



## Hand, Foot and Mouth Disease Cases

Morbidity Week 10 : March 6-12, 2016

Epidemiology Bureau  
Public Health Surveillance Division

### 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 PIDSR HFMD surveillance activities nationwide. A total of **280** suspect hand, foot and mouth disease cases were reported nationwide from January 1 to March 12, 2016. This is **16.17%** lower compared to the same time period last year (**334**).

### Geographic Distribution

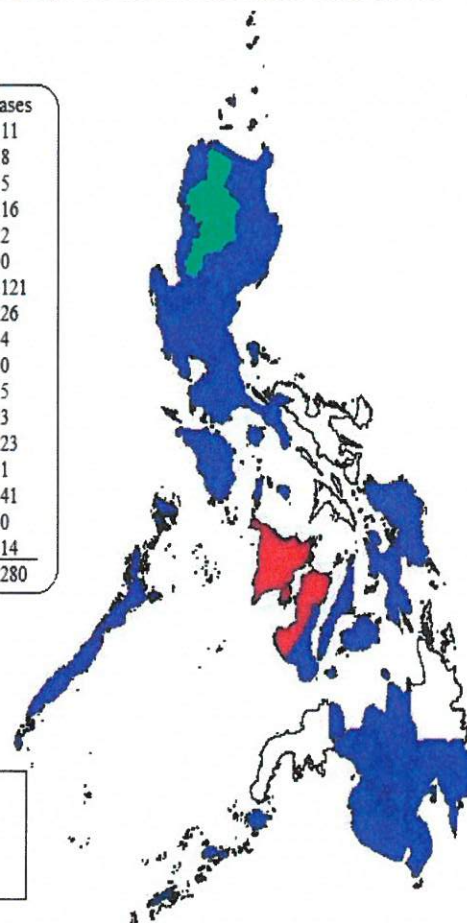
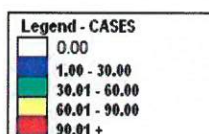
Most of the cases were from the following regions: **Region VI** (43.2%), **CAR** (15%), **Region VII** (9.3%), **Region XII** (8.2%) and **Region 4A** (5.7%) (Fig.3).

### Profile of Cases

Ages of cases ranged from less than 1 month to 54 years old (median= 2 years). Majority of cases were male (62%). Most of the cases belonged to the 1 to 4 years age group (73%) (Fig. 4). There was no reported death of HFMD (CFR=0.00%).

Suspect Hand, Foot and Mouth Disease Cases MW10

Region	Cases
I	11
II	8
III	5
IVA	16
IVB	2
V	0
VI	121
VII	26
VIII	4
IX	0
X	5
XI	3
XII	23
ARMM	1
CAR	41
CARAGA	0
NCR	14
PHILIPPINES	280





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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 12, 2016. Out of 280 reported cases of HFMD, 14 (5%) cases were tested and 266 (95%) 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=280)

