

# Hand, Foot and Mouth Disease (Enteroviruses) Risk Assessment & Mitigation Strategies

Considerations for Crowded Settings (such as Emergency Shelters or Refugee Camps)

## HFMD Transmission

[Hand, foot and mouth disease \(HFMD\)](#) is a [non-polio enterovirus-related illness](#) that spreads easily through direct contact, respiratory droplets, and contact with contaminated surfaces and objects.

- The most common viruses that cause HFMD are coxsackievirus A16 (CV-A16), coxsackievirus A6 (CV-A6), and enterovirus A71 (EV-A71).
- Respiratory transmission is generally limited to 7 days or less (that is, during the symptomatic period) and long-term control focuses on control of contact and fomite transmission.
- Incubation period is 3-6 days, symptomatic period usually lasts 7-10 days, and post-symptomatic stool shedding of virus can continue for weeks.
- Illness is typically self-limited. Consider pain relief for children who might not be drinking due to painful mouth blisters and ensure good hydration, particularly in infants.

[Symptoms and Diagnosis of Hand, Foot, and Mouth Disease](#)  
[| CDC](#)



## Isolation and Quarantine Recommendations

Typical isolation and quarantine recommendations are generally not feasible given that shedding of the virus can persist for weeks, and there is unrecognized asymptomatic disease and shedding in some people.

- Also, prioritization of isolation and quarantine spaces for other diseases such as measles, COVID-19, and influenza is critical.
- Cohorting families during the first week of illness in separate barracks can be an option if the outbreak worsens. However, if families have to mix with the general population for meals and bathroom use, this option might not be helpful.



Centers for Disease Control  
and Prevention  
National Center for Immunization and  
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