



Bayside Medical Group, Inc.

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COXSACKIE (HFMD)

Coxsackie Viruses: Hand, Foot, and Mouth Disease

What is Hand, Foot, and Mouth Disease (HFMD)

This is a common viral illness of infants and children, caused by a number of different viruses in the enterovirus family—frequently one of the “Coxsackie” viruses. This should not be confused with “hoof-and-mouth disease” that occurs in animals with hooves (cattle, sheep, and swine), caused by a different virus which does not affect humans.

HFMD primarily affects children, most commonly infants and young children under age 10 years. However, adults who have never been exposed to the virus can acquire it as well. It is more commonly seen in the summer or early fall.

What are the symptoms?

Typically, symptoms begin with a fever, poor appetite, and a sore throat. Then painful red spots develop in the mouth and turn into blisters on the insides of the cheeks, tongue, gums, and roof of the mouth. Often a rash also develops, usually on the palms of the hands and soles of the feet, but may also appear on the buttocks and genitalia. A child can have any or all of these symptoms.

How long do the symptoms last?

The fever usually lasts a few days. After a day or two of fever, the blisters and rash usually appear and may last approximately one week.

How is the virus spread?

Like most viruses, Coxsackie is very contagious. It spreads by direct contact with the virus particles, which are found in the saliva, nose, throat, blister fluid and stool of children with the infection. It can spread when someone who is infected coughs or sneezes, or by contact with contaminated surfaces or unwashed hands. This can happen easily and quickly in daycare centers and schools. People who are infected are most contagious during the first week they are sick. The child should be kept out of daycare and school for at least a few days to avoid spreading the virus to others.

What treatment is available to help my child?

Because Coxsackie is a virus, we can't give antibiotics to make your child better. But there are

some things you can do to make your child more comfortable, while waiting for his or her immune system to take care of the infection:

1. **Liquids.** Because the mouth blisters are painful, this often results in a decrease in eating and drinking. Particularly if your child also has a fever, we need to make sure he or she is drinking enough liquids to prevent dehydration. Cold liquids will make the blisters feel better, at least temporarily. But avoid citrus juices (orange, lemon, and grapefruit) as these can make the mouth sting. Popsicles can work wonders!
2. **Topical pain treatment.** Mix ½ teaspoon of Benadryl with a ½ teaspoon of Maalox. This combination of medication helps coat the mouth and make the blisters less painful. If your child is old enough, you can ask him or her to “swish and spit” the medicine every 6 hours. If your child is too young to spit out the medicine it is fine to swallow the combination of medicine every 6 hours (as long as he or she weighs over 15 pounds). If the child has only a couple of blisters, another option is to place a Q-tip in the solution and dab the medicine on each individual blister.
3. **Pain medicine.** If your child has a fever and is uncomfortable, or has mouth pain, Tylenol (acetaminophen) or Motrin or Advil (ibuprofen) can also be given. If you are unsure of the correct dose, please ask a nurse or clinician at our office.

Can my child get it again?

Infection results in immunity, so your child cannot catch the same virus again. However, since there are a number of different Coxsackie viruses as well as other enteroviruses which cause HFMD, children sometimes do contract this illness more than once.

For more information:

Go to www.cdc.gov and search for “hand, foot and mouth disease”

For the “fast fact” sheet from the CDC: www.cdc.gov/ncidod/dvrd/revb/enterovirus/hfhf.htm