



You are being provided with this fact sheet:

- because you or your child may have been exposed to HFMD. If you believe your child has HFMD contact your health care provider. Notify your childcare 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 typically younger than 5 years of age but may also occur in older children and adults. 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 may include a skin rash with small blisters that are most found on the hands, feet, and buttocks. Blisters may also be present inside the mouth; on gums, on the tongue, inner cheeks and roof of the mouth, which can make it difficult to eat or drink. Other symptoms include a low-grade fever*, sore throat, runny nose, increased drooling 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.

Children with hand, foot, and mouth disease need to drink plenty of fluids. Call your pediatrician now or go to the ER if you suspect your child is dehydrated.

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 (poop). 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 childcare 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 several different viruses can cause HFMD, a person is not completely immune to the disease and can get a case of HFMD again.

How is hand, foot and mouth disease treated?

This is no specific treatment 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's 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 with a tissue when available, or elbow or upper sleeve when sneezing or coughing. Dispose of tissues and preform hand washing immediately after use.

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 never had any symptoms. Therefore, maintaining good sanitation and hand washing is always important and should be routinely practiced.

Exclude from group setting?

Hand-foot-and-mouth disease is highly contagious, people with the illness should limit their exposure to others while they have active signs and symptoms. Children or staff with active symptoms of hand-foot- and-mouth disease should be excluded if they have many open blisters that cannot be covered, until fever is resolved without the use of fever reducing medications and mouth sores are healed.

Exclusion from child care or school will not reduce the spread of hand, foot, and mouth disease because children can spread the virus even if they have no symptoms and the virus may be present in the stool for weeks after the symptoms are gone

* 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](#), 6th ed.

American Academy of Pediatrics, (website)

[Hand, Foot and Mouth Disease: Parent FAQ](#). Accessed December 2023.

[Hand, Foot & Mouth Disease: Parent FAQs - HealthyChildren.org](#)

Centers for Disease Control & Prevention (Website)

[Hand, Foot and Mouth Disease \(HFMD\)](#). Accessed December 2023.

[Hand, Foot, and Mouth Disease | CDC](#)

Mayo Clinic, (website)

[Hand-foot-and-mouth disease](#), Accessed December 2023.

[Hand-foot-and-mouth disease](#)

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