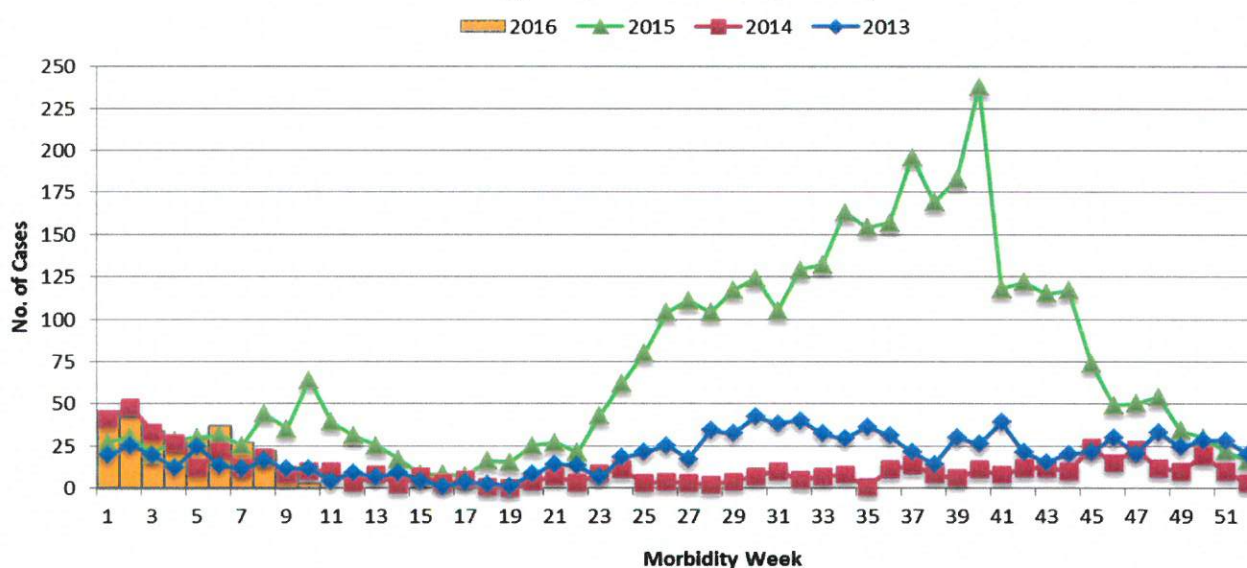
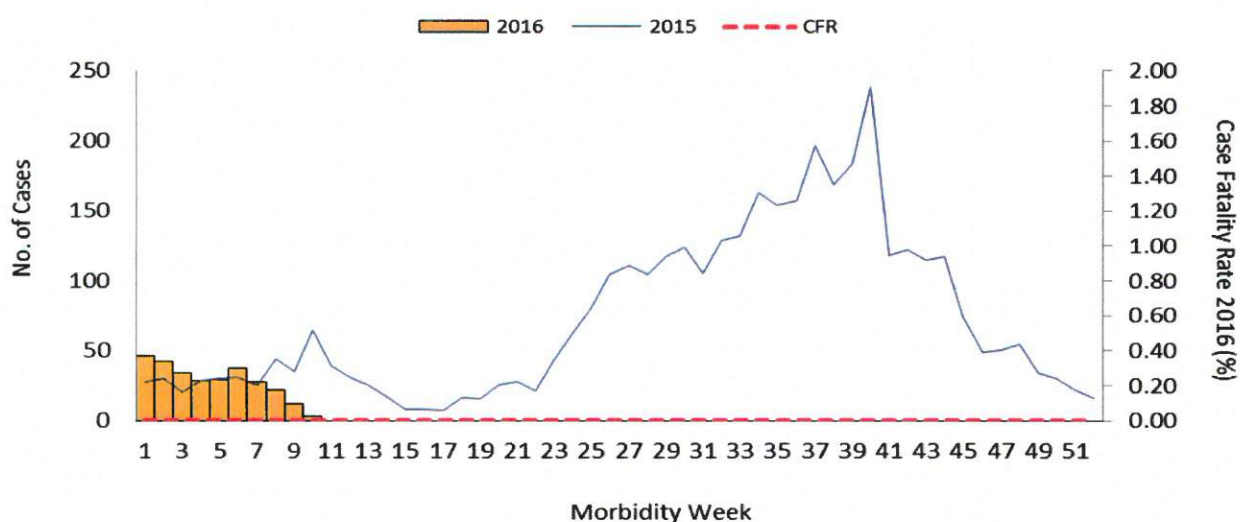


Fig. 2 Suspect Hand, Foot and Mouth Disease Cases by Morbidity Week,  
Philippines, as of March 12, 2016  
2016\* vs 2015 (N=280)





