

# Hand, Foot and Mouth Disease

## Causative agent

Hand, foot and mouth disease (HFMD) is a common disease in children caused by enteroviruses such as coxsackieviruses and enterovirus 71 (EV71). The EV71 infection is of particular concern as it more likely associates with severe outcomes (like viral meningitis, encephalitis, poliomyelitis-like paralysis) and even death. The usual peak season for HFMD is from early summer to autumn, with a smaller peak in winter.

## Clinical features

The disease is mostly self-limiting and resolves in 1 week. It usually begins with fever, poor appetite, tiredness and sore throat. One to two days later, painful ulcers will develop inside the mouth, and non-itchy skin rash with vesicles will appear mainly on the hands and feet. The disease is most contagious during the first week of the illness and the viruses can be found in stool for weeks.

Infection will result in immunity to (protection against) the specific virus that has caused HFMD. However, a second attack of HFMD may occur following infection with a different member of the enterovirus group.

## Mode of transmission

The disease mainly spreads by contact with nose and throat discharges, saliva, fluid from vesicles or patients' stool, or after touching contaminated objects.

## Incubation period

About 3-7 days.

## Management

- There is no specific drug treatment for HFMD. Patients should drink plenty of water and take adequate rest, and may receive symptomatic treatment to reduce fever and pain from oral ulcers.
- Sick children should stay away from school or gatherings till all vesicles have dried up to avoid spreading the disease. If infection is caused by enterovirus 71, the patient should stay at home for 2 more weeks after all vesicles have dried up.
- Parents should monitor the child's condition closely and seek prompt medical attention if persistent high fever, decrease in alertness or deterioration in general condition develop.

## Prevention

There is no effective vaccine. Good hygiene practices are the mainstay of prevention:

- Always keep hands clean by frequent hand washing, especially after using toilet or changing diaper
- Cover mouth and nose when sneezing and coughing
- Disinfect toys, objects and the environment which are contaminated by secretions or excreta with diluted household bleach (1 part of household bleach containing 5.25% sodium hypochlorite in 49 parts of water)
- Avoid close contact (such as kissing, hugging, sharing eating utensils or cups, etc.) with infected persons

# 手足口病

## 病原體

手足口病是一種常見於兒童的疾病，通常由腸病毒如柯薩奇病毒和腸病毒 71 型引起。腸病毒 71 型引致的手足口病備受關注，是因為它較有可能會引致嚴重後果(如病毒性腦膜炎、腦炎、類小兒麻痺癱瘓)，甚至死亡。手足口病的高峰期一般由初夏至秋季，亦會於冬季出現小高峰。

## 病徵

大部份患者都會在 1 星期內自行痊癒。病發初期，通常會出現發燒，食慾不振，疲倦和喉嚨痛。一至兩天後，口腔出現疼痛的潰瘍。另外，手掌及腳掌亦會出現紅疹。這些紅疹並不痕癢，有時會帶有小水泡。患者在病發首星期最具傳染性，而病毒可在其糞便中存活數星期。

患者痊癒後，會對相應的腸病毒產生抗體。但日後仍可感染由其他腸病毒引致的手足口病。

## 傳播途徑

手足口病主要透過接觸患者的鼻或喉嚨分泌物、唾液、穿破的水泡和糞便或觸摸受染污的物件而傳播。

## 潛伏期

約 3-7 天。

## 治理方法

- 現時並沒有特效藥物治療手足口病。患者應多喝水和有充足休息，同時亦可採用症狀療法，以舒緩發燒和口腔潰瘍引致的痛楚。
- 為免把病毒傳染給別人，患病的兒童應該避免上學或參加集體活動，直至所有水泡變乾。如感染是由腸病毒 71 型引致，患者更應在水泡變乾後，留家休息多兩星期。
- 父母要細心觀察兒童的病情。如出現持續高燒、神情呆滯或病情惡化等情況，患者應及早求診。

## 預防方法

現時仍未有疫苗可有效預防手足口病。因此，良好的衛生習慣最為重要：

- 經常洗手以保持雙手清潔，尤其是如廁或換尿片後
- 打噴嚏或咳嗽時要掩著口和鼻
- 用稀釋家用漂白水(1 份含 5.25%次氯酸鈉的家用漂白水加 49 份清水)，清潔被分泌物或排泄物染污的玩具、物件或環境
- 避免與患者有親密接觸，如接吻、擁抱、共用餐具或杯子