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| |  |  | | --- | --- | | |  | | --- | | [[careforkids](http://www.careforkids.com.au/)](http://www.careforkids.com.au/) | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | | What do you know about… | | hand foot and mouth disease? | | |  | | --- | | https://www.careforkids.com.au/newsletter/images/rash.jpg | | | | |  | | --- | | Does your child have a blistery rash around and inside the mouth, throat, feet or bottom? Your little one may have Hand Foot and Mouth Disease (HFMD).  Firstly, before you get alarmed, this is not to be confused with "Foot and Mouth Disease", which affects livestock and is absolutely NOT the same thing.  Hand Foot and Mouth is actually a very common human virus in children under 10 (very occasionally in adults), and is caused by the highly contagious intestinal viruses of the picornaviridae family.  Usual symptoms are a mild fever followed by a rash of flat discolored spots and bumps that may blister, found in and around the mouth, palms of hands and soles of feet and sometimes on the bottom and genital area.  There are a few strains of the virus, but essentially they're the same thing and spread spread through direct contact with the mucus, saliva or feces of an infected child, so child care centres, family day care and preschools are all hotbeds of this disease.  HFMD likes warmer temperatures and outbreaks usually occur in Spring, Summer and Autumn. Signs and symptoms normally appear 3–6 days after exposure to the virus. The rash generally goes away on its own in about a week, and most cases require no treatment other than symptomatic relief with infant ibuprofen or similar.   Children must be kept hydrated (some kids' sores are so uncomfortable that they resist drinking at all) and sores can be alleviated with ice pops and cold fluids. Avoid acidic juices, because they can sting the sores. Stick to cold water if possible.   While not serious in itself, HFMD can be very uncomfortable and painful for children, especially when they get bad sores inside their mouth and throat. This can stop them from eating and drinking and might be confused with mouth ulcers or tonsillitis.   The main thing to remember is that while it has a shelf life and will go of its own accord, it is highly contagious, passing from kid to kid through touch, coughs, sneezes, and fecal matter and children who have signs (incubation is usually between 3 and 6 days) must be kept away from child care and other children as far as possible.   So as soon as you see a telltale rash around the mouth, mobilise the troops for back up child care, because you'll need it for about a week.  Symptoms:  Ulcer like rash around mouth/throat, feet and hands. Sometimes bottom.  Treatment:  Time and ibuprofen or cooling water, ice pops.  Prevention:  Prevention follows the usual virus/flu rule: encourage good hand cleanliness and avoid direct contact with infected individuals, including keeping infected children home from school, proper cleaning of shared utensils and disinfecting contaminated surfaces.  As with any childhood diseases, always consult your GP to confirm the virus, just to be on the safe side. | | |