

Hand Foot Mouth Disease



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Hand-Foot-and-Mouth Disease

A recent outbreak of Hand-Foot-and-Mouth Disease (HFMD) in KwaZulu-Natal has brought renewed attention to this common yet highly contagious viral infection. While HFMD is generally mild, it is important to be aware of its symptoms, transmission and prevention measures—especially for young children.

What is Hand-Foot-and-Mouth Disease?

HFMD is a viral infection primarily affecting infants and young children, though it can spread to individuals of any age. The disease is commonly caused by the coxsackievirus and spreads easily in childcare settings due to frequent close contact among children.

How is HFMD Spread?

The virus spreads through direct contact with an infected person's:

- Saliva or respiratory droplets (from coughing or sneezing)
- Nasal secretions or throat discharge
- Blister fluid
- Stool (especially in childcare environments)

Children are most contagious in the first week of infection, but the virus can linger in the body for weeks, meaning transmission may still occur even after symptoms have subsided.

When to Seek Medical Attention

HFMD is typically a mild illness lasting a few days, but medical attention is advised if your child is younger than six months old, if symptoms persist for more than ten days, if there is severe pain preventing fluid intake, leading to dehydration or if your child has a weakened immune system.

Prevention Tips

There is no specific treatment for HFMD, but you can help prevent its spread by:

- Practicing frequent and thorough handwashing
- Disinfecting common surfaces and shared toys
- Avoiding close contact with infected individuals
- Teaching children good hygiene practices, including covering coughs and sneezes

We encourage parents, caregivers and childcare providers to remain vigilant in preventing the spread of HFMD. If your child exhibits symptoms, consider keeping them home from school or daycare until they recover.

The content of this article is intended for informational and educational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding any medical condition.



COVID-19 Update

SARS-CoV-2 Subvariant XEC in South Africa

We would like to update you on the latest developments regarding the SARS-CoV-2 subvariant XEC, which has been detected in several countries, including South Africa. First identified in Germany in June 2024, XEC is a recombinant variant from the Omicron lineage and has since become the most commonly reported SARS-CoV-2 subvariant globally.

Key Highlights:

- The subvariant has been detected in multiple provinces in South Africa, with an increasing prevalence since September 2024.
- Wastewater surveillance indicates fluctuating levels of XEC, with ongoing monitoring in progress.
- As of 9 December 2024, the WHO has assessed the public health risk of XEC as low.
- There is no current evidence that XEC causes more severe illness than other circulating variants.

- Preliminary studies suggest increased transmissibility and immune escape potential; however, existing COVID-19 vaccines are expected to protect against severe disease.

Recommended Precautions: To reduce the risk of infection, individuals experiencing respiratory symptoms should practice good hygiene, including:

- Frequent hand washing
- Covering coughs and sneezes
- Avoiding close contact with high-risk individuals

The National Institute for Communicable Diseases (NICD) and the Network for Genomic Surveillance in South Africa (NGS-SA) continue to monitor the situation closely.

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Respiratory Diphtheria Cases in South Africa

Between 1 January 2024 and 16 February 2025, South Africa has confirmed 26 cases of respiratory diphtheria and identified 27 asymptomatic carriers of toxigenic *Corynebacterium diphtheriae* through contact tracing. The Western Cape has reported 94% of these cases. The median age of affected individuals is 28 years, with a 23% fatality rate among confirmed cases.


Prevention & Treatment

- **Vaccination** is highly effective.
- **Early treatment** with antibiotics and diphtheria anti-toxin (DAT) is critical.
- Supportive care includes oxygen therapy and airway management.

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For more Information

Symptoms For Hand-Foot-and-Mouth Disease	COVID-19 Update	What is Respiratory Diphtheria?
		
<p>Individuals with HFMD may experience some or all of the following symptoms:</p> <ul style="list-style-type: none"> • Fever • Sore throat • Feeling unwell or irritable (especially in young children) • Painful, blister-like lesions inside the mouth, on the tongue or gums • Rash on the hands, feet and sometimes buttocks, which may include blisters • Loss of appetite 		<p>A serious bacterial infection affecting the respiratory tract, caused by toxigenic <i>C. diphtheriae</i>. Symptoms include:</p> <ul style="list-style-type: none"> • Sore throat & fever • Thick grey membrane in the throat • Swollen neck glands ("bull neck") • Potential complications include heart damage, nerve damage and breathing difficulties <p>If you experience any of these symptoms, please consult with your healthcare provider.</p>
<p>For more information, please consult your healthcare provider or visit: https://www.mayoclinic.org/diseases-conditions/hand-foot-and-mouth-disease/symptoms-causes/syc-20353035</p>	<p>For further information and updates on COVID-19 Update, please visit: https://www.nicd.ac.za/latest-update-on-sars-cov-2-subvariant-xec-january-2025/</p>	<p>For more information, please visit: Toxigenic Corynebacterium Diphtheriae Disease Situational Report (Week 7 Of 2025) - NICD</p>

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Aon Resolution Centre (ARC)

If you do not get satisfactory assistance from your medical scheme, please do not hesitate to contact your allocated Aon Employee Benefits Healthcare Consultant or the **Aon Resolution Centre (ARC) on 0860 100 404**. Please remember to get a reference number from your medical scheme when escalating your query to the Aon Resolution Centre (ARC).

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