WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease (HFMD) is an infectious contagious disease which commonly affects infants and children under 5 years of age. However, sometimes, adults also get the infection

Aetiology

The disease is caused by viruses that belong to the Enterovirus genus:
The common causative virus of this group are:

- Coxsackievirus A16- this is the most common cause of hand, foot, and mouth disease, but other coxsackieviruses can also cause the illness.
- Enterovirus 71 - mostly in children in East and Southeast Asia.

Transmission

The causative virus is found in an infected person's nose and throat secretions such as saliva, sputum, or nasal mucus, blister fluid and faeces. Infection is transmitted when a person gets exposed to the causative viruses through close personal contact, such as hugging an infected person, the air when an infected person coughs or sneezes, contact with faeces, such as changing diapers of an infected person then touching your eyes, nose, or mouth before washing your hands. Further, infection is transmitted after having contact with contaminated objects and surfaces, like touching a doorknob that has viruses on it, then touching eyes, mouth, or nose before washing your hands.

Another possible source of transmission is a swimming pool used by infected children. However, this is not very common. This occurs mainly in the instances where water is not properly treated with chlorine and becomes contaminated with faeces of a person who has the hand, foot, and mouth disease.

This is most contagious during the first week of illness and can be contagious for days or weeks after symptoms disappear. Some adults may be asymptomatic, but

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they can still spread the virus to others. Good hygiene, such as frequent hand washing, will minimize their chance of spreading or getting infections.
Hand, foot and mouth disease is not transmitted to or from animals.

Symptoms

It usually starts with fever, reduced appetite, sore throat and a feeling of being unwell (malaise).
One or two days afterwards:

- Painful sores in the mouth (herpangina) which usually begin as small red spots, in the back of the mouth. Blisters sometimes become painful.
- Over the next two days, a skin rash on the palms and soles may also develop as flat, red spots, sometimes with blisters. These may also appear on the knees, elbows, buttocks or genital area.
- There is a possibility that young children, may get dehydrated if they are not able to swallow enough liquids because of painful mouth sores.
- Some adults may become infected and are asymptomatic.

Complications

- A small proportion may develop:
- Viral or “aseptic” meningitis presenting with fever, headache, stiff neck, or back pain
- Encephalitis or polio-like paralysis can occur (but this is even rarer)
- Loss of fingernail and toenail within a few weeks after having the hand, foot, and mouth disease. The nail loss was temporary

Treatment

- There is no specific treatment
- Medications to relieve pain and fever. (Caution: Aspirin should not be given to children.)
- Use mouthwashes or sprays that numb mouth pain.
- It is important to drink enough liquids to prevent dehydration (loss of body fluids).
- Sometimes will need giving IV fluid in case of dehydration

Prevention

Currently, there is no vaccine
Following activities would contribute to the prevention

- Washing hands often with soap and water especially after changing diapers and using the toilet
- Cleaning and disinfecting frequently touched surfaces and soiled items, including toys.
- Avoiding close contact with the infected person such as kissing, hugging, or sharing eating utensils or cups.

