

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 health care provider. Notify your child care provider or preschool if a diagnosis of HFMD is made.

for informational purposes only.

What is hand, foot, and mouth disease?

Hand, foot, and mouth disease (HFMD) is a common viral illness among infants and children younger than 5 years of age. It is most common in the summer, and fall. Although the name of this illness may sound scary, HFMD is generally a mild illness caused by a different virus.

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

Symptoms of HFMD include small blisters that are most commonly found on the hands, feet, and buttocks. Blisters may also be present inside the mouth, which can make it difficult to eat or drink. Other symptoms include a low-grade fever*, sore throat, runny nose or cough. 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, but may stay contagious for several weeks afterwards. 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, but most cases occur in children under 5 years old. Adults have typically been exposed to the viruses causing HFMD earlier in life and are less likely to get it as adults. 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 similar diseases by the age of the patient, the symptoms reported, and the appearance of the rash and the sores.

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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. *Never give aspirin to a child*, as this has been associated with Reye Syndrome.

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

- 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.
- Make sure that all children and adults use good handwashing practices especially after diaper changing or using the toilet.
- 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. Some persons may excrete the virus even though they have never had any 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.

* Fever is defined as a temperature above 101°F (38.3°C) by any method or above 100.4°F (38.0°C) for infants younger than 2 months old.

References:

American Academy of Pediatrics

Managing Infectious Diseases in Child Care and Schools, 4th ed.

American Academy of Pediatrics, (website)

Hand, Foot and Mouth Disease: Parent FAQ. Accessed December 2020.

Centers for Disease Control & Prevention (Website)

Hand, Foot and Mouth Disease (HFMD). Accessed December 2020.

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