Hand-Foot-Mouth Disease

Hand-Foot-Mouth Disease (HFMD) is a common childhood illness caused by a virus. It easily spreads from person to person (contagious) when someone comes in contact with the body fluids of an infected person. This can happen by:

- touching something that has been sneezed, coughed or drooled on
- breathing in air droplets of the infected person when talking (less than 3 feet)
- touching something that has been soiled with stool (bowel movement or feces)
- touching body fluid from a draining sore

It is most common in young children under age 5 years, but teenagers or adults may also get the virus. Most outbreaks occur in the summer and fall. Symptoms of HFMD usually go away without treatment in 5 to 7 days.

Signs and symptoms

The early symptoms of HFMD are much like a common cold.

- Fever
- Headache
- Sore throat
- Runny nose

A day or two after the fever, you might see:

- small painful sores (ulcers) on the throat and tonsils
- a rash of very small blisters or red spots on the palms of the hands, soles of the feet, and diaper area. These usually are not itchy.
- tenderness or pain when touching the palms of the hands and soles of the feet
- poor appetite due to painful swallowing

After the rash has healed, the skin may peel; but this is harmless.

Treatment

Since HFMD is a virus, antibiotics will not help.
The following may help your child feel better:

- For children older than 6 months, give acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®) to help with the headache, fever, and sore throat. Do NOT give ibuprofen to children younger than 6 months. Read the label to know the right dose for the age of your child.

- For children younger than 6 years, do not give over-the-counter (OTC) cold remedies without asking your child’s doctor.

- Do NOT give aspirin or products that contain aspirin. Aspirin has been linked to a disease called Reye’s syndrome, which can be fatal.

- If your child is over one year old, give lots of liquids, such as water, milk, apple juice, and popsicles. Avoid fruit juices that are high in acid, like cranberry juice, orange juice or lemonade. They may irritate the mouth sores (Picture 1).

- If your child is under one year old, continue to give either breastmilk, formula, or both. You can also give Pedialyte®.

- Offer soft foods that are easy to swallow, like applesauce, mashed potatoes, oatmeal, or eggs. Your child may not want to eat much if it hurts to swallow.

- To soothe a sore throat:
  - For children over age 1, give warm fluids such as chicken broth or apple juice. Or, place 1/2 teaspoon of a liquid antacid that does not have aspirin, in the front of the mouth after meals.
  - For children over 4 years, use throat lozenges or sprays. None should contain benzocaine, which can be harmful to children. Or, rinse the mouth after meals with 1 teaspoon of a liquid antacid that does not contain aspirin.
  - For children over 6 years who are able to gargle without swallowing, use a mixture of 1/4 to 1/2 teaspoon of salt to one 8 ounce glass of warm water. Swish and gargle the mixture 2 to 3 times a day, as needed. Do not let your child swallow the salt water; have him spit it out.
**When to call the doctor**

Call the doctor if your child has:

- neck pain or chest pain
- pus, drainage, swelling, or a large area of redness around any sores
- trouble swallowing
- signs of dehydration
  - dry or sticky mouth,
  - an infant’s “soft spot” pulling in
  - no tears, sunken eyes
  - no wet diaper for 4 to 6 hours (infants and toddlers)
  - very dark urine, or
  - no urination in 6 to 8 hours (older children)
- younger than 3 months and has a rectal temperature of 100.4˚ F or higher
- older than 3 months and has a rectal or armpit (axillary) temperature more than 102˚ F that does not come down with medicine
- 4 years or older, has an oral temperature more than 102˚ F for more than 3 days that does not come down with medicine
- seizures, is overly tired, not able to focus, or has a hard time communicating or waking up
- does not get better in a few days

**Prevention**

There is no vaccine to prevent HFMD. The virus spreads easiest during the first week the person is sick. It can stay in the body for weeks after your child feels better and still be a problem to others. To prevent spreading HFMD:

- Teach your child not to touch the rash, avoid putting his fingers or toys in his mouth, and not rub his eyes.
- Teach your child to sneeze or cough into a tissue or his or her shirt sleeve.
- Wash your hands with soap and water often. Wash after touching the rash, going to the bathroom, before handling food, before eating, and after changing a diaper. Also, teach your child to wash his or her hands often.
• Disinfect bathrooms, toys, and other objects that your child touches with soap and water, or other household disinfectant. The virus can live on these things for days.

• Do not share drinking cups, eating utensils, napkins, or personal items like towels and brushes.

• Avoid hugging and kissing a child who is infected.

**When to return to school or daycare**

Tell the daycare or the school that your child has Hand-Foot-Mouth Disease. It is important for the school personnel to know so staff and parents can be told to watch for symptoms.

Your child should stay home from school or childcare until he or she has no fever for 24 hours and the mouth sores and open blisters have healed.