

Script – Print – Get a grip on hand, foot and mouth disease

Hand, foot and mouth disease (HFMD) recently made headlines, when an outbreak of the viral infection spread through a high school football team in the state of Washington, forcing the team to forfeit one of its games.

HFMD typically impacts young children, but adults and older children can get it, too. It causes painful red blisters in the mouth and throat, and on the hands, feet, and diaper area. HFMD is most common in children who are in child care because young children need frequent diaper changes and help using the bathroom. They also tend to put their hands in their mouths.

“Hand, foot and mouth disease is a pretty classic viral infection that’s most commonly affected in the younger age group under the age of five,” says Dr. Asma Khan, a pediatrician for OSF HealthCare. “The symptoms you typically see are mouth lesions, usually on the tongue or the cheeks. You also have a rash on the body, most often it's clustered on your hands and feet. Sometimes it can be a full body rash, and occasionally fevers and just feeling a little down and irritable.”

Other symptoms include sore throat, fussiness in infants and toddlers and a loss of appetite.

There are two main viruses that cause HFMD – coxsackie and enterovirus. There is usually a three to five day incubation period, when patients are infected and spreading the virus, before the initial onset of symptoms. The virus is spread through saliva, stool and respiratory droplets such as sneezing and coughing.

“There are very few complications with hand, foot and mouth disease, it’s usually more of a milder course,” says Dr. Khan. “You may feel rundown for about seven to 10 days. On occasion if we have a more virulent strain of the virus, you can have more serious complications and those can be meningitis, encephalitis, or myocarditis but that has been rare. Sometimes there's a late strain of enterovirus that can be more related with those complications.”

According to Dr. Khan, the treatment is usually supportive care at home.

“It’s treating them comfortably with Tylenol and Motrin to help keep their pain down because those mouth lesions tend to be the one that’s most painful,” says Dr. Khan. “The rash on the body typically is not. So we want to keep them continuing to eat and drink and then we want to make sure we really push fluids so if they're having a lot of pain in their mouth. They may not want to eat but as long as we can get them to drink and stay hydrated that’s the number one key.”

Dr. Khan adds that if your child has a high fever or shows no gradual improvement after a few days, it’s time to call your physician.

HFMD typically occurs in the summer and fall seasons, but Dr. Khan says outbreaks can also develop in the winter. HFMD is similar to herpangina, another viral illness that is often seen in children ages three to 10. The difference between the two illnesses is that HFMD can form on the hands, feet and inside of the mouth while herpangina only forms in the mouth and throat.

To prevent the spread of HFMD, Dr. Khan encourages parents to keep kids home from school and daycare while they have a fever or open blisters on the skin and in the mouth. Everyone in your home should wash their hands, especially after using the bathroom or changing a diaper, and before preparing food. Toys and surfaces should also be cleaned with a disinfectant as often as possible.

When is it safe for my child to return to school or child care? That is the biggest question Dr. Khan is asked by parents.

“The big criteria is fever. No child should be going to school with a fever. The fever should be gone for 24 hours,” says Dr. Khan. “The rash itself is not clearly an indication to stay out of school, because a rash may take a good week or so to fully resolve, and the infectivity rate after that first week is really gone down. You don't necessarily have to keep a child out of school just because a rash has not resolved in a few days.”

For more information about HFMD, visit [OSF HealthCare](#).