ECRONICON OPEN ACCESS

EC PAEDIATRICS
Editorial

Hand, Foot and Mouth Disease: Parental Education is the "Gateway" to Prevention

Suraj Gupte*

Professor and Head (Emeritus), Postgraduate Department of Pediatrics, Mamata Medical College and General and Superspeciality Hospitals, Khammam, Hyderabad, India

***Corresponding Author:** Suraj Gupte Professor and Head (Emeritus), Postgraduate Department of Pediatrics, Mamata Medical College and General and Superspeciality Hospitals, Khammam, Hyderabad, India.

Received: September 03, 2019; **Published:** September 11, 2019

The recent outbreaks of hand, foot and mouth disease in children in different parts of South-East Asia is a matter of concern.

Hand, foot and mouth disease, a highly contagious though mild illness, is mostly caused by Coxsackievirus A16 and enterovirus 71. Usually, it occurs in children, predominantly under-5s in an epidemic form [1-3]. Its prodromal phase is characterised by low-grade fever, sore throat, irritability, anorexia and malaise. In the ensuing eruptive phase, development of blisters and/or ulcers in the mouth and skin rash or blisters over hands and feet (most pronounced over palms and soles) is the highlight.

Methods of spreading the etiological virus include close, personal contact with an infected person, coughing and sneezing, touching contaminated toys, objects and surfaces, contact with infected faeces (both direct and indirect). Mishandling of diapers soiled with fecal matter is a common mode of transmission of infection.

Though usually a benign and self-limited disease, the lesions are vulnerable to superadded bacterial sepsis. Some patients suffer from transient nail atrophy. Rarely, acute flaccid paralysis, (AFP), encephalitis, meningitis, myocarditis and pediatric ARDS may complicate the picture.

Other than symptomatic measures (antipyretics such as paracetamol, ibuprofen, mefenamic acid etc. smoothening topical applications, soft foods), there is no specific treatment.

The best prevention revolves around education of the parents who can play a pivotal role in prophylaxis against spread of the disease.

First, stress on coughing and sneezing hygiene that involves teaching children to cover their mouths and noses when sneezing or coughing with a disposable tissue or handkerchief, or alternatively, with an arm sleeve. Everyone should wash hands right after using tissues or having contact with mucus. Contaminated clothing should be discarded until appropriately washed.

Secondly, stress on hand hygiene, i.e. washing hands after changing diapers since parents may spread the virus to other surfaces by coming in contact with any feces, blister fluid or saliva.

Thirdly, avoiding toys and objects that may have come in contact with the child's saliva.

Fourthly, preventing sharing of food, drinks, and personal items that may touch child's mouth, such as eating utensils, toothbrushes and towels.

Fifthly, protecting other children in the house by ensuring that they do not come in close contact with the child who is suffering from this disease.

Sixthly, avoidance of kissing, hugging, and sharing cups and utensils that can spread the infection quickly.

Seventhly, separating other children during the contagious period of the sick child.

Finally, disinfection of the surfaces that the sick child often touches.

All said and done, let me emphasise - yes, if at the cost of repetition - that isolation of the contagious index case is critical in safeguarding from further spread to others. The disease being highly contagious, the children with the active illness should limit their exposure to others while they have overt manifestations. Keeping children with this disease out of crèche, child care unit or school until fever and mouth lesions are over.

Let us remember that there is a growing evidence that sticking to the aforesaid preventive measures plays a pivotal role in containing the spread of hand, foot and mouth disease. Public health authorities in the vulnerable countries need to take the disease seriously rather than casually dismiss it as a benign problem as has often happened in the past [3].

Bibliography

1. Singh LR and Gupte S. "The Short Textbook of Pediatrics, 12th edition". In: Gupte S (Ed). New Delhi: Jaypee (2016): 331-358.
2. Mayo Clinic. "Hand-foot-and - mouth disease" (2019).
3. Lee A. "Hand, foot and mouth disease: Stray thoughts based on 4 decades of first hand observations". Second Afro-Asian Workshop on Infectious Diseases, Dubai (2018).

Volume 8 Issue 10 October 2019