

Hand, Foot, and Mouth Fact Sheet

1. **What is hand, foot, and mouth disease?** - Hand, foot, and mouth disease (HFMD) is a common illness of infants and children. It is characterized by fever, sores in the mouth, and a rash with blisters. HFMD begins with a mild fever, poor appetite, malaise ("feeling sick"), and frequently a sore throat. One or two days after the fever begins, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. They are usually located on the tongue, gums, and inside of the cheeks. The skin rash develops over one to two days with flat or raised red spots, some with blisters. The rash does not itch, and it is usually located on the palms of the hands and soles of the feet. It may also appear on the buttocks and/or genitalia. A person infected with HFMD may not get all the symptoms; they may only get a rash or mouth ulcers.
2. **Is HFMD the same as foot-and-mouth disease?** - No. HFMD is often confused with foot-and-mouth disease of cattle, sheep, and swine. Although the names are similar, the two diseases are not related and are caused by very different viruses.
3. **What causes HFMD?** - Viruses from the group called enteroviruses cause HFMD. The most common cause is coxsackievirus A16 (CA16); less frequently HFMD is caused by enterovirus 71 (EV71) or other enteroviruses.
4. **Is HFMD serious?** - Usually not.
 - a. HFMD caused by CA16 infection is a mild disease and nearly all patients recover without medical treatment in seven to ten days. Complications are uncommon. Rarely, the patient with CA16 infection may also develop "aseptic" or viral meningitis, in which the person has fever, headache, stiff neck, or back pain, and may need to be hospitalized for a few days.
 - b. HFMD caused by EV71 may cause viral meningitis and, rarely, more serious diseases, such as encephalitis, or a poliomyelitis-like paralysis. EV71 encephalitis may be fatal.
5. **Is HFMD contagious?** - Yes, HFMD is moderately contagious. Infection is spread from person to person by direct contact with nose and throat discharges, saliva, fluid from blisters, or the stool of infected persons. A person is most contagious during the first week of the illness, but the virus can remain in the body for weeks after the person's symptoms go away. This means the infected person can still pass the infection to other people even though he/she appears well. Some persons (including most adults) can be infected and excreting the virus but not have any symptoms. HFMD is not transmitted to or from pets or other animals.
6. **How soon will someone become ill after getting infected?** - The usual period from infection to onset of symptoms ("incubation period") is three to five days. Fever is often the first symptom.

7. **Who is at risk for HFMD?** - HFMD occurs mainly in children under five years old, but may also occur in adults. Everyone is at risk of infection, but not everyone who is infected becomes ill. Infants, children, and adolescents are more likely to be at risk of infection and illness from these viruses, because they are less likely than adults to have immunity from previous exposures to the disease. Infection results in immunity to the specific virus, but a second episode may occur following infection with a different member of the enterovirus group.
8. **What are the risks to pregnant women exposed to children with HFMD?** - Because enteroviruses, including those causing HFMD, are very common, pregnant women are frequently exposed to them, especially during summer and fall months. The risk of infection is higher for pregnant women who do not have immunity from earlier exposures to these viruses, and who are exposed to young children - the primary spreaders of enteroviruses.
9. **When and where does HFMD occur?** - Individual cases and outbreaks of HFMD occur worldwide, more frequently in summer and early autumn.
10. **How is HFMD diagnosed?** - HFMD is one of many infections that result in mouth sores. Usually, the physician can distinguish between HFMD and other causes of mouth sores based on the age of the patient, the pattern of symptoms reported by the patient or parent, and the appearance of the rash and sores on examination. A throat swab or stool specimen may be sent to a laboratory to determine which enterovirus caused the illness. Since the testing often takes two to four weeks to obtain a final answer, the physician usually does not order these tests.
11. **How is HFMD treated?** - No specific treatment is available for this or other enterovirus infections. Symptomatic treatment is given to provide relief from fever, aches, or pain from the mouth ulcers.
12. **Can HFMD be prevented?** - Specific prevention for HFMD or other non-polio enterovirus infections is not available, but the risk of infection can be lowered by good hygienic practices. Preventive measures include frequent hand washing, especially after diaper changes and using the toilet, cleaning of contaminated surfaces and soiled items first with soap and water, and then disinfecting them by diluted solution of chlorine-containing bleach (made by mixing approximately ¼ cup of bleach with 1 gallon of water). Avoidance of close contact (kissing, hugging, sharing utensils, etc.) with children with HFMD may also help to reduce of the risk of infection to caregivers. No vaccine is available to protect against the enteroviruses that cause HFMD.
13. **For more information about Hand, Foot, and Mouth Disease:** <http://www.cdc.gov/hand-foot-mouth/index.html>

This fact sheet provides general information. Please contact your physician for specific clinical information related to you or your child.