

## **MSAD # 13 / RSU #83**

### **Health Alert**

#### **Hand, Foot and Mouth Disease Important Notice to Parents**

Hand, Foot, and Mouth Disease (HFMD) Description Hand, foot, and mouth disease (HFMD) is a common viral illness of infants and children. Cases may also occur in older adolescents and adults. It is characterized by symptoms that can include sudden onset of fever, sores in the mouth, and a rash with vesicles (blisters). HFMD begins with a mild fever, poor appetite, fatigue, and, frequently, a sore throat. One or two days after the fever begins, sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks. The sores can be very painful. The skin rash develops over 1–2 days with flat or raised red spots, some forming fluid-filled vesicles (blisters). The rash does not itch and is usually located on the palms of the hands and the soles of the feet. It may also appear on the buttocks. A person with HFMD may have only the rash or the mouth ulcers.

Serious conditions can result from infection with enteroviruses, including viral meningitis and encephalitis.

The incubation period is usually 3 - 5 days. Fever is often the first symptom.

HFMD is infectious 2 days before the rash appears and during the acute stage of illness, and may be able to spread the virus for several weeks after symptoms resolve. Virus may be found in respiratory secretions for several days and in stool for several weeks.

Several related enteroviruses (most commonly Coxsackievirus A16 and Enterovirus 71) cause HFMD. They are spread from person to person by direct contact with nose and throat discharges or the stool of infected persons. A person is most contagious during the first week of the illness but may shed the virus after symptoms are gone. Infections are most common in the summer and early fall. HFMD is not transmitted to or from pets or other animals

There are no specific recommendations on the exclusion of children or staff with HFMD from school. It is suggested that ill persons remain home during the first few days of illness, while they are most contagious. Students should not return to school until after the fever is gone (normally for 24 hours) and the child feels well enough to participate in normal activities. Exclusion during the first few days of illness may reduce spread, but will not completely interrupt it. Exclusion of ill persons does not prevent additional cases since the virus can be excreted for weeks after the symptoms disappear. Also, some persons excreting the virus, including most adults, may have no symptoms. Any weeping lesions on an ill individual's hands must be covered while at school.

There is no specific treatment or vaccine for HFMD. Frequent hand washing, especially after handling any articles soiled with discharges and after using the restroom is the best way to reduce transmission. Any articles soiled by discharge should be washed and sanitized or discarded. Ill individuals should not share items that may be contaminated with saliva such as beverage containers. Cover mouth with tissue when coughing or sneezing. If no tissue is available, encourage students to "catch your cold in your elbow" by covering their mouth and nose with the crook of their arm and coughing or sneezing into their shirt or coat sleeve.

Certain foods and beverages can cause burning or stinging of the blisters. The following ideas may make eating and drinking more tolerable - Suck on popsicles or ice chips; eat ice cream or sherbet; Drink cold beverages, such as milk or ice water; Avoid acidic foods, citrus drinks and soda; Avoid salty or spicy foods and choose foods that are soft; Rinse mouth with warm water after meals.

Contact your child's primary care provider if you have any concerns. You may also contact the school nurse, Mel Chadbourne, RN if you have any questions. More information is also available at the Maine CDC web site.