

A M E R I C A N A C A D E M Y O F P E D I A T R I C S

Managing Infectious Diseases in Child Care and Schools

A Quick Reference Guide, 2nd Edition



Editors

Susan S. Aronson, MD, FAAP

Timothy R. Shope, MD, MPH, FAAP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Hand-Foot-and-Mouth Disease

What is hand-foot-and-mouth disease?

A common set of symptoms associated with viral infections that are most frequently seen in the summer and fall. Despite its scary name, this illness generally is mild. Most commonly caused by coxsackievirus A16 and enterovirus 71.

What are the signs or symptoms?

- Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet that last a little longer than a week (one, few, or all of these may be present).
- May see common cold signs or symptoms with fever, sore throat, runny nose, and cough. The most troublesome finding is blisters in the mouth, which make it difficult for the child to eat or drink. Other signs or symptoms, such as vomiting and diarrhea, can occur, but are less frequently troublesome.
- Hand-foot-and-mouth disease caused by enterovirus 71 can cause neurologic symptoms.

What are the incubation and contagious periods?

- Incubation period: 3 to 6 days.
- Contagious period: Virus may be shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to a week or less.

How is it spread?

- Respiratory route (ie, coughing, sneezing)
- Direct contact
- Fecal-oral route

How do you control it?

- Teach children and caregivers/teachers to cover their mouths and noses when sneezing or coughing with a disposable facial tissue if possible, or with a shoulder if no facial tissue is available in time (“give your cough or sneeze a cold shoulder”). Teach everyone to wash hands right after using facial tissues or having contact with mucus.
- Dispose of facial tissues that contain nasal secretions after each use.
- Use good hand-washing technique at all the times listed in “When to Wash Hands” on page 25, especially after diaper changing.



Child with blisters inside lips

AAP, COURTESY OF EDGAR O. LEDBETTER, MD



Child with blisters on hands and feet

AAP, COURTESY OF JERRI ANN JENISTA, MD

What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Encourage the family to seek medical advice if the child is very uncomfortable with signs of illness from the infection, such as an inability to drink or eat, or if the child seems very ill.

Exclude from group setting?

No, unless

- The child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Excessive drooling from mouth sores might be a problem that staff will find difficult to manage for some children with this disease.
- The child meets other exclusion criteria, such as fever with behavior change (see “Conditions Requiring Temporary Exclusion” on page 41).

► *continued*

Hand-Foot-and-Mouth Disease, continued

- Note: Exclusion will not reduce disease transmission because some children may shed the virus without becoming recognizably ill, and other children who became ill may shed the virus for weeks in the stool.

Readmit to group setting?

When exclusion criteria are resolved, the child is able to participate, and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group

