

## Transmission

- Direct contact with the saliva, nose mucous, blister fluid or stool of an infected person
- Swallowing recreational water (for example in a swimming pool)

## Symptoms

- Fever, reduced desire to eat, tiredness, sore throat.
- After a few days, sores appear in the mouth.
- Skin rash with red spots, and sometimes blisters, on the palms of the hands and bottoms of the feet.
- The rash may also appear on the knees, elbows, buttocks or genital area.

## Prevention

- Wash hands with soap (both caregivers and children)
- Clean and disinfect surfaces that are touched frequently and dirty items, including toys
- Identify sick people rapidly before they spread the disease to others
- Ensure access to safe, clean drinking water
- Use appropriate sanitation facilities (sound, clean latrines)
- Employ social mobilization and behaviour change communication

## Vulnerable people

- Usually affects infants and children younger than five years of age
- Adults with weakened immune systems

## If an epidemic occurs

- Detect cases rapidly and refer them to health facilities.
- Isolate sick people (keep them separated from healthy people).
- Promote handwashing with soap (by both caregivers and children).
- Promote recommended environmental hygiene and cleaning practices.
- Promote use of appropriate sanitation facilities (sound, clean latrines).
- Ensure safe, clean drinking water (including clean, covered water containers in households).
- Increase social mobilization and behaviour change communication.

## Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with HFMD?
- How many people have fallen sick with HFMD? Where?

- How many people have died from HFMD? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- Who and where are the vulnerable people?
- How common is breastfeeding?
- Where do people obtain their drinking water? Do people do anything to treat their water?
- What sanitation facilities (including communal latrines) are available? Do people use them?
- What handwashing facilities are available? Do they have soap?
- Where do people go for water recreation? Is that water likely to be contaminated by faeces?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- What are the community's habits, practices and beliefs about hygiene, sanitation and water?
- Which sources of information do people use most?
- Are rumours or is misinformation about HFMD spreading in the community?

## Volunteer actions

See the following action tools for more information on what actions to take against hand, foot and mouth disease (hfmd):

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 12 - Managing fever
- 19 - Psychosocial support (Psychological first aid (PFA))
- 28 - Social distancing
- 29 - Hygiene promotion
- 30 - Clean, safe household water
- 32 - Sanitation
- 34 - Handwashing with soap
- 43 - Social mobilization and behaviour change