



Health Fact Sheet : Hand Foot and Mouth Disease - Coxsackie Virus

Hand foot and mouth disease (HFMD) is a viral infection. It is not linked to the foot and mouth disease that affect animals. HFMD is mainly seen in children under the age of 10 or in young adults. It is easily spread from one person to another.

What is the incubation period?

The incubation period (this is from exposure to a case to development of the first signs and symptoms of the disease) is three to five days.

It is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

What are the symptoms?

- The disease usually begins with a fever, poor appetite, malaise, and frequently with a sore throat.
- One or 2 days after fever onset, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. They are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days with flat or raised red spots, some with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may not have symptoms, or may have only the rash or only mouth ulcers.





How is it spread?

- Hand, foot and mouth disease is usually spread from person- to -person through faecal contamination (which can occur when changing a nappy or using the toilet and not properly washing hands afterwards), or spread through respiratory secretions (saliva, sputum, or nasal mucus) of an infected person. It is also spread by secretions from the mouth or respiratory system, and by direct contact with the fluid from blisters.
- With small children, sharing of toys that may have been in another's mouth can also spread infection.
- It usually takes between three and five days after contact with an infected person before blisters appear. The viruses can remain in faeces for several weeks.

Preventing spread of the disease

- Children should be kept away from school whilst unwell. However, there is no need to keep a child away from school until the last blister has disappeared providing he/she is otherwise well.
- A good standard of hand, personal and food hygiene should be maintained and care when handling articles contaminated with respiratory secretions or faeces, i.e. handkerchiefs, tissues, nappies etc., should be encouraged. Hands should be washed after contact with any of the above. These, of course, are measures which should be encouraged at all times to prevent this and many other infections.

Is there any effective treatment?

No specific treatment or immunization is given for this disease.

- Paracetamol will relieve fever and discomfort. Do not give children aspirin.
- Allow blisters to dry out naturally. The blisters should not be deliberately burst because the fluid within them is infectious.
- If a person has mouth sores, it might be painful to swallow. However, it is important for people with hand, foot, and mouth disease to drink enough liquids to prevent dehydration (loss of body fluids). If a person cannot swallow enough liquids, they may need to receive them through an IV in their vein.
- If the headache is severe, if fever persists, or if you are worried about other symptoms, consult a doctor.

Key Points

- Children should remain away from school until they feel well. Regular hand washing and drying should be encouraged.