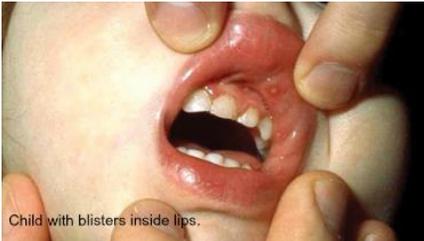


Hand, Foot & Mouth Disease: Parent FAQs



Child with blisters inside lips.

Hand, foot, and mouth disease is a common childhood virus that pediatricians, child care centers and preschools see in summer and early fall.

Most parents want to know what exactly hand, foot, and mouth disease is, how to help their child cope with the discomfort it causes, and most of all when their child can go back to child care or school. Read on for answers to these and more frequently asked questions.

What is hand, foot, and mouth disease?

Despite its scary name, hand, foot, and mouth disease is a common, contagious illness caused by different viruses. It typically affects infants and children under age 5, but older kids and adults can catch it as well.

What are the signs and symptoms?

From the time the child is exposed to hand, foot, and mouth disease, it takes 3 to 6 days for the first symptoms to show up. This is called the *incubation period*. It usually starts with a [fever](#), [sore throat](#), and runny nose—much like the [common cold](#)—but then a rash with tiny blisters may start to show up on the following body sites:

- In the mouth
 - On the inner cheeks
 - Gums
 - Sides of the tongue
 - Top of the mouth
- Fingers
- Palms of hands
- Soles of feet
- Buttocks

Note: One, few, or all of these body sites may have blisters.

Symptoms are the worst in the first few days but are usually completely gone within a week. Peeling of the fingers and toes after 1 to 2 weeks can happen, but it is harmless.

How is hand, foot, and mouth disease diagnosed?

Your pediatrician can tell if your child has hand, foot, and mouth disease based on the symptoms you describe and by looking at your child's mouth sores and rash. Depending on how severe your child's symptoms are, your pediatrician may collect samples from your child's throat send them to a lab for testing.

If your child is diagnosed with hand, foot, and mouth disease, make sure to inform your child's child care provider or school. They may need to inform other parents and staff members about watching for symptoms.

What is the treatment?

There isn't any medicine to treat or cure hand, foot, and mouth disease. The only thing parents can do is ease the fever and pain with acetaminophen or ibuprofen. **Call your pediatrician if your child's fever lasts more than 3 days or if he or she is not drinking fluids.**

For mouth pain:

In children over age 1 year, parents can consult with their doctor as a variety of liquid mouth-soothing remedies may be useful to alleviate mouth ulcer pain. Do not use regular mouth washes, because they sting.

- **Age 1 to 6 years:** Put a few drops in your child's mouth or put it on with a cotton swab.
- **Age over 6 years:** Use 1 teaspoon (5 mL) as a mouth wash. Keep it on the mouth blisters as long as possible. Then have your child spit it out or swallow it.

Avoid dehydration:

Children with hand, foot, and mouth disease need to drink plenty of fluids. Call your pediatrician now or go to the ER if you suspect your child is dehydrated. [See Signs of Dehydration in Infants & Children for more information.](#)

How long is it contagious?

You are generally most contagious during the first week of illness. But, children with hand, foot, and mouth disease may shed the virus from the respiratory tract (nose, mouth and lungs) for 1-3 weeks and in the stool for weeks to months after the infection starts.

How is hand, foot, and mouth disease spread?

The virus causing hand, foot, and mouth disease is usually spread through person-to-person contact in different ways:

Respiratory route:

- Contact with large droplets that form when a child talks, coughs, or sneezes. These droplets can land on or be rubbed into the eyes, nose, or mouth. Most of these droplets do not stay in the air; usually, they travel no more than 3 feet and fall onto the ground.

- Contact with the respiratory secretions (nasal mucus or saliva) from objects contaminated by children who carry these viruses.

Fecal-oral route:

- Contact with stool of children who are infected. This generally involves a sick child dirtying his own fingers and then touching an object that another child touches. The child who touched the contaminated surface then puts her fingers into her own mouth.

How can I help prevent and control the spread of hand, foot, and mouth disease?

- Teach your children to cover their mouths and noses when sneezing or coughing with a disposable tissue, if possible, or with an arm sleeve if no tissue is available. Teach everyone to wash their hands right after using tissues or having contact with mucus. Change or cover contaminated clothing.
- Wash your hands after changing diapers. Parents can spread the virus to other surfaces by coming in contact with any feces, blister fluid or saliva.
- Clean, rinse, and sanitize toys that may have come in contact with your child's saliva.
- Prevent sharing of food, drinks, and personal items that may touch your child's mouth, such as eating utensils, toothbrushes, and towels.
- Protect other children in the house. Make sure they do not come in close contact with the child who is infected. Kissing, hugging, and sharing cups and utensils can spread the infection quickly. If your children share a room, separate them while the sick child is contagious.
- Disinfect any surfaces your child touches frequently—this may be helpful to prevent a sibling from getting hand, foot, and mouth disease (and it is doable if you're careful about cleaning surfaces).

Can my child go to school or child care with hand, foot, and mouth disease?

Yes, except for when:

- The child is not feeling well enough to participate in class or has a fever.
- The teacher or child care provider feels he or she cannot take care of the child without compromising care for the other children in the class. Excessive drooling from mouth sores might be a problem that people find difficult to manage.
- The child has many open blisters. It usually takes about 7 days for the blisters to dry up.
- The child meets other exclusion criteria.

Note: Exclusion from child care or school will not reduce the spread of hand, foot, and mouth disease because children can spread the virus even if they have no symptoms and the virus may be present in the stool for weeks after the symptoms are gone

When can my child go back to school or child care?

A child can return to school or child care after all of the exclusion criteria (*listed above*) are resolved and the child feels well enough to participate. Talk with your child's pediatrician if you are not sure when your child should return to school or child care.

If my child has already had hand, foot, and mouth disease can he or she get it again?

Yes. A child can have repeat infections with the same type of virus or different viruses that cause hand, foot, and mouth disease.

Additional Information & Resources:

- [Preventing the Spread of Illness in Child Care or School](#)
- [Germ Prevention Strategies](#)
- [The Healthy Children Show: Fever \(Video\)](#)
- [Hand, Foot & Mouth Disease \(CDC.gov\)](#)

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