse the mouth with salt water ($\frac{1}{2}$ teaspoon of salt to one cup of water) after eating (if child can cope with rinsing). Avoid acidic (sour) foods that can cause stinging of mouth ulcers.
- *Distress and irritability:* If paracetamol is ineffective consider a mild sedative such as promethazine mixture.
- *Diet:* Encourage increased fluid intake (drinking with a straw may help) and soft acceptable foods including jelly, ice-cream, milk, custard, cordial drinks and ice blocks.
- *Hygiene:* Note the following points.
 - Parents and childcare workers should wash their hands carefully after handling the child's faeces, secretions from the nose or mouth or after contact with the skin.
 - Carefully and separately wash eating utensils or other objects that make oral contact with the patient or use disposable items to avoid transmitting the infection.
 - Boil bottle teats separately for 20 minutes before sterilising the formula in the bottles.



Sites of blisters