



Public Health
Prevent. Promote. Protect.

Public Health – Muskegon County

Hand, Foot and Mouth Disease

Fact Sheet

What is hand, foot and mouth disease?

Hand, foot, and mouth disease (HFMD) is a common viral illness of infants and children. It is characterized by fever, sores in the mouth, and a skin rash.

- HFMD begins with a mild fever, poor appetite, malaise (feeling vaguely unwell), and often a sore throat.
- One or 2 days after the fever begins, painful 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 skin rash develops over 1 to 2 days, with flat or raised red spots and sometimes with blisters. The skin rash does not itch and is usually on the palms of the hands and soles of the feet. It may also appear on the buttocks or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

Is hand, foot, and mouth disease contagious?

Yes, HFMD is moderately contagious. Infection is spread from person-to-person by direct contact with nose and throat discharges, saliva, fluid from blisters, or the stool of infected persons.

A person is most contagious during the first week of the illness. HFMD is not transmitted to or from pets or other animals.

Who is at risk for hand, foot, and mouth disease?

HFMD occurs mainly in children under 10 years old, but it can occur in adults too. Everyone is at risk of infection with viruses that cause HFMD, but not everyone who is infected becomes ill.

Infants, children, and adolescents are more likely to be susceptible to infection and illness from these viruses because they are less likely than adults to be immune to them.

How is hand, foot, and mouth disease diagnosed?

HFMD is one of many infections that result in mouth sores. Usually, the physician can distinguish between HFMD and other causes of mouth sores based on the age of the patient, the pattern of

symptoms reported by the patient or parent, and the appearance of the rash and sores on examination.

A throat swab specimen or stool specimen may be sent to a laboratory. However, since the testing often takes 2 to 4 weeks to obtain a final answer, the physician usually does not order these tests.

How is hand, foot, and mouth disease treated?

No specific treatment is available. Symptomatic treatment is given to provide relief from fever, aches, or pain from the mouth ulcers.

Can hand, foot, and mouth disease be prevented?

The risk of infection can be lowered by following good hygiene practices. Preventive measures include

- Washing hands frequently and correctly, especially after changing diapers and after using the toilet
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 tablespoon of bleach to 4 cups of water; larger quantities can be made by adding ¼ cup of bleach to 1 gallon [16 cups] of water).
- Avoiding close contact (kissing, hugging, sharing eating utensils and cups, etc.) with persons with HFMD

For more information on hand, foot and mouth disease:

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/ncidod/dvrd/revb/enterovirus/hfhf.htm

CDC Public Information

English 1-888-246-2675
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