



What is hand, foot and mouth disease?

Hand, foot, and mouth disease is a common but highly contagious infection in children caused by enteroviruses, including coxsackieviruses. While generally a mild illness, some children will have fever, sore throat and tiredness and blisters which can be uncomfortable. It mainly occurs in children under 10 years of age but can also occur in older children and adults. **It is not related to the foot and mouth disease that affects animals.**

What are the symptoms?

- Hand, foot and mouth disease starts with blisters that begin as small red dots which later become ulcers. Blisters appear inside the cheeks, gums, and on the sides of the tongue, as well as on the palms of the hands and soles of the feet. In infants, blisters can sometimes be seen in the nappy area. Blisters usually last for seven 7 to 10 days.
- Children can sometimes have a low fever, sore throat, tiredness, and feel off colour, and may be off their food for a day or two.
- Very rarely, enteroviruses can cause other illnesses that affect the heart, brain, lining of the brain and spinal cord (meningitis), lungs, or eyes.

How is it spread?

- Hand, foot and mouth disease is usually spread by person-to-person contact. The virus is spread from the faeces of an infected person to the mouth of the next person by contaminated hands. It is also spread by secretions from the mouth or respiratory system (often through sneezing and coughing), by direct contact with the fluid from blisters, and via objects or surfaces with the virus on them.
- 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.

Who is at risk?

- The viruses that cause hand, foot and mouth disease are common and particularly affect children.
- Hand foot and mouth disease can spread easily and quickly within households, particularly among children.
- Many adults, including pregnant women, are often exposed to them without symptoms. There is no clear evidence of risk to unborn babies from hand, foot and mouth disease. However, infected mothers (and siblings) can pass the infection onto newborn babies who rarely can have severe disease.
- Outbreaks may occur in child-care settings.

How is it prevented?

Good hygiene is the best protection:

- Wash hands with soap and water and thoroughly dry them after going to the toilet, before eating, after wiping noses, and after changing nappies or soiled clothing.
- Avoid sharing cups, eating utensils, items of personal hygiene (for example: towels, washers and toothbrushes), and clothing (especially shoes and socks).
- Thoroughly wash any soiled clothing and any surfaces or toys that may have been contaminated.
- Teach children about cough and sneeze etiquette:
 - Cover coughs and sneezes with a tissue. Coughing into an elbow is better than coughing into your hands.
 - Dispose of used tissues in the bin straight away.
 - Wash your hands afterwards with soap and water and thoroughly dry them,
 - if handwashing facilities are not available use an alcohol-based sanitiser or antibacterial wipe to clean hands.
- Keep sick children at home while unwell.

How is it diagnosed?

Your doctor can diagnose hand, foot and mouth disease based on the symptoms. Laboratory tests are not usually necessary.

How is it treated?

- Usually, no treatment is needed. 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.
- Make sure young children are drinking enough, as painful mouth sores can make some children reluctant to swallow liquids.

What are the signs of a serious infection?

Signs that an infant or older child might have a more serious form of hand, foot and mouth disease include any of the following:

- persistent fever (38°C or above for 72 hours or more),
- abnormal movements / jerking movements,
- rapid breathing,
- excessive tiredness, drowsiness,
- excessive irritability,
- difficulty walking.

If any of these signs are present, then the child should be seen by a doctor urgently even if they have been checked earlier in the illness.

Blisters in the mouth may also make it painful for children to swallow fluids. If a child continues to refuse fluids by mouth they should also be seen by a doctor.

How long should children stay away from childcare and school?

- Children with hand, foot and mouth disease should be excluded from school or childcare facilities until their blisters have dried-up, and any rash (if present) has gone and any fever has settled.
- During this exclusion period they should also avoid activities and places where they will be in contact with others such as swimming lessons and playgrounds/centres, to avoid spreading this very contagious disease.

What is the public health response?

Hand, foot and mouth disease is not notifiable under the Public Health Act. However, to help prevent spread parents should report the illness to the director of the childcare centre or the school principal.