Source: https://www.cdc.gov/hand-foot-mouth/about/index.html

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th – 06th Dec 2019 (49th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	802	18237	1	59	0	13	0	24	1	70	10	274	1	13	0	11	0	0	3	441	1	52	0	6	**50**	**100**
Gampaha	551	14352	1	47	0	9	0	4	0	32	6	146	0	5	0	10	0	2	13	432	0	29	0	166	**48**	**98**
Kalutara	165	7607	0	74	0	7	0	23	0	69	11	623	0	8	0	6	0	2	8	666	2	106	0	3	**64**	**99**
Kandy	409	7856	1	99	0	13	0	7	0	31	5	102	2	93	0	6	0	3	4	279	1	67	0	53	**65**	**100**
Matale	212	1859	0	31	0	4	0	1	0	6	2	53	0	6	0	9	0	2	0	88	0	5	4	274	**59**	**100**
NuwaraEliya	20	368	1	101	0	2	0	10	0	11	1	64	0	80	0	9	0	0	3	149	3	63	0	1	**27**	**100**
Galle	106	6624	3	56	0	8	0	3	0	7	11	481	3	60	0	51	0	2	7	446	1	54	0	5	**61**	**99**
Hambantota	41	1895	0	39	0	5	0	4	0	12	13	219	0	133	1	5	0	1	8	309	0	46	15	779	**73**	**100**
Matara	100	3799	0	40	0	4	0	8	0	20	14	511	0	44	1	22	0	1	5	325	0	17	11	588	**60**	**100**
Jaffna	769	6267	12	390	0	13	3	40	5	115	2	40	31	477	0	6	0	1	0	274	0	23	0	0	**21**	**93**
Kilinochchi	25	280	7	113	0	2	0	16	1	13	2	22	2	31	0	1	0	0	0	11	0	8	0	15	**53**	**100**
Mannar	49	190	0	6	0	2	1	14	0	1	0	1	2	11	0	0	0	0	1	2	1	8	0	1	**55**	**100**
Vavuniya	68	634	0	38	1	13	0	30	0	23	1	58	0	5	0	0	0	0	0	86	0	12	0	4	**60**	**100**
Mullaitivu	15	211	1	23	0	1	1	16	0	5	0	27	0	8	0	0	0	0	0	16	0	7	0	6	**29**	**99**
Batticaloa	167	1995	5	240	0	2	0	14	0	43	2	52	0	1	0	0	0	1	1	274	1	32	0	0	**51**	**100**
Ampara	16	323	1	81	0	4	0	0	0	17	1	58	0	2	1	12	0	0	2	315	1	25	0	4	**59**	**100**
Trincomalee	242	1841	2	51	1	1	0	0	0	63	2	25	0	20	0	5	0	1	4	242	0	12	0	5	**34**	**98**
Kurunegala	154	2707	1	78	0	23	0	6	0	31	11	315	0	30	0	24	0	4	9	605	7	102	22	800	**61**	**100**
Puttalam	128	1898	1	34	0	5	0	1	0	19	2	56	1	17	0	3	0	0	2	133	0	51	0	10	**62**	**100**
Anuradhapura	82	970	2	67	1	13	1	6	0	13	14	180	5	45	0	25	0	2	10	505	3	96	11	534	**43**	**91**
Polonnaruwa	24	477	1	31	0	3	0	3	0	6	4	89	0	4	0	17	0	2	3	304	1	26	6	306	**60**	**99**
Badulla	88	1585	0	91	0	12	0	10	0	89	2	229	0	130	1	25	0	0	5	336	0	169	0	17	**63**	**100**
Monaragala	0	333	0	36	0	4	0	0	0	79	0	189	0	82	0	41	0	0	0	212	0	112	0	22	**60**	**63**
Ratnapura	111	3741	3	120	0	39	0	10	0	33	38	1124	1	48	0	36	0	4	2	422	0	163	4	176	**49**	**100**
Kegalle	113	2461	0	39	0	19	0	2	0	28	10	302	2	61	0	97	0	0	12	486	1	57	1	62	**69**	**100**
Kalmune	53	1085	3	112	0	2	0	1	0	64	0	34	0	3	0	4	0	0	4	258	0	27	0	0	**62**	**100**
SRILANKA	**4510**	**89595**	**46**	**2096**	**3**	**223**	**6**	**253**	**7**	**900**	**16**	**5274**	**50**	**1417**	**4**	**425**	**0**	**28**	**106**	**7616**	**23**	**1369**	**74**	**3837**	**55**	**97**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 06 th December , 2019 Total number of reporting units 353 Number of reporting units data provided for the current week: 325 C**-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

30th – 06th Dec 2019 (49th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2019	Number of cases during same week in 2018	Total number of cases to date in 2019	Total number of cases to date in 2018	Difference between the number of cases to date in 2019 & 2018
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	03	78	63	23.8 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	00	00	00	00	00	00	02	08	307	346	- 11.2 %
Measles	00	01	00	00	00	01	00	00	00	02	04	280	118	137.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	03	00	08	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	01	00	00	00	00	00	01	00	20	19	5.2 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	01	00	00	00	00	00	01	01	17	26	- 34.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	38	48	- 20.8 %
Tuberculosis	115	51	12	22	14	11	01	18	24	268	224	8037	8337	- 3.5 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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