



TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

**FROM: Rahul Gupta, MD, MPH, FACP, Commissioner and State Health Officer
WVDHHR, Bureau for Public Health**

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The West Virginia Bureau for Public Health, Division of Infectious Disease Epidemiology (DIDE) has seen a significant increase in reported hand, foot, and mouth disease (HFMD) outbreaks statewide. Currently in 2016, a total of 33 HFMD outbreaks have been reported, with 20 outbreaks in September alone.

HFMD is a common viral illness of infants and children. Cases may also occur in older adolescents and adults. HFMD signs and symptoms include sudden onset of fever, sores in the mouth, and a vesicular rash. The sores are usually located on the tongue, gums, and sides of cheeks and can be very painful. The skin rash develops over 1-2 days with flat or raised red spots, some forming fluid filled vesicles. The rash does not itch and is usually located on the palms of the hands and soles of feet. HFMD is infectious two days before the rash appears, during the acute stage of illness, and for up to several weeks after symptoms resolve. The virus may be found in the respiratory secretions for several days and in the stool for several weeks.

Several related enteroviruses (most commonly Coxsackievirus A16 and Enterovirus 71) cause HFMD. They spread from person-to-person by direct contact with nose and throat discharges or the stool of infected persons. Exclusion of children or staff with HFMD from school or daycare is unnecessary as long as individuals are afebrile and able to participate. Exclusion of ill persons does not prevent additional cases since asymptomatic viral shedding is common and prolonged. There is no specific treatment or vaccine for HFMD. Schools and daycares should encourage and enforce regular hand washing among students, attendees and staff, especially after diapering or using the restroom and before eating or preparing food. Other important control measures are cough etiquette, and regular cleaning and disinfecting of frequently touched surfaces and soiled items including toys.

DIDE is interested in collecting specimens of HFMD for further characterization of the virus. During the first week of illness, clinicians should collect a swab of vesicle fluid or lesion, a nasopharyngeal (NP) or rectal swab in viral transport media, or stool in a sterile cup. Collecting specimens from more than one site improves sensitivity. Instructions on submitting specimens or for further information, please contact DIDE at (304) 558-5358, extension 1 or the answering service at (304) 925-9946. Additional information about HFMD can be found by visiting the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/hand-foot-mouth/>.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.