

HAND, FOOT, AND MOUTH DISEASE AND PREGNANCY

(Enteroviral Infections)

Hand, food, and mouth disease (HFMD) basics

Hand, foot, and mouth disease (HFMD) is caused by a group of enteroviruses. The enterovirus group consist of group-A coxsackieviruses, group-B coxsackieviruses, echoviruses, and enteroviruses. Infection with an enterovirus results in immunity to that specific virus, but not to other viruses of the enterovirus group.

HFMD is a common illness of infants and young children. Symptoms include low-grade fever that may last 1 to 2 days, runny nose and/or sore throat. A blister-like rash may occur in the mouth, on the sides of the tongue, inside the cheeks, and on the gums. The sores generally last for 7 to 10 days. A blister-like rash may occur on the palms and fingers of the hands, on the soles of the feet, or on the buttock. The disease is usually self-limited, but in rare cases has been fatal in infants.

HFMD illness is usually not serious. HFMD caused by coxsackievirus A16 infection is a mild disease and nearly all patients recover without medical treatment in 7 to 10 days. Complications are uncommon. Rarely, patients with coxsackievirus A16 or enterovirus 71 (EV71) infections may develop viral meningitis. For general fact sheets on HFMD, see Section 6.

HFMD and pregnancy

Since enteroviruses are very common, pregnant women are frequently exposed to them, especially during summer and fall months. Most enteroviral infections during pregnancy cause mild or no illness in the mother. Currently there is no clear evidence that maternal enteroviral infection causes adverse outcomes of pregnancy such as abortion, stillbirth, or congenital defects. However, mothers infected shortly before delivery may pass the virus to the newborn. Babies born to mothers who have symptoms of enteroviral illness around the time of delivery are more likely to be infected. Most newborns infected with an enterovirus have mild illness, but, in rare cases, may develop an overwhelming infection of many organs, including the liver and heart, and die from the infection. The risk of this severe illness in newborns is higher during the first two weeks of life.

Exposure to HFMD during pregnancy

If pregnant women are exposed to HFMD, they should consult their health care provider for information about diagnosis, possible lab tests, and follow-up.

HFMD prevention

There is no preventive vaccine. Specific prevention for HFMD or other non-polio enterovirus infections is not available, but the risk of infection can be lowered by good hygienic practices.

Pregnant women can do the below to protect themselves against HFMD:

- Wash hands thoroughly with soap and warm running water after using the toilet; after changing diapers; after handling anything soiled with stool, secretions from the nose or mouth, or fluid from the blisters; before preparing food; and before eating. Thorough handwashing is the best way to prevent the spread of communicable diseases. Staff should closely monitor handwashing of all children after they have used the bathroom or have been diapered.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

