

Hand, Foot, & Mouth Disease

Dear Parent or Guardian,

You are being provided with this fact sheet:

☐ **because you or your child may have been exposed to hand, foot, and mouth disease (HFMD).** If you believe your child has developed HFMD, contact your medical provider. Notify your child care provider or preschool immediately after the diagnosis has been made.

☐ **for informational purposes only.**

What is hand, foot, and mouth disease?

Hand, foot, and mouth disease (HFMD) is a common illness among infants and children younger than 5 years of age. It is caused most often by the coxsackie A16 virus, although a few other viruses can also cause the disease such as enterovirus 71. It is most common in the summer and early fall. Although the name of this illness sounds similar to hoof-and-mouth disease of cattle, HFMD is a completely unrelated illness caused by a different virus.

What are the symptoms of hand, foot, and mouth disease?

HFMD begins with a low fever, poor appetite, and often a sore throat. One or two days after the fever, sores develop in the mouth, usually on the tongue, gums, and inside the cheeks. These sores begin as red spots and often develop into ulcers. A blistered rash may then appear on the palms of the hands, fingers, soles of the feet, and occasionally the buttocks. The fluid in these blisters contains the virus. A person with HFMD may have one or all of the symptoms. Some people may show no symptoms at all, but they can still pass the virus to others. The infection usually goes away without any serious complications within 7 to 10 days. In rare occasions, complications of viral meningitis or encephalitis may occur.

How is hand, foot, and mouth disease spread?

The virus can be passed through *saliva*, through the fluid from *blisters* on the hands and feet, and through the person's *feces*. A person is *most* contagious during the first week of the illness. The time between becoming infected and the start of symptoms is between 3 and 7 days. It is not transmitted to or from pets or other animals. Outbreaks of hand foot and mouth disease in child care facilities usually coincide with an increased number of cases in the community.

Who may become ill with hand, foot, and mouth disease?

HFMD can affect anyone. Most cases occur in children under 5 years old. Infection results in immunity (protection) to the specific virus that caused the illness. However, since HFMD can be caused by several different viruses, a person is not completely immune to the disease and can get a case of HFMD again.

How is hand, foot, and mouth disease diagnosed?

A physician usually distinguishes HFMD from other causes of mouth sores by the age of the patient, the symptoms reported, and the appearance of the rash and the sores. A throat swab or stool specimen is possible, but since the test takes 2 to 4 weeks to provide an answer it is usually not done.

Child Care Health Program

401 Fifth Avenue, Suite 1000 ■ Seattle, WA 98104-1818 ■ tel: 206-263-8262 ■ fax: 206-205-6236

Adapted from the Snohomish Health District

How is hand, foot and mouth disease treated?

No specific treatment is available for hand, foot, and mouth disease. Symptoms may be treated to provide relief from fever, aches, or pain from the mouth ulcers. Aspirin should not be used for infants, children or teenagers because they may be at risk for developing Reye Syndrome.

How can the spread of hand, foot, and mouth disease be reduced?

- Make sure that all children and adults use good handwashing practices especially after diaper changing or using the toilet.
- Thoroughly sanitize all toys, especially those that are put in the mouth. Any toy that a child has mouthed should be removed from the play area until it has been cleaned and sanitized. Wash toys first with soapy water and then rinse with water. Sanitize toys and other potentially contaminated surfaces.
- Avoid contact with nose and throat secretions (such as saliva, sputum, or nasal mucus), fluid in blisters, and stool of infected persons.
- Teach children to cover their mouths and noses when sneezing or coughing.

It is important to understand that the virus may still be excreted for weeks after the symptoms have disappeared. And, some persons may excrete the virus even though they have never had any of the symptoms. Therefore, maintaining good sanitation and hand washing is always important and should be routinely practiced.

Exclude from group setting?

If the child has been diagnosed with HFMD, they do not need to be excluded unless:

- the child is unable to participate comfortably in daily activities
- staff members determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group
- the child has excessive drooling from mouth sores and staff find it difficult to manage.
- the child meets other exclusion criteria, such as fever* *with* behavior change.

The child may return when they are fever free without the use of a fever-reducing medicine.

If not sure if the child should return, the child care provider may ask for a note from the child's health care provider.

* Fever is defined as: temperature above 100°F (37.8°C) under the arm or 101°F (38.3°C) orally.

Reference:

American Academy of Pediatrics

Managing Infectious Diseases in Child Care and Schools pages 99-100

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