

HAND FOOT AND MOUTH DISEASE GUIDELINES DURING OUTBREAKS OR  
SUSPECTED OUTBREAKS AT CHILD CARE FACILITIES

1. **EXCLUSION CRITERIA:** Be especially on the lookout for rashes and fevers. It is the child care provider's responsibility to exclude children who are diagnosed or are suspected of having HFMD. Review the WCHD Infectious Diseases in Childcare Settings and Schools Manual (section 6): *Hand, Foot, and Mouth Disease* information sheet available on the website at: [https://www.washoecounty.us/health/programs-and-services/communicable-diseases-and-epidemiology/educational\\_materials/infectious-diseases-manual/index.php#sec6](https://www.washoecounty.us/health/programs-and-services/communicable-diseases-and-epidemiology/educational_materials/infectious-diseases-manual/index.php#sec6). A parent fact sheet is also available at that website. Please distribute the parent fact sheet to all families associated with your facility/outbreak. A note from a Health Care Provider cannot be used as a substitute for these exclusionary criteria. If the parent/guardian calls stating the child is sick, document the date of the call. Then determine if the symptoms fit the exclusionary criteria for HFMD. If the symptoms do fit the criteria inform the parent/guardian of the exclusion and readmission requirements for their child.
2. **RE-ADMITTANCE CRITERIA:** Individuals diagnosed or suspected of having HFMD must be excluded from this child care facility and may not be admitted to another child care facility. Such excluded children shall not be re-admitted to the child care facility until all three of the following occur: 1) they have no fever for 24 hours after discontinuing the use of any fever reducing medication(s), and; 2) all lesions are dry or have scabbed over and 3) no new lesions have appeared for 24 hours. It is the administrator of the child care facility's responsibility to monitor these time lines so children are not returned earlier than allowed under this re-admittance criteria. **A health care provider's note cannot be used to gain admittance for a child into the child care facility if the child does not meet the re-admittance criteria.**

OTHER REQUIRMENTS WHEN DEALING WITH A KNOWN OR SUSPECTED  
OUTBREAK OF HFMD:

A. Isolation of Ill Children.

- a. Children who meet the exclusion criteria must be immediately isolated into a separate area and their parent(s)/ guardian(s) immediately called to pick up the child.

B. No Co-Mingling of Classrooms/Play Areas and Avoiding Close Contact.

- a. Do not co-mingle classrooms or transition children from one classroom to another as this may spread the infection to additional rooms

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- b. Avoid close contact (e.g. hugging, sharing utensils, cups and toys) with other children.

C. Health Check.

- a. As is customary and the usual every day practice for child care staff member(s) they evaluate the health and wellness of each child, to the best of their ability. The health checks includes:
  - i. Reported or observed illness or injury affecting the child or family members since the last date of attendance.
  - ii. Reported or observed changes in behavior of the child (such as lethargy or irritability) or in the appearance (e.g., sad) of the child from the previous day.
  - iii. Skin rashes.
  - iv. Temperature check if the child appears ill.
- b. In an outbreak situation, staff must actively ask parent(s)/guardian(s) when children are dropped off to ensure children have no signs or symptoms.

D. Mandatory Information to Give Parents.

- a. Distribute the Washoe County Health District's *Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6 (CVA6)* fact sheet and parent letter to all parents/guardians. In addition, inform the parents and or guardians to be on heightened alert since cases or suspected cases of HFMD have appeared at this child care facility.

E. Washing, Rinsing, and Disinfecting.

- a. For disinfecting, use 1000ppm bleach/water solution (½ cup of bleach to 1 gallon of water) prepared fresh daily.
- b. Wash, rinse, then disinfect frequently touched (high touch) surfaces (doorknobs, changing tables, etc.)
- c. Wash, rinse, then disinfect all common areas before and after use and before another group uses the area, such as shared areas, play areas, common rooms and playground equipment.
- d. Wash, rinse, then disinfect objects and surfaces thoroughly (toys, equipment, etc.) at least once a day.
- e. Wash, rinse, and then disinfect after each use all of the following: 1) all objects that are mouthed; 2) diaper changing tables, and; 3) toilet seats.
- f. Have carpets professionally steamed cleaned as soon as possible. And sanitize with bleach solution vinyl floors after cleaning.

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F. Handwashing.

- a. Monitor and ensure frequent handwashing, especially after handling nose and throat discharges, feces and articles soiled therewith (diaper changing tables, toilet seats, wiping nose, etc).

G. Personal Items.

- a. Do not allow children to bring personal items that will be shared with other children such as games, toys, and show and tell items.
- b. Personal belongings, such as linens, must be labeled with the child's name and stored separately from others to prevent cross-contamination.

H. Back-up Caregivers Available.

- a. A plan must be in place at your child care facility so back-up caregivers are available if needed. This will ensure the children are being properly cared for and will also ensure the staff/child ratios, required under the Washoe County Child Care Regulations, are being met.

I. Food Handling.

- a. No direct bare hand contact with food items allowed. Mandatory glove use, tongs, or other utensils are required when directly handling food items.
- b. Do not allow any food brought from child's home to be brought into center for shared celebrations or events.

**DURING THE OUTBREAK OR SUSPECTED OUTBREAK THE CHILD CARE ADMINISTRATOR MUST INFORM ALL STAFF MEMBERS OF THESE REQUIREMENTS TO ENSURE PROPER COMMUNICATION SO EVERYONE IS FOLLOWING THESE GUIDELINES. THESE GUIDELINES ARE IN EFFECT UNTIL ALL CHILDREN AND STAFF AT THE CHILD CARE FACILITY ARE SYMPTOM FREE OF THIS DISEASE FOR TWELVE (12) DAYS AFTER THE LAST SUSPECTED CASE OF HFMD OCCURS.**

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE HEALTH DISTRICT AT (775) 328-2447.

