



HAND, FOOT & MOUTH DISEASE

Hand, foot and mouth disease is a self-limited infection caused by the *Coxsackie A16* virus and enterovirus 71. Vesicular lesions (i.e., blisters) may appear in the mouth, on the sides of the tongue, inside the cheek and on the gums. Lesions may also occur on the palms, fingers, soles and buttocks. Most lesions persist for 7-10 days. A low-grade fever may accompany the illness for one to two days. The infection usually goes away without any serious complications.

Who gets this disease?

The infection is seen primarily in children under 10 years old but may also occur in adults. Outbreaks of hand, foot and mouth disease among groups of children in nursery schools and childcare centers during the summer and early fall are common.

How is it spread?

Having direct contact with nose and throat secretions of an infected person may spread the infection. It may also be spread by the aerosol droplet route (e.g., sneezing, coughing).

Additionally, the virus may also be spread by having contact with infected persons who may not seem sick (aka carriers) but are able to spread the infection since the virus may persist in the stool for several weeks after the acute illness is over.

What are the symptoms?

Vesicular lesions may occur in the mouth, on the sides of the tongue, inside the cheek and on the gums. Lesions also occur on the palms, fingers, soles and buttocks. Most lesions persist for 7-10 days. A low-grade fever may accompany the illness for one to two days.

How soon do symptoms appear?

People who are going to contract the infection usually do so three to six days after exposure.

Can a person have this disease without knowing it?

Yes. Infected persons who may not seem sick are able to spread infection. The virus may persist in the stool for several weeks after the acute illness is over.

How is it diagnosed and treated?

A healthcare provider may diagnose hand, foot and mouth disease based on clinical signs and symptoms. There is no specific treatment.

How can the spread of this disease be prevented?

1. Wash your hands thoroughly after using the toilet *and diapering a child*.
2. Wash hands thoroughly after handling respiratory discharges, stool and soiled articles of infected persons.
3. Discourage children from putting toys and other objects in their mouths.
4. Clean and disinfect toys and contaminated areas (e.g., diapering area, potty chairs, toilets) daily and when soiled.
5. Do not allow children to share drinking cups or eating utensils.
6. Teach children to sneeze and cough into a tissue, or into their elbow and away from other people.
7. Dispose of tissues and diapers properly; wash hands after sneezing, coughing, changing diapers and using the toilets.
8. Children may attend childcare if they feel well enough even if lesions are still present. In this situation, childcare staff should be especially careful to adhere to steps 1-7 above.
9. Grouping of symptomatic individuals, where practical, might be considered.

HAND, FOOT & MOUTH DISEASE (cont.)

Who should be excluded?

Exclusion from a childcare facility or school is not recommended. Special attention to hand washing after toileting is required.

Reportable?

No. Hand, foot and mouth disease are not reportable by New Hampshire law to the Division of Public Health Services, Bureau of Infectious Disease Control. However, Public Health Professionals are available for consultation at (603) 271-4496.