# Proactive stance on HFMD | Inquirer Opinion

https://opinion.inquirer.net/181400/proactive-stance-on-hfmd

The disease isn’t fatal and is self-limiting within 7-10 days. Aside from mouth sores and rashes or blisters on the hands, feet, and buttocks, its symptoms are relatively mild.

But with hand, foot and mouth disease (HFMD) being highly contagious, afflicting mainly children under 5, and registering a three-fold increase in just a month, the Department of Health (DOH) has raised the alarm on this little-known malaise, if only to spread correct information and allay unwarranted fears.

First off, it is not the same foot and mouth viral disease found in farm animals that has led to the culling of backyard livestock in recent months. One can’t get hand-foot-and-mouth disease from pets or other animals, and you can’t spread it to them.

The DOH on Saturday reported 7,598 HFMD cases from Jan. 1 to Feb. 22, almost triple the 2,665 cases logged during the same period in 2024.

Fifty-six percent or 4,225 of the total cases are children ages 4 and below, while 2,069 cases are children aged five to nine. About half or 52 percent of reported cases are from Central Luzon, Mimaropa, the National Capital Region, and the Cordillera Administrative Region, the DOH said.

## Most contagious

HFMD is a contagious disease spread through saliva that contains a group of enteroviruses. It can be spread through nose secretions or throat discharge, fluid from blisters, stool, and respiratory droplets sprayed into the air after a cough or sneeze. It can be contracted as well by touching the eyes, nose, or mouth after touching or holding objects contaminated with the virus.

The disease typically begins with a fever and feeling generally unwell. Patients are most contagious during the first week of the disease, although the virus can remain in the body for weeks after the symptoms are gone. Which means the patient can still infect others. Some people, especially adults, can pass the virus without showing any symptoms of the disease.

HFMD symptoms are mild, including fever, coughs, colds, mouth sores, blisters on hands, feet, and buttocks, fussiness in infants and toddlers, and loss of appetite. Its most common complication is dehydration although serious cases can lead to meningitis and encephalitis (swelling of the brain), and polio-like paralysis.

## Standard precautions

There’s no specific treatment for HFMD, and usually none is required. Several health and medical groups have recommended treating HFMD symptoms with antipyretics for fever, analgesics for patients complaining of pain, anticonvulsants for those with seizures, and mouthwash/sprays for oral pain and discomfort. Patients should also be encouraged to drink fluids during their illness. If children become too dehydrated, they may need intravenous fluids in the hospital.

The surge in cases has prompted the DOH to instruct its Centers for Health Development to monitor and take proactive measures to prevent and control HFMD, including reporting all suspect, probable, and confirmed cases to the agency. Parents and caregivers of HFMD patients are instructed to isolate them at home following standard precautions until they recover in about seven to 10 days.

“Go to the nearest health center for consultation once you experience the symptoms,” DOH Secretary Teodoro Herbosa said, adding that the public must regularly wash their hands with soap and water for at least 20 seconds, and practice proper hand hygiene by using alcohol-based sanitizers should soap and water be unavailable. These are the basic items that preschools must be fully supplied with, given that toddlers often need diaper change that could result in contaminated hands and surfaces.

## Extensive awareness drive

Caregivers must meanwhile outfit themselves with appropriate personal protective equipment, including fitted face mask, gloves, and gown when caring for HFMD patients, and avoid sharing their personal items such as spoons, cups, and utensils. Parents, too, must refrain from hugging or kissing their infected children until they are symptom-free. They must also teach their toddlers good hygiene and explain why it is best not to put their fingers, hands, or any other objects in their mouths.

Preschools especially must disinfect high-traffic and common areas and surfaces first with soap and water and next, with a diluted solution of chlorine bleach and water as the HFMD virus can live for days on surfaces, including on door knobs, and on shared items such as toys.

The DOH’s proactive stance on HFMD should be commended, although it wouldn’t hurt for the agency to conduct an extensive awareness drive in health centers and preschools that can be supplemented with visual aids in public places including mass transport, on what to look out for, how to avoid the disease, and how to deal with HFMD patients.

While HFMD can be considered a minor disease, parents need the reassurance that they have the government’s full support in making sure their little ones are spared from preventable illnesses that cause unnecessary pain and discomfort.