Introduction

Hand, Foot and Mouth Disease (HFMD) is a common infectious disease caused by a group of enteroviruses, including *Coxsackievirus* A16 (CA16) and *Enterovirus* 71 (EV71). Infection with EV71 is of particular concern as it can cause severe disease in children, sometimes resulting in death.

Hand, foot and mouth disease is characterized by a brief febrile illness in children and typical skin rash, with or without mouth ulcers. Typically, the rash is papulovesicular and affects the palms or soles of the feet, or both. However, cases involving the central nervous system (CNS) and/or pulmonary edema have also been observed.

HFMD is spread from person to person by direct contact with the infectious viruses that cause this disease. These viruses are found in the nose and throat secretions (such as saliva, sputum or nasal mucus). Infected persons are most contagious during the first week of the illness. Viruses that cause this disease can remain in the body for weeks after a person's symptoms have gone away.

Trend in the Philippines

This report summarizes PIDS HFMD surveillance activities nationwide. A total of 299 suspect hand, foot and mouth disease cases were reported nationwide from January 1 to March 19, 2016. This is 19.84% lower compared to the same time period last year (373).

Geographic Distribution

Most of the cases were from the following regions: **Region VI** (41.8%), **CAR** (14%), **Region VII** (9.7%), **Region XII** (8%) and **Region 4A** (5.7%) (Fig.3).

Profile of Cases

Ages of cases ranged from less than 1 month to 54 years old (median= 2 years). Majority of cases were male (61%). Most of the cases belonged to the 1 to 4 years age group (72%) (Fig. 4). There was no reported death of HFMD (CFR=0.00%).

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HFMD Enterovirus Genus Distribution in the Philippines

Hand, foot, and mouth disease enterovirus genus data are based on the samples collected from the suspected HFMD cases in all regions of the Philippines from January 1-March 19, 2016. Out of 299 reported cases of HFMD, 14 (4.7%) cases were tested and 285 (95.3%) cases were not. Of the tested cases, 6 (42.9%) cases were laboratory confirmed, and 8 (57.1%) cases were negative for enterovirus (Fig.5). Out of the confirmed HFMD cases, Coxsackievirus A6(CA6) (50%), and Coxsackievirus A16(CA16) (50%) were detected. Confirmed cases were from regions VI, XII, CAR and NCR (Fig.6).

Fig. 1 Suspect Hand, Foot and Mouth Disease Cases by Morbidity Week Philippines, 2013-2016* (N=299)

Fig. 2 Suspect Hand, Foot and Mouth Disease Cases by Morbidity Week, Philippines, as of March 19, 2016
2016* vs 2015 (N=299)

*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
Fig. 3 Suspect Hand, Foot and Mouth Disease Cases by Region
Philippines, 2016* vs 2015

Fig. 4 Suspect Hand, Foot and Mouth Disease by Agegroup and Sex
Philippines, as of March 19, 2016 (N=299)

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Fig. 5 Number of Specimens Collected for HFMD
Philippines, as of March 19, 2016 (N=14)

- Positive
- Negative

Fig. 6 Confirmed HFMD cases by Region and Enterovirus Genus
Philippines, as of March 19, 2016 (n=6)

CA6(+)  CA16(+)

*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.*
Hand, Foot and Mouth Disease Cases

Morbidity Week 11: March 13-19, 2016
Epidemiology Bureau
Public Health Surveillance Division

Table 1. Suspect Hand, Foot and Mouth Disease Cases & Deaths by Region
Philippines, 2016* vs 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases 2016</th>
<th>Cases 2015</th>
<th>% Change</th>
<th>Deaths 2016</th>
<th>CFR (%)</th>
<th>Deaths 2015</th>
<th>CFR (%)</th>
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Table 2. Weekly Suspect Hand, Foot and Mouth Disease Summary Report by Region
Philippines, as of March 19, 2016

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<th>11th Morbidity Week</th>
<th>Cumulative Total</th>
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</tr>
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</table>

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Treatment

- Treatment is directly toward relief of symptoms (fever and sore throat).
- There is no specific treatment. Signs and symptoms usually clear in 7-10 days.
- A topical oral anesthetic may help relieve the pain of mouth sores.
- Over-the-counter pain medications other than aspirin, such as acetaminophen or ibuprofen, may help relieve general discomfort.

Prevention

- There is no specific way to prevent the infection. Good hygiene (e.g., proper hand washing) can decrease the risk of spreading the disease.
- Disinfect premises and all infected materials (implements, cards, clothes, etc.).