

Hand Foot and Mouth Disease

What is hand, foot and mouth disease?

Hand, foot and mouth disease is a common infection which causes blisters on the inside the mouth, hands, feet and also can be on the buttocks and nappy area. It is most commonly caused by one of the human Coxsackie viruses, part of a group of viruses called Enteroviruses. If Enterovirus 71 is the particular virus causing hand, foot and mouth disease, it may result in the more severe forms of the disease, including rare neurological complications and death.

How is it spread?

Hand, foot and mouth disease is spread by breathing in aerosol droplets of nose and throat discharges following coughing or sneezing, or by direct contact with nose and throat discharges, blister fluid or faeces of infected persons. Blisters remain infectious only as long as they contain fluid, but faeces can remain infectious for several weeks.

Hand foot and mouth disease only affects humans, and is not related to the similar sounding 'foot and mouth' disease that affects animals.

Who is at risk?

Hand foot and mouth disease commonly affects children aged less than 10 years and outbreaks may occur in child care settings.

Most people have had the disease by the time they are adults and therefore if exposed to the same virus again they do not become symptomatic. There is no clear evidence of risk to unborn babies from hand, foot and mouth disease. However if a mother develops disease shortly before birth they can pass the infection onto the newborn baby. The baby will rarely have severe disease.

Signs and symptoms

Symptoms generally develop 3 to 5 days after exposure. Hand, foot and mouth disease usually starts with fatigue, loss of energy, poor appetite, a mild fever and a sore throat and mouth. In a baby or young child this may present as poor feeding. A few days after this a non-itchy, vesicular rash may develop on the palms, hands, soles of the feet and inside the mouth. Mouth lesions can be widespread on the inside surfaces of the cheeks and gums and sides of the tongue and can be very painful. In some cases the rash may also be present on the buttocks, knees and elbows.

How serious is hand, foot and mouth disease?

Blisters and sores in the mouth can make eating and swallowing painful, so children may not want to eat or drink, and they can become dehydrated. For most people with the infection, the rash disappears and they feel better within about a week.

Very rarely, complications of hand, foot and mouth disease can occur, including meningitis, encephalitis or paralysis. If the person complains of severe headache, stiff neck or weakness, or their fever persists and they are not getting better, they should seek medical advice from a doctor immediately. Hand, foot and mouth disease has very rarely been fatal.

Infectious period

A person is infectious from when they first feel unwell until all the blisters have dried. Faeces can remain infectious for several weeks.

Treatment

There is no specific treatment and antibiotics are not helpful. For most people, symptomatic relief with fluids, paracetamol and rest is all that is required. Pain relief for the mouth blisters is very important, as these can make eating and drinking very painful. Ask your pharmacist or doctor about what medicines are good to use. Offer children frequent sips of fluids, to prevent dehydration. Children who refuse fluids, or have a severe headache or are not improving should see a doctor.

Prevention

There is no vaccine for hand, foot and mouth disease. On recovery from the illness, a person will develop immunity against the one specific type of virus that caused the infection. However, as there are several viruses which can cause hand, foot and mouth disease, further episodes of the disease are possible from a different virus.

Promoting good hygiene is the best way to stop the spread of the virus. Therefore, practice frequent hand washing, especially when changing nappies and handling soiled linen. Wash toys contaminated with saliva, and cover the mouth when sneezing and coughing

How is hand, foot and mouth disease controlled?

People with hand, foot and mouth disease are infectious during the acute stage of the illness and perhaps longer, since these viruses persist in stools for several weeks after recovery. The blisters should be allowed to dry naturally, and should not be pierced as the fluid inside them is infectious.

Children with hand, foot and mouth disease should be excluded from school, preschool and childcare until all blisters have dried. The children should also avoid activities and places where they will be in contact with others, such as swimming lessons and playgrounds/centres, to avoid spreading this very contagious disease.

Contact

For more information contact the Public Health Unit's Centre for Disease Control in your region.

The full list of contacts of contacts can be found at [NT Health](#).

Location	Phone	Fax	Email
Darwin	(08) 8922 8044	(08) 8922 8310	CDCSurveillance.DARWIN@nt.gov.au
Katherine	(08) 8973 9049	(08) 8973 9048	CDC.Katherine@nt.gov.au
Tennant Creek	(08) 8962 4259	(08) 8962 4420	CDC.Barkly@nt.gov.au
Alice Springs	(08) 8951 7540	(08) 8951 7900	CDC.alicesprings@nt.gov.au
Nhulunbuy	(08) 8987 0357	(08) 8987 0500	CDCGove.DoH@nt.gov.au

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