



# CD Connection

Orange County Communicable Disease News

Health Care Agency/Public Health Services - Epidemiology

July 18, 2012

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## ATYPICAL HAND, FOOT, AND MOUTH DISEASE (HFMD) – COXSACKIEVIRUS A6 (CVA6)

Atypical HFMD cases associated with CVA6 have been reported in California since late last year and CVA6 has now been detected in Orange County. Increased HFMD activity has also been anecdotally reported.

### Background

- HFMD is a common viral illness caused by enteroviruses, predominantly coxsackievirus A16 in the United States and enterovirus 71 in some other areas such as Asia. HFMD mainly affects children aged < 5 years and outbreaks usually occur during the summer and fall months. Most infections with enteroviruses are asymptomatic. HFMD generally presents as a mild febrile illness with rash on the palms of the hands and soles of the feet, skin rash, and/or sores in the mouth. Sometimes nail dystrophies (e.g., Beau's lines or nail shedding) can occur, often weeks after initial symptom onset. Some HFMD patients, such as in outbreaks associated with enterovirus 71 in Asia, have more serious illness and/or complications such as aseptic meningitis or encephalitis. Outbreaks of CVA6 HFMD in children and adults have been described internationally since 2008, but had not been reported in the United States previously.
- **Transmission:** Enteroviruses are spread from person-person by direct contact with nose or throat secretions, vesicle fluid, or stool from an infected person, or from contact with objects or surfaces contaminated by infected persons. **Incubation period** is usually 3-6 days.
- Since November 2011, the Centers for Disease Control and Prevention (CDC) has received reports of atypical HFMD associated with CVA6. Several cases have been confirmed in California and many other states have reported activity as well. No deaths have been reported to date. See the 3/30/2012 edition of *MMWR* at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).

### Why is HFMD caused by CVA6 of interest?

Cases of HFMD caused by CVA6 are more likely to have the following when compared to "typical" HFMD:

- More severe fever;
- More extensive rash; may involve entire extremities, face, buttocks, trunk and areas of previous skin disease or damage (e.g., areas of eczema, dermatitis, etc.);
- Larger blisters, sometimes hemorrhagic;
- Onychomadesis (nail shedding) and/or peeling of skin (usually a few weeks after);
- Affects older children, adolescents and adults in addition to young children.

### What should you do if you have a case of atypical (severe) HFMD?

- Educate the patient/family about the signs/symptoms and transmission of HFMD. Emphasize handwashing, disinfection of surfaces and fomites, avoidance of sharing personal items, exclusion from child care until afebrile for at least 24 hours without fever-reducing medications AND until lesions are healed or scabbed and no longer draining/oozing.
- **Report the following HFMD cases immediately to Public Health at 714-834-8180:**
  - Severe cases who have been hospitalized;
  - Cases with neurologic symptoms; and
  - Any HFMD outbreaks.

Public Health can arrange for testing on patients meeting the above criteria on a case-by-case basis.

**Eye on Influenza:** In contrast to previous summers, low levels of influenza A and B activity, including severe cases (ICU or death) in persons < 65 years of age and outbreaks, continue to be reported in Orange County, California, and other areas in the U.S. Sentinel providers and hospital laboratories should continue to submit specimens to Public Health for influenza testing year-round to detect novel viruses or changes in circulating strains.

For comments or suggestions on the newsletter, contact Dr. Michele Cheung at (714) 834-8180.

To receive this newsletter by email, please contact us at [epi@ochca.com](mailto:epi@ochca.com).