Health Advisory

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Atypical Hand, Foot, Mouth Disease (HFMD)

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Please distribute to all providers in your practice

Current Situation

Atypical hand, foot, and mouth disease (HFMD), caused by Coxsackievirus A6 (CVA6), has been detected in the San Francisco Bay Area. Atypical disease presents with a more severe and extensive rash than typical HFMD.

Signs and symptoms of atypical HFMD include: 1) More severe skin rash and/or lesions; 2) Skin rash/lesions appearing on parts of the body other than hands, feet or mouth (e.g., buttocks, torso, arms, legs, face); 3) More adults with HFMD symptoms; 4) Some cases experience nail shedding (onychomadesis) 1-2 months after illness onset.

Actions to be taken:

- EDUCATE yourself and patients' families about atypical HFMD.
- REPORT: Any suspected OUTBREAK to Berkeley Public Health. Reporting of sporadic cases is <u>not</u> required.
- EXCLUDE: Sick children or staff should not return to school or child care until: 1) They have been without fever for 24 hours without fever-reducing medicines; 2) Their lesions are healed or scabbed and not draining or oozing.
- LAB: If you have concerns regarding diagnosing atypical HFMD versus another febrile rash illness, throat and vesicle swabs are the preferred specimens to detect enteroviruses. Ideally, specimens are obtained during the acute phase, usually within 48-72 hours of onset of symptoms.
- If you have any concerns or questions regarding atypical HFMD please contact Berkeley Public Health Communicable Disease Control at 510-981-5300.
- If you have any questions regarding obtaining and submitting specimens, please call ACPH Laboratory at 510-268-2700 Monday through Friday, 8:30am to 5:00pm.

Additional Information

Since November 2011, the CDC has received reports of atypical HFMD cases in multiple states including California. Patients range in age from <2 years to >18 years. Cases have been unusual for HFMD in the United States in the range of patient ages, the severity of illness, the seasonality of disease, and the identification of CVA6. This virus has rarely been reported in the United States in the past. CVA6 has been associated with more severe and extensive rash than HFMD caused by other enteroviruses. A case of HFMD due to CAV6 was recently identified in California in a young child who was hospitalized with a febrile rash illness. The rash involved the entire surface of the child's arms and legs (not just the hands and feet) and the lesions were larger and more vesicular than typical HFMD lesions. Bay Area health departments are receiving reports both of suspected cases and of outbreaks of atypical HFMD caused by CVA6.

Resources:

- HFMD fact sheets in English and other languages can be downloaded here:
 - o http://www.cdph.ca.gov/HealthInfo/discond/Pages/Hand-Foot-and-Mouth-Disease.aspx
- More information about HFMD and atypical HFMD is available here:
 - http://www.cdc.gov/hand-foot-mouth/index.html