



Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY

RELEASED
DATE: DEC 16 2022
TIME: 8:48
BY: mjs

December 14, 2022

ADVISORY

NO. 067, 2022

**DEPED SDO-BAGUIO HEALTH ADVISORY ON HAND,
FOOT AND MOUTH DISEASE**

Overview:

Hand-foot-and-mouth disease (HFMD) is a mild but contagious viral infection common in young children. Hand-foot-and-mouth disease is most commonly caused by coxsackievirus A16, A5, A9, A10, B2, B5, Echovirus 33 and Enterovirus 71. It is an acute viral illness that presents as sores in the mouth and a rash on the hands and feet as the name implies. It is a common and potentially but infrequently fatal in children under 5 years of age. Children younger than 10 years are most commonly affected with HFMD; subsequent outbreaks among family members and close contacts may develop. The symptoms last approximately 7-10 days.

A. Clinical Presentation

A.1. Incubation Period. The usual period from initial infection to the time symptoms appear (incubation period) is 3 to 6 days.

A.2. Signs and Symptoms

Hand-foot-and-mouth disease may cause all of the following symptoms or only some of them. They include:

- a. Fever- A fever of 38-39°C may be present for 24-48 hours
- b. Sore throat
- c. Feeling sick
- d. Painful, blister-like lesions on the tongue, gums and inside of the cheeks



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- d. Painful, blister-like lesions on the tongue, gums and inside of the cheeks
- e. A rash on the palms, soles and sometimes the buttocks. The rash is not itchy, but sometimes it has blisters. These rashes are described as vesicles that erode and become surrounded by an erythematous halo. Depending on skin tone, the rash may appear red, white, gray, or only show as tiny bumps
- f. Fussiness in infants and toddlers
- g. Loss of appetite
- h. Children may get a fever and develop a sore throat. They sometimes lose their appetites and don't feel well. One or two days after the fever begins, painful sores may develop in the front of the mouth or throat. A rash on the hands and feet and sometimes on the buttocks may also appear.

Case classification include:

1. Suspected: A case that meets the clinical case definition
2. Confirmed: A suspected case in which laboratory investigation confirms the presence of the virus or when cases are epidemiologically linked to a laboratory confirmed case.

B. Modes of transmission

The viruses can spread from person to person through direct contact with unwashed hands or surfaces contaminated with feces. It can also be transmitted through contact with a person's saliva, stool, or respiratory secretions. Viruses can be easily spread from person to person. You or your child may get HFMD through contact with a person's:

- a. saliva
- b. fluid from blisters
- c. feces
- d. respiratory droplets that are sprayed into the air after coughing or sneezing



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HFMD can also be transmitted through direct contact with unwashed hands or a surface containing traces of the virus. It can also be transmitted via kissing or hugging, coughing and sneezing.

Diagnosis:

HFMD is diagnosed based on the clinical signs and symptoms.

C. Treatment

There's no specific treatment for hand-foot-and-mouth disease. The treatment is symptomatic, meaning it is geared towards alleviation of symptoms. Antipyretics are given for fever and pain. Hydration is also warranted.

D. Prevention

The following are advised:

1. Frequent and proper handwashing.
2. Avoiding close contact with people who have hand-foot-and-mouth disease may help lower risk of infection.
3. Wearing masks to avoid the transmission of the virus from respiratory droplets.
4. Covering the mouth if with cough and colds.
5. Using alcohol for disinfection.

E. Reporting and Monitoring

1. Learners or personnel noted to have the signs and symptoms described to be that of HFMD should report themselves and seek medical consultation with the clinic teacher/nurse/medical officer/health care professional.
2. HFMD is a notifiable disease under Republic Act No. 11332. This is an act providing policies and prescribing procedures on surveillance and response to notifiable diseases, epidemics, and health events of public health concern, and appropriating funds therefore, repealing the purpose of Republic Act No. 3573, otherwise known as the "Law on Reporting of Communicable diseases." It is therefore the



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responsibility of all schools to report accurately and immediately this notifiable disease to the nearest health facility or the city epidemiologic and surveillance unit and to the division office, school health and nutrition, infectious disease focal person.

3. Mandatory notification must be done within 24 hours of diagnosis via telephone, filling in of notification form (digital/or paper). Laboratory confirmation is not required for notification.
 - a. Division Office reporting form link:
<https://docs.google.com/spreadsheets/d/1YLXRV5UGK-c39VfF9EzUtTFcEa20vWm70S0QX5NZCsY/edit?usp=sharing>
 - b. City Health Services Office reporting form link:
https://docs.google.com/forms/d/e/1FAIpQLSfSDWxZjGlc4z6S_xGh7rXWHarB24lq0RYpAEckA73RjPhOeA/viewform
4. Data privacy shall strictly be implemented on collecting data on reporting and monitoring HFMD cases.

F. Infection Control

Precautionary measures in the school setting if there is a confirmed case of HFMD at school:

1. Disinfect the classroom especially table tops, desks, chairs, door knobs and common areas within 24 hours using bleach solution.
2. Proper handwashing before, during and after class is encouraged. Frequent hand rub with 70% alcohol is also encouraged.
3. Encourage proper wearing of face masks.
4. Symptomatic learners are not allowed to go to school. Clearance is required from their attending physician noting fitness to resume classes/work.
5. Asymptomatic learners are allowed to go to school however with constant monitoring of symptoms.
6. If symptoms are noted to develop while in school, patient with HFMD should be isolated and the usual isolation procedures for infection control are to be followed.



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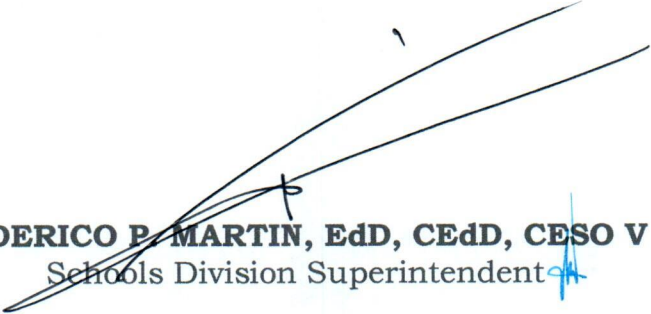
H. Management of Outbreaks

The occurrence of two or more cases in the same locality within the incubation period is considered as an outbreak.

Organization based outbreak may occur if there are two or more cases with onset in a two week interval in a group which makes epidemiological sense.

Surveillance data on HFMD cases should be reviewed on a continuous basis to identify cases and detect outbreaks. Once detected, the following measures should be carried out:

1. Infected learners remain away from the institution for at least ten days or until asymptomatic.
2. Parents should screen their children before coming to class.
3. Principals, teachers, personnel shall be alerted to look out for symptomatic cases.
4. After review of reported cases and trends, the School Health and Nutrition Unit Head shall recommend through granular lock down for environmental sanitation and disinfection within 24 hours of the school where an outbreak is declared.
5. Asymptomatic learners shall be provided with alternative learning modality or classes may be shifted to distance learning while disinfection is going on. Face-to-face classes shall resume after disinfection.
6. Health education to the school on proper and good personal hygiene.


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