

Hand, foot and mouth disease

What is hand, foot and mouth disease?

Hand, foot and mouth disease is caused by certain types of viruses. It is most common in children under 10 years of age, but older children and adults may also get the disease. Most cases occur in the summer and early fall.

What are the symptoms?

Symptoms start 3 to 5 days after contact with an infected person. The first sign of infection may be a mild fever, sometimes with a runny nose or sore throat, tiredness and loss of appetite. The fever usually lasts 1 to 2 days.

About 2 days after the fever starts, small painful blisters may develop on the inside of the mouth, on the tongue or on the gums. A day or 2 later, small red spots may appear on the palms of the hands, soles of the feet and sometimes on the buttocks. These red spots may turn into blisters. The spots and blisters usually go away after about 7 to 10 days.

Peeling skin and loss of fingernails or toenails have also been reported, mostly in children, within weeks of having hand, foot and mouth disease. However, it is not known if these are the result of the disease. The skin and nail loss is temporary.

Not everyone who has hand, foot and mouth disease will get all of these symptoms. It also is possible to have the infection and have no symptoms.

How is it spread?

Once a person is infected and sick, they can be contagious and spread the virus for about 7 to 10 days. The virus can be spread through close personal contact such as kissing, or sharing drinking cups, forks, or spoons. It can also spread through droplets in the air when an infected person coughs or sneezes. You can be infected by inhaling these droplets or touching objects contaminated with them. You can also be infected by touching surfaces contaminated with fluid from the blisters or fecal matter. The virus can stay for up to several weeks in the bowels of an infected person and can be spread during that time.

Pregnant women who become infected with the virus shortly before they give birth may pass the virus to their baby. Newborn babies infected with the virus usually have a mild illness, but in rare cases the disease can be more severe. There is no clear evidence that infection during pregnancy will cause harm to an unborn baby.

Hand, foot and mouth disease can spread easily in child care settings and other places where children are close together if proper hygiene practices are not used.

How can you prevent the disease?

Good hygiene during and after infection is very important in preventing the spread of hand, foot and mouth disease. It is possible you or your child may be contagious for several weeks after the blisters and sores have healed because the virus may remain in the feces.

To help reduce the spread of hand, foot and mouth disease, wash hands often with soap and warm water. Teach your child to sneeze or cough into a tissue or their inner arm where the elbow flexes. This prevents the spread of airborne droplets. Encourage your child to throw tissues directly in the garbage after use and to wash their hands again.

Your child may continue to attend daycare if they feel well enough to take part in activities. The risk to other children is not great if proper hygiene practices are followed. Take extra care to wash hands and clean surfaces thoroughly after changing diapers and before serving or eating food around children and child care settings.

Common surfaces and shared toys should be cleaned with soap and water and disinfected with a bleach solution. You can make a sanitizing solution for use on surfaces by mixing the following together:

- Mix 15 mL (1 tablespoon) of household bleach into 1 litre (4 cups) of water.

A weaker solution of bleach should be used to disinfect toys:

- Mix 5 mL (1 teaspoon) of household bleach into 1 litre (4 cups) of water.

Continue to carefully practice proper hygiene for several weeks or months after your child feels better.

For more information on hand washing, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

How is it treated?

When necessary, the fever from hand, foot and mouth disease can be reduced with acetaminophen (such as Tylenol®). Ask your health care provider the dose to use, or read the instructions on the package or bottle carefully. Antibiotics will not help treat or cure this disease.

Acetaminophen (e.g. Tylenol®) or ibuprofen* (e.g. Advil®) can be given for fever or soreness. ASA (e.g. Aspirin®) should not be given to anyone under 18 years of age due to the risk of Reye Syndrome.

*Ibuprofen should not be given to children under 6 months of age without first speaking to your health care provider.

For more information on Reye Syndrome, see [HealthLinkBC File #84 Reye Syndrome](#).

Blisters will heal better if they are left alone, so do not pop them. Because the mouth sores can be painful, your child may not want to eat or drink.

Give your child cold, bland liquids such as milk or water. Do not give fizzy or tart drinks such as pop or fruit juice. Avoid acidic and spicy foods, as these may sting. Give your child cool and soft foods such as bread, noodles, or a peanut butter and jelly sandwich.

Remember, if you think your child has hand, foot and mouth disease, make sure to follow proper hygiene practices such as frequent hand washing, to prevent it from spreading to others.



BC Centre for Disease Control

An agency of the Provincial Health Services Authority