Guidelines for Hand, Foot, and Mouth Disease (HFMD) Outbreaks

West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH

Define the Outbreak

Outbreak Definition	Three or more cases of HFMD with evidence of transmission in the setting (e.g., the same classroom, shared common space, ride the same bus, sports teams, etc.)
Case Definition	***Confirmed case:*** Tiny blisters on one or more body sites (palms, soles, mouth, or buttocks) and either lab confirmed enterovirus by PCR or culture **OR** physician diagnosed HFMD ***Probable case:*** Tiny blisters on one or more body sites (palms, soles, mouth, or buttocks)
Incubation Period	3 to 6 days
Communicability	Most contagious for one week after symptom onset. Virus will shed for several weeks thereafter. Respiratory shedding is usually limited to one week or less. Virus is shed in feces and respiratory secretions and can survive on inanimate objects.

Signs and Symptoms

- Fever
- Sore throat
- Cough
- Diarrhea
- Runny nose
- The child may be 'cranky' or 'fussy.'
- Painful mouth sores that may interfere with eating and drinking
- Tiny blisters (vesicles) lasting up to one week on any or all of these sites: palms, soles, mouth, buttocks

When You Have an Outbreak

1. **Report the outbreak to the local health department immediately.**
2. Confirm the diagnosis with the child's physician.
3. Local health department will provide further instructions on outbreak management.
4. Outbreaks are usually benign and self-limited. Contact the health department if serious illness or complications occur.

To Help Control the Spread of Infection

1. Teach children and caregivers to cover coughs and sneezes with a disposable tissue, then wash hands.
2. Wash hands often with soap and water for at least 20 seconds, especially after diapering or using the toilet and before and after caring for someone who is sick.
3. Follow proper diaper-changing and toileting procedures. Clean and disinfect changing surfaces and potty chairs after each use, and place soiled diapers in lined, covered containers.
4. Clean and disinfect frequently touched surfaces and soiled items, including toys, more often. Use an EPA-registered detergent-disinfectant or hospital grade disinfectant.
5. Set aside toys that children have put in their mouths, and clean and disinfect them before another child uses them.
6. Change clothing, sheets, or mats soiled with saliva, blister fluid, or stool as soon as possible. Wear disposable gloves while handling them and wash hands afterward.
7. Discourage sharing utensils or cups. Avoid contact with saliva and respiratory secretions.
8. Avoid close contact (hugging, kissing) and sharing toys or toothbrushes. Keep blisters clean and avoid touching the face with unwashed hands.
9. Notify staff and parents of the outbreak (see the HFMD Parent Letter Template). Ask families to watch for symptoms, including in siblings.
10. **Exclusion:**
    a. Symptomatic children do not have to be excluded unless:
        i. Staff determine they cannot adequately care for the child without compromising the care and safety of others. Excessive drooling may be difficult to manage.
        ii. The child meets facility-defined exclusion criteria (such as fever).
    b. Readmit excluded children when the exclusion criteria have resolved.

REMEMBER: Outbreaks are immediately reportable to your local health department!

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