



Hand, foot and mouth disease

Key points

- **Hand, foot and mouth disease causes a rash, small mouth ulcers and blisters on hands and feet.**
- **The illness is usually mild, and most children get better quickly.**
- **Pain relief can help with discomfort. Drinking fluid is important too.**
- **Keep children at home until blisters have dried up.**

About hand, foot and mouth disease

Hand, foot and mouth disease is a mild infection that can cause a rash, mouth ulcers and blisters on the hands and feet. Sometimes blisters come up on children's bottoms too.

Hand, foot and mouth disease is **caused by different viruses** but most often by coxsackie virus.

Because hand, foot and mouth disease can be caused by different viruses, children can get hand, foot and mouth disease more than once.

Outbreaks of hand, foot and mouth disease typically happen in summer and autumn.

Your child can't get hand, foot and mouth disease from animals. The hand, foot and mouth disease that children get isn't the same as the foot and mouth disease that animals get.

How hand, foot and mouth disease spreads

Hand, foot and mouth disease is **very contagious**. It spreads through sneezing, coughing or touching the fluid inside blisters. The virus is also in the poo of infected children.

Children with hand, foot and mouth disease are very contagious until their blisters are gone. And even several weeks after symptoms go away, the virus can still spread if children come into contact with the poo of children who have had hand, foot and mouth disease.



Hand, foot and mouth disease is very common among groups of children, especially preschoolers.

Symptoms of hand, foot and mouth disease

Symptoms appear 4-6 days after infection with the virus.

Your child might have a mild [fever](https://raisingchildren.net.au/guides/a-z-health-reference/fever) (https://raisingchildren.net.au/guides/a-z-health-reference/fever) for 1-2 days before the other symptoms appear.

Small mouth ulcers usually appear first on the cheeks, gums and sides of the tongue. Your child might also complain of a sore mouth or throat. Or your child might just go off their food and refuse fluids.

Your child might also have a [headache](https://raisingchildren.net.au/guides/a-z-health-reference/headache) (https://raisingchildren.net.au/guides/a-z-health-reference/headache) and aching muscles, mild [stomach pain](https://raisingchildren.net.au/guides/a-z-health-reference/stomach-ache) (https://raisingchildren.net.au/guides/a-z-health-reference/stomach-ache) or [nausea](https://raisingchildren.net.au/guides/a-z-health-reference/nausea) (https://raisingchildren.net.au/guides/a-z-health-reference/nausea).

Small blisters or a rash appear on the hands and feet, usually on the palms and soles. The blisters or rash might also appear on your child's bottom. The rash might look brown, grey or purple on darker skin or red on lighter skin.

The blisters and ulcers usually go away after 7-10 days.

Medical help: when to get it for children with hand, foot and mouth disease

You should take your child to the [GP](https://raisingchildren.net.au/guides/a-z-health-reference/general-practitioner) (https://raisingchildren.net.au/guides/a-z-health-reference/general-practitioner) if you think they might have hand, foot and mouth disease, or you're not sure why they have a rash.

You should take your child to your **nearest hospital emergency department** if they have hand, foot and mouth disease and:

- are refusing fluids as well as solids
- are showing signs of [dehydration](https://raisingchildren.net.au/guides/a-z-health-reference/dehydration) (https://raisingchildren.net.au/guides/a-z-health-reference/dehydration) – not as much wee as usual, paleness, weight loss, sunken eyes, cold hands and feet, and drowsiness
- are very sleepy or generally unwell
- have a headache, stiff neck or back pain
- have trouble walking or are dizzy.



You know your child best. If your child seems unwell, trust your instincts and seek medical attention.

Treatment for hand, foot and mouth disease

There's **no treatment** for hand, foot and mouth disease. But most children get better quickly by themselves without any problems.

Paracetamol or ibuprofen can help ease discomfort and pain.

It's important for your child to **drink fluids to avoid dehydration**. This can be hard if your child's mouth is sore. You could try an oral rehydration solution, which you can buy from any pharmacy. These products might come as premade liquid, powder or icy poles for freezing.

If eating hurts your child, it's best for them to stick to soft foods for several days and avoid tangy foods like tomatoes, lemons, grapefruit and oranges.

Don't try to pop the blisters. This increases the risk of getting a skin infection and spreading the virus to other children.



Don't give aspirin to children under 12 years unless it's prescribed by a doctor. Aspirin can make your child susceptible to Reye's syndrome, a rare but potentially deadly illness. If you're giving your child any over-the-counter medicines, check with your pharmacist or doctor to make sure these have no aspirin.

Prevention of hand, foot and mouth disease

It's difficult to stop your child from getting hand, foot and mouth disease.

Careful handwashing (<https://raisingchildren.net.au/guides/coronavirus-covid-19-guide/hand-washing-in-pictures>), especially at child care and preschool, can help to minimise the spread of the virus.

If your child is still in nappies, make sure to wash your hands after changing their nappies. Also make sure to properly wipe down the changing mat or table.



Your child shouldn't go to child care, preschool or school until the fluid in the blisters has dried up.

Acknowledgements

This article was reviewed by Dr Rachael Purcell, Infectious Diseases Fellow, The Royal Children's Hospital, Melbourne.

References

Abzug, M.J., & Messacar, K. (2019). Nonpolio enteroviruses. In R. Kliegman, J. St Geme, N. Blum, S. Shah, R. Tasker & K. Wilson (Eds), *Nelson textbook of paediatrics* (21st edn, pp. 1690-1696). Elsevier.

Curtis, N., Starr, M., & Osowicki, J. (2020). *Infectious diseases*. In K. Harding, D. Mason & D. Efron (Eds), *Paediatric handbook* (10th edn, pp. 301-335). Wiley-Blackwell.

Guerra, A.M., & Waseem, M. (2021). Hand foot and mouth disease. *StatPearls*. StatPearls Publishing. Retrieved 18 May 2022 from <https://www.ncbi.nlm.nih.gov/books/NBK431082/?report=classic>.

Olson, D., Levin, M.J., & Asturias, E.J. (2020). Infections: Viral and rickettsial. In W. Hay, M. Levin, M. Abzug & M. Bunik (Eds), *Current diagnosis and treatment: Pediatrics* (25th edn, Chapter 40). McGraw-Hill Education.

Last updated or reviewed

30-05-2022

SUPPORTED BY



Australian Government
Department of Social Services

Raising Children Network is supported by the Australian Government. Member organisations are the Parenting Research Centre and the Murdoch Childrens Research Institute with The Royal Children's Hospital Centre for Community Child Health.

At raisingchildren.net.au we acknowledge the traditional custodians of the land on which we live, gather and work. We recognise their continuing connection to land, water and community. We pay respect to Elders past, present and emerging.