

Hand, Foot, and Mouth Disease

What is Hand, Foot and Mouth Disease?

Hand, Foot and Mouth Disease (HFMD) is caused by a group of viruses called non-polio enteroviruses which includes the coxsackievirus and the enterovirus. Symptoms include fever, sores in the mouth, and a rash with blisters.

- Symptoms usually start with a mild fever, poor appetite, tiredness and a sore throat.
- One to two days after the fever begins, painful sores develop in the mouth. They start as small red spots that blister and often become ulcers. These sores can be found on the tongue, gums, and the inside of the cheeks.
- One to two days after the mouth sores appear, a skin rash develops, and there may also be blisters. The rash does not itch. It is usually located on the palms of the hands and soles of the feet, and sometimes on the buttocks.
- It is possible that someone with HFMD may have only the rash or mouth sores, or no symptoms at all.

The usual incubation period (time between contracting the virus to when the person first becomes ill) is from 3 to 6 days. HFMD is not a serious disease and complications are uncommon.

HFMD should not be confused with foot and mouth disease seen in pigs, sheep and cattle. These two diseases are not related and are caused by different viruses.

Who is at risk?

HFMD is common in infants and children under 10 years of age. It is often spread among children in child care settings, but anyone can get it. Infections occur more frequently when hygiene is poor and also during summer and early fall.

How is it spread?

HFMD is spread through contact with nose and throat secretions, saliva, fluid from the blisters, or the stool (poop) of infected persons. An infected person is most contagious during the first week of illness. The viruses that cause HFMD may survive on surfaces for long periods; it is possible to become infected with HFMD from contact with soiled objects.

A person can shed virus from their respiratory tract for about a week and in their stool for up to 4 weeks after the start of their illness.

Treatment

No specific treatment is available for HFMD. Physicians may recommend an over-the-counter drug such as acetaminophen (Tylenol) for fever or pain. Most people recover in 7 to 10 days without medical treatment.

Prevention

To help prevent catching or spreading HFMD:

- Handwashing is the best way to prevent the spread of infection. Make sure hands are properly washed after using the toilet, changing diapers, wiping a child's nose, helping others toilet, before preparing food, etc.

Proper handwashing includes 6 steps:

- Wet hands with warm running water
- Apply liquid soap
- Lather hands and scrub for 20 seconds
- Rinse under running water
- Dry your hands with paper towels
- Use the towel to turn off the taps

When hands are not visibly dirty, you can use alcohol-based hand sanitizer.

- Apply a quarter-sized amount of the sanitizer to your hands.
 - Rub your hands together until the alcohol has evaporated. Hands will feel dry in about 15 seconds.
- **Clean and sanitize** high touch surfaces and shared items, such as toys at least daily.
 - Regular cleaning schedules in child care centres and health care facilities with HFMD should be enhanced. A 1:50 household bleach solution (approximately 1000 ppm) is recommended for use and can be prepared by mixing 100ml (7 tablespoons) household bleach with 5000ml (20 cups) water. Bleach should be used after surface is cleaned with soap and water.
 - **Stay home when ill.** Children in group settings should stay home if they are not well enough to participate. Staying home may reduce the spread of the infection, but will not completely interrupt it. Children, who feel well enough to participate in activities, can return to child care or school, even if they still have the rash. Routine exclusion is not necessary.

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