



HEALTH ADVISORY #230

Hand, Foot, and Mouth Disease

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

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health, Bureau for Public Health

DATE: September 25, 2025

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 (BPH), has identified a significant increase in reported outbreaks of hand, foot, and mouth disease (HFMD) statewide. In 2025, a total of **38 HFMD outbreaks** have been reported, including **17 outbreaks since September 1, 2025**.

HFMD is a common viral illness that primarily affects infants and children, with typical seasonal increases during the summer and fall months. While individual cases are not reportable in West Virginia, emergency department, urgent care and outbreak data indicate higher HFMD activity this year compared to prior years. Older adolescents and adults may also be affected.

Clinical Features

- Symptoms: Sudden onset of fever, painful oral sores, and vesicular rash on the hands and feet.
- Illness course: Rash develops within 1–2 days of fever onset; vesicles are typically non-pruritic.
- Infectious period: Begins two days before rash onset, continues during acute illness, and may persist for weeks after symptoms resolve.
- Causative agents: Most commonly Coxsackievirus A16 and Enterovirus 71.

Transmission

Spread occurs primarily through contact with respiratory secretions or stool of infected persons. Prolonged asymptomatic viral shedding is common.

Exclusion Guidance

- Children and staff **do not need to be excluded from school or childcare** if they are:
 - Fever-free for at least 24 hours without fever-reducing medication
 - Well enough to participate in routine activities
 - Not experiencing uncontrolled drooling from mouth sores

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:

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- Exclusion does **not** prevent further spread because asymptomatic individuals may shed virus for weeks.
- Requiring a physician's note is not needed to return to daycare, school, or work is not recommended.

Testing

- HFMD is a clinical diagnosis; laboratory testing is unnecessary in most cases.
- Testing may be considered if the diagnosis is uncertain or in severe/unusual presentations (e.g., meningitis, sepsis).
- Routine testing is not recommended.

Prevention and Control

- Frequent handwashing (especially after diapering, bathroom use, and before food handling).
- Respiratory hygiene and cough etiquette.
- Regular cleaning and disinfecting frequently touched surfaces and toys.

Recommendations

1. HFMD activity is increasing statewide. Similar trends are being reported nationally. No increase in illness severity has been observed.
2. Clinicians should consider HFMD in the differential diagnosis for rash illnesses, particularly in children. Because measles continues to circulate nationally and internationally, clinicians should also remain vigilant for febrile rash illnesses that could represent measles.
3. Children with HFMD rarely require exclusion from childcare or school. Refer to [outbreak guidance](#) for exclusion criteria.
4. For further information, contact OEPS at (304) 558-5358, ext. 1, or visit the CDC HFMD resource page: [CDC: About HFMD](#).

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