

Hand, Foot and Mouth Disease (HFMD) FAQs

with thanks to Wisconsin and North Dakota Departments of Public Health

What is Hand, Foot and Mouth Disease (HFMD), aka: Enteroviral vesicular stomatitis exanthem

HFMD is a mild viral illness caused by the Coxsackie virus that can occur at any age but most often in children under age 10. It is characterized by vesicles (small blisters which contain clear fluid) that occur inside the mouth (on the cheeks, gums and tongue), on the hands (palms) and feet (soles) but can also be found on the face, extremities, and buttocks. On rare occasions persons with the virus may develop viral meningitis (inflammation of the covering of the brain). Infants who develop oral vesicles may stop nursing and become dehydrated. Most cases of HFMD occur in summer and fall but can occur anytime.

Who is at risk for HFMD?

Everyone but it usually occurs in children younger than 10 years of age. Persons taking medications or having medical conditions lowering their immune system's ability to fight infection are also at higher risk. Not everyone who is exposed to it or infected with it becomes ill.

What are the symptoms?

HFMD often begins with a sore throat, a feeling of illness and fatigue (malaise) and a mild fever that can last from 1-3 days. Vesicles form in the mouth and may later appear on the feet, hands and other body parts, and may persist for 7-10 days.

How soon do symptoms appear?

Symptoms usually appear 3-6 days after exposure but may appear sooner since the actual time of exposure in outbreaks is often unclear.

How and when is a person able to spread HFMD?

A person with HFMD can transmit the virus through nose and throat secretions, vesicle fluid and feces during the acute stage of the illness (when symptoms are present). The virus can continue to be transmitted in the feces for possibly several weeks after the vesicles have healed. Sometimes the virus can be transmitted before any vesicles appear.

What is the treatment?

HFMD is self-limiting and usually does not require treatment. Persons with the illness should rest, drink plenty of fluids to stay hydrated and may be given medication to control fever and pain associated with the vesicles. Aspirin should be avoided in all children/teenagers but they may take acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) as directed.

Does past infection make a person immune?

Immunity to the specific virus sub-type is probably acquired after infection however the duration of the immunity is unknown. Current immunity to a specific sub-type of coxsackie virus will not prevent infection from a different virus type. There is no medication or vaccine to prevent HFMD.

What can be done to prevent the spread of HFMD?

Wash hands with soap and water following contact with nose and throat secretions and feces or any surfaces touched that have been in contact with these, even if the surface appears dry. This is the best way to prevent the spread of HFMD. Both infected and non-infected persons should do hand washing. Only if soap and water facilities are not available should you substitute waterless handcleaners. Use only those that contain >60% alcohol.

Avoid close contact such as kissing, hugging, or sharing food, eating utensils and cups with infected persons. Nitrile gloves can help those persons with vesicles on their hands from leaving infectious secretions on surfaces. Cover coughs and sneezes (use the crook of arm).

Wipe surfaces frequently with disinfecting cleansers/wipes containing alcohol (>60%) or specially prepared dilute household bleach solutions. Important note: most surface wipes available in supermarkets do not contain bleach or alcohol (>60%) and will NOT kill Coxsackie viruses. The surface wipes provided by Reed's environmental safety department (in Residence Halls and elsewhere on campus) are effective against Coxsackie viruses.

Should children or others be excluded from day care, school, work or other activities if they have HFMD?

Reed students do not need to stay away from class if they feel well enough to conduct their normal activities. However, all ill students should limit their exposure to others, especially in non-critical, non-academic activities.

Any ill student who may have an academic or non-academic obligation involving high or frequent physical contact with people or with items that might be touched by others which cannot be modified to reasonably prevent the spread of HFMD should consider remaining at home until they have no fever, all lesions have scabbed over, and no new lesions have appeared for two days.

Where do I find more information on HFMD?

HCC website: http://www.reed.edu/health_center

Any other websites:

http://www.medicinenet.com/hand-foot-and-mouth_syndrome/article.htm

<http://www.cdc.gov/hand-foot-mouth/index.html>

For any other questions or concerns, call the special Reed HCC Hand Foot Mouth Disease phone number: 503-788-6690

If you are ill and need to be seen for this or any other medical concern, call the regular Reed HCC phone number: 503-777-7281

For after-hours medical concerns, call the Nurse Advice Line: 800-607-5501