

Hand-Foot-Mouth Disease

In recent months we have observed an increase in the prevalence of Hand-Foot-Mouth Disease (HFMD) in our clinics, and thought it appropriate to provide parents with an update on this infection.

What is Hand Foot and Mouth Disease?

HFMD is a mild but highly contagious infection in infants and children younger than 10 years. It is spread from person to person through close contact with infected respiratory secretions or contaminated surfaces. As a result, kids in childcare centers are particularly susceptible to outbreaks of HFMD. HFMD is not related to Foot-and-Mouth disease found in farm animals and cannot be contracted from pets. It is commonly caused by the coxsackie virus and humans are generally immune after a single infection. Adults and teenagers are much less vulnerable, as they would have likely developed immunity earlier. However, HFMD can be contracted again if it is caused by other enteroviruses.

What are the symptoms?

The child with HFMD typically presents 3-7 days after exposure with symptoms of fever, sore throat, irritability and loss of appetite. 1-2 days after fever begins, painful ulcers or sores may appear in the mouth or back of the throat. The typical raised spotty rash on the palms and soles of the hands and feet then appear another 1-2 days later. A rash can also be found on the bottom or groin areas. The clinical picture is often revealing and no laboratory tests are needed to make a diagnosis.

What are the complications?

Although symptoms are generally mild and usually resolve within 7-10 days, swallowing can be painful and difficult in young children. As a result, the most common complication is dehydration. It is important to prevent dehydration during the illness, by ensuring that your child drinks lots of fluids. Far rarer are cases of viral meningitis due to coxsackie virus leading to inflammation of the membranes and fluid around the brain. Viral meningitis is generally mild and clears without problems.

What can be done to treat it and prevent it spreading?

HFMD does not require any specific treatment and resolves spontaneously after running its course. The mainstay of management is hydration with plenty of oral fluids like water or milk, adequate rest, and pain relief with fever control using panadol or nurofen. Rinsing the mouth with warm salt water may also provide pain relief for the older child. Families can help prevent spread of HFMD through careful and frequent hand washing, disinfecting common areas and shared toys,

and isolating infected children from others. HFMD is most contagious during the first week of illness but children should not return to school or childcare until the fever, rash and mouth sores have disappeared.

Is there a risk for pregnant women?

This is uncertain and pregnant women are advised to consult their specialist.

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