



HAND, FOOT AND MOUTH DISEASE (HFMD)

WHAT IS HFMD?

A disease caused by viruses belonging to the “enterovirus group”.

A common illness among infants and children younger than 5 years of age.

It can spread easily, is most common in the summer and early fall, and is usually not serious.

Although they sound similar, HFMD is different than foot-and-mouth disease, which is found in cattle, sheep, goats, and pigs.

WHO CAN GET HFMD?

Anyone can get HFMD, even if they have had it before. Most cases occur in children under 5 years of age.

WHAT ARE SYMPTOMS OF HFMD?

- Fever
- Mouth ulcers that can lead to pain with swallowing.
- Skin rash that begins as red spots and often develops into fluid-filled blisters that can appear anywhere on the body, but which usually appear on the palms of hands, fingers, and soles of feet.
- Most symptoms go away in 7 to 10 days.
- Some people may show no symptoms at all, but they can still pass the virus to others.

HOW IS HFMD SPREAD?

The virus(es) can be found in droplets from coughs, sneezes, and runny noses; fluid from blisters or scabs; fluid or drool from mouth sores; stool (poop).

The virus(es) can spread when a person who has HFMD coughs or sneezes and another person breathes in the droplets; touching an object or surface that has the virus on it and then touching the mouth, eyes, or nose; sharing utensils or cups with someone who has HFMD.

Animals and pets cannot get or spread HFMD unless secretions are on their fur.

A person can spread HFMD for weeks, even after symptoms go away.

HOW IS HFMD DIAGNOSED?

A healthcare provider can typically diagnose HFMD based on a person’s symptoms.

A healthcare provider can test for HFMD with a throat swab or stool sample; however, it can take 2 to 4 weeks for results and is usually not done for this reason.

HOW IS HFMD TREATED?

There is no specific medication to treat HFMD, but symptoms can be treated to alleviate some symptoms; (like ibuprofen or stronger pain meds). Talk with your healthcare provider about treatment options.

Infants aged 3 months or younger with a fever of 100.4F or higher should be seen by their healthcare provider.

Since the mouth sores can be painful, children might not want to eat or drink; ensuring that children get enough fluids can help prevent dehydration.

Talk with your child’s healthcare provider if you have any concerns about your child’s symptoms. Contact your child’s healthcare provider immediately if your child,

- Is showing signs of dehydration (fewer wet diapers, less urine than usual, more tired than normal, dizziness, dry tongue or lips, fewer tears), or
- Has a severe headache or stiff neck, as **rarely**, a viral meningitis may develop.

HOW CAN I HELP PREVENT HFMD?

Wash hands often, especially after diaper changes, using the toilet, sneezing, coughing, or wiping noses.

Cover your nose and mouth when coughing or sneezing.

Avoid touching your eyes, nose, and mouth.

Avoid sharing cups, eating utensils, food, and drinks with anyone who has HFMD.

Thoroughly clean toys and other objects children put into their mouths with soap and water.

Clean and disinfect household surfaces.



DOES MY CHILD NEED TO STAY HOME FROM CHILDCARE/SCHOOL?

YOUR CHILD SHOULD NOT ATTEND CHILDCARE/SCHOOL IF ONE OF THE FOLLOWING APPLIES:

- They have mouth sores with drooling.
- They have a fever (100.4F or higher) along with other HFMD symptoms.
- They have oozing, fluid-filled blisters.
- They do not feel well enough to participate in classroom activities (for example, unusually tired, cranky or fussy, or crying more than normal.)