

Herpangina & Hand-Foot-And-Mouth

Both viral syndromes are caused by **coxsackie viruses**.
About half of all children with coxsackie virus infection have no symptoms.
In addition to fever, coxsackie viruses usually cause one of two primary patterns of illness.

Herpangina

Usually caused by **group A coxsackie** viruses.
Often in the summer or early fall, typically 3-10 years old.
Small blisters at the back of throat, especially near the tonsils and/or roof of mouth.
Blisters can rupture to form larger ulcers.
Can also have **headaches, vomiting or abdominal pain**.
Oral lesions usually resolve spontaneously in less than 3-5 days.

Hand-Foot-And-Mouth

Usually caused by **A16 coxsackie** virus (less commonly enterovirus 71).
Often in spring or early summer, **most commonly less than 5-10 years old**.
Small blisters on the tongue, gums, inside of cheeks, and roof of the mouth.
Small tender blisters on the hands and/or feet (especially palms or soles and between fingers or toes), buttocks and genitals.
Typical symptom resolution: Fever up to 3 days, mouth ulcers up to 7 days, **rash** on hands, feet and/or diaper area up to 10 days.
A 16 coxsackie virus can also **cause fingernail or toenail changes** over the next few months.

Contagiousness

Coxsackie viruses are contagious, but typically cause mild and harmless disease.

A child may return to child care or school after fever is gone, drooling from mouth sores has stopped, and the child's needs do not compromise the staff's ability to care for other children. Most children are able to return after the first few days of the illness.

Coxsackie viruses are passed from person to person on unwashed hands or surfaces contaminated by stool and can also be spread through droplets of fluid sprayed into the air when someone sneezes or coughs.

The typical incubation period (time from exposure to symptom onset) is 3-6 days.
The rash is not contagious.

Care Advice

Fever and/or pain control as needed for comfort.

Liquid antacid (such as Maalox) up to 4x/day after eating as needed

Encourage cool fluids via cup, spoon, or syringe.

Soft, non-acidic, non-spicy foods as tolerated

When to Call

Child **looks or acts very sick**.

Signs of **dehydration** (very dry mouth, no tears, no urine for more than 8 hours)

Stiff neck, severe headache, or acting confused.

Very red, swollen and tender gums.

Heavy breathing and/or excessive tiredness even when there is no fever.

Fever above 101F for more than 3 days.

Prevention

Hand washing is the best mode of prevention (www.cdc.gov/handwashing).

Emphasize hand washing after using the toilet, after changing diapers, before preparing food meals, and before eating meals.

While your child has fever, **avoid swimming pools or sharing bath with another child.**