Your child may have been exposed to:

## Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease (HFMD) is a viral infection that causes a rash illness.

### If you think your child has Hand, Foot, and Mouth Disease:

- Tell your childcare provider or call the school.
- **Need to stay home?**

### Childcare and School:

**Yes**, until sore throat and fever are gone for 24 hours, all sores are dry and/or scabbed over and child is healthy enough for routine activities.

Enhanced exclusions may be implemented during an outbreak.

### Symptoms

Your child may have a fever, rash, sores and a vague feeling of illness.

The rash may appear as small pimply sores at first progressing to larger sores (some fluid filled) that tend to scab over after a day or two. These sores may last 7 to 10 days. The sores do not usually itch but can be painful as they emerge and may appear on parts of the body other than the hands, feet or mouth (e.g. groin, buttocks, torso, arms and face). Sores in the mouth and/or throat may cause loss of appetite and/or dehydration which may become a medical emergency. Ask a healthcare provider how to prevent dehydration.

If your child is infected, it may take 3 to 6 days for symptoms to start.

### Spread

- By coughing and sneezing.
- By touching contaminated hands, surfaces, and objects.

### Contagious Period

During the first week of illness. The virus may be in the stool for several weeks after symptoms resolve.

### Call your Healthcare Provider

- ◆ If anyone in your home has symptoms.

### Prevention

- Cover nose and mouth when sneezing or coughing. Use a tissue or your sleeve. Dispose of used tissues.
- Wash hands after touching anything that could be contaminated with stool or secretions from the nose or mouth and before preparing food or eating. Your child may need help with hand washing.
- Clean and disinfect any objects that come in contact with stool or secretions from the nose or mouth. This includes toilets (potty chairs), sinks, mouthed toys, and diaper changing areas. Use a product that kills germs.

For more information, call Washoe County Health District-Communicable Disease Program at (775) 328-2447 or call your local health department if you reside outside of Washoe County.

# Atypical Hand, Foot, and Mouth Disease Caused by *Coxsackievirus A6* (CVA6)



## WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION Updated, May 2016

A new strain of hand, foot, and mouth disease (HFMD) made its way to the Truckee Meadows in 2012. Over four hundred self-reported cases of HFMD were received by WCHD in 2012. Typical HFMD, most commonly caused by either *Coxsackievirus A16* (CVA16) or *Enterovirus 71* (EV 71) is a common illness of infants and children  $\leq 5$  yrs.

### What is Atypical HFMD caused by *Coxsackie A6* (CVA6)?

This specific virus (CVA6) has been identified as, an emerging disease (new to the U.S. in 2012), causing outbreaks of HFMD. The disease presentation associated with CVA6 differs from the more commonly seen forms of HFMD (e.g. CVA16 and EV 71) in that:

- 1) Transmission from children to adults is more common with CVA6,
- 2) The sores associated with CVA6 can be impressive and painful, appearing not only on the hands, feet and mouth but also on the buttocks, groin, face and extremities,
- 3) Some cases report nail shedding or peeling (onychomadesis) weeks after initial onset, and
- 4) This strain is not confined to just the summer months as with other viruses causing HFMD.

### What are the signs & symptoms of HFMD caused by CVA6?

- Fever, rash, sores and a vague feeling of illness.
- A rash may appear as small pimply sores at first progressing to larger sores (some fluid filled) that scab over after a day or two.
- The sores do not usually itch but can be painful as they emerge and may appear on parts of the body other than the hands, feet or mouth (e.g. groin, buttocks, torso, arms and face). Sores in the mouth and/or throat may cause loss of appetite and/or dehydration.

Persons infected with the virus that causes HFMD may not have all the signs and symptoms of the disease. Some people may not have any symptoms but are infected with the virus and able to spread it to others.

### How is HFMD treated?

The ill person should rest; take food and fluids as they are able; use fever reducing medications appropriately and consult a physician if needed. As there is no treatment or vaccine for HFMD the best defense is prevention. It is

believed that immunity occurs following infection but lasts only a short time.

### How is HFMD spread?

HFMD is spread by direct contact with nose and throat discharges (coughing, sneezing), saliva, or fluid from blisters. It is also shed in the stool and spread by touching contaminated surfaces and then touching your mouth or food prior to washing, therefore, good hygiene is essential to control the spread of HFMD.

### How long is a person with CVA6 contagious?

HFMD is very contagious during the first week of the illness when fever and sores are present and; for several weeks after the symptoms have disappeared because the virus continues to be shed in the stool for weeks afterwards.

### How is HFMD diagnosed?

Your primary care provider can typically diagnose HFMD based on signs and symptoms; laboratory testing is not usually performed to verify the diagnosis. Doctors should advise their patients to remain at home until they have no fever, all lesions have dried or scabbed over, and no other lesions have appeared for 24 hours.

### How is HFMD caused by CVA6 prevented and controlled?

Interrupting person-to-person and surface-to-person transmission controls the spread of HFMD. **If people practice good personal hygiene after going to the bathroom and before eating it may limit the spread of the disease.**

### Protect Yourself and Prevent the Spread of HFMD.

- Wash hands with soap and water carefully and frequently, especially after going to the bathroom, after changing diapers, and before preparing and/or consuming foods or beverages.
- Disinfect surfaces and items, including toys. First wash the items with soap and water; then disinfect them with a solution of 2 tablespoons of bleach to 4 cups of water.
- Avoid close contact such as kissing, hugging, or sharing eating utensils or cups with infected people.
- Remain at home until all three following criteria are met:
  - 1) fever free for 24 hours without the use of a fever reducer,
  - 2) all lesions have dried or are scabbed over, and
  - 3) no new lesions have appeared for 24 hours.