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
32 - Assainissement
34 - Handwashing with soap
43 - Social mobilization and behaviour change