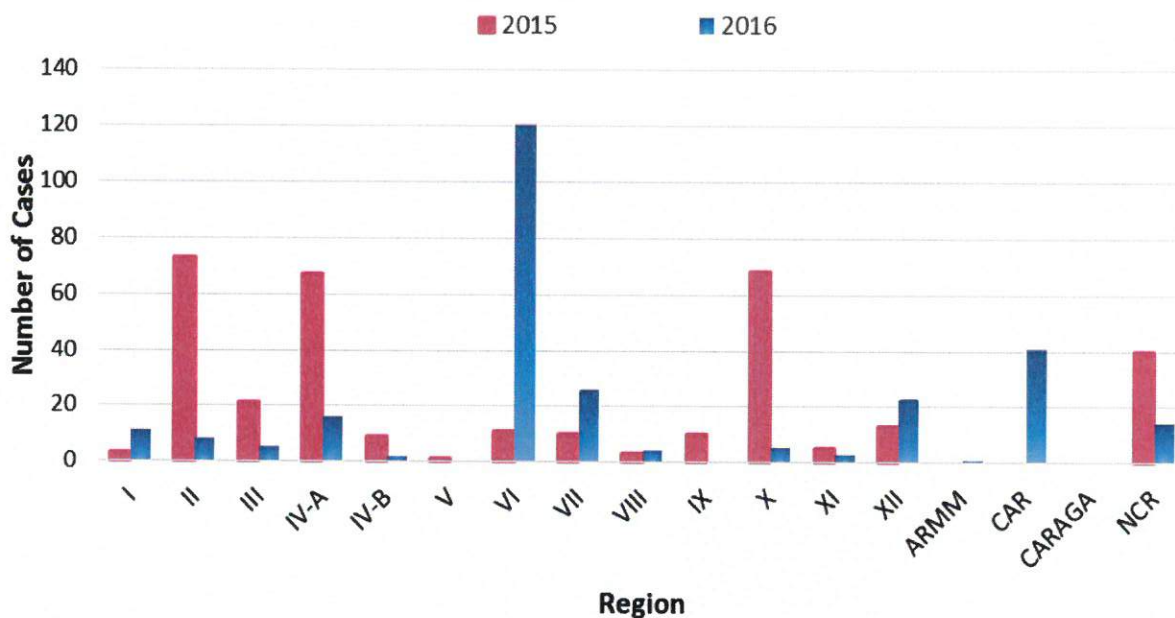


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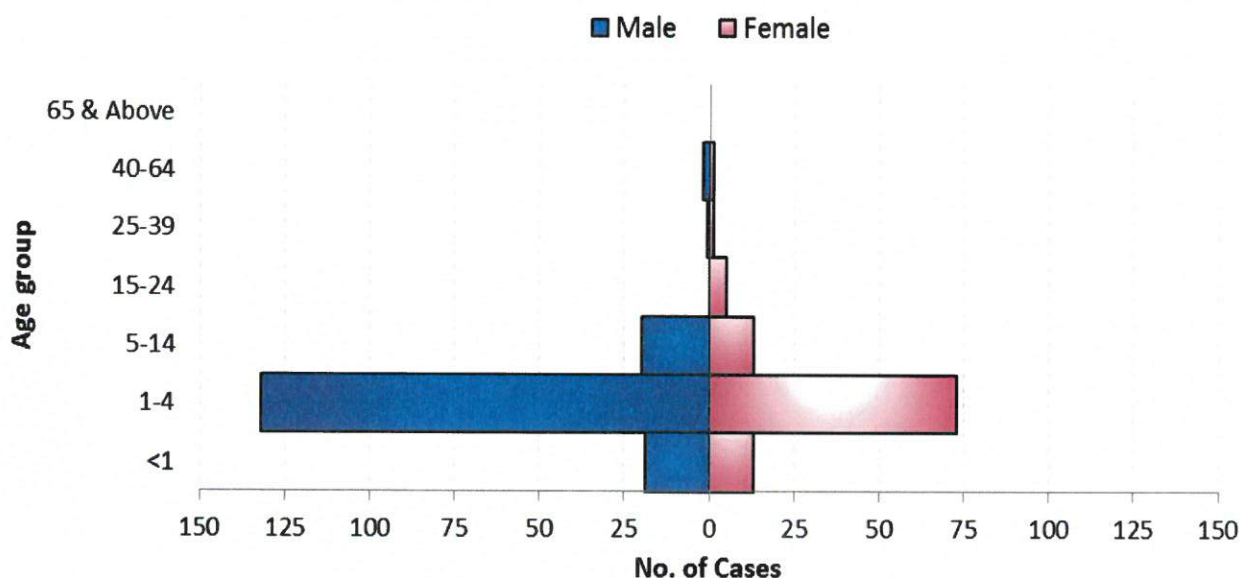
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**Fig. 3 Suspect Hand, Foot and Mouth Disease Cases by Region  
 Philippines, 2016\* vs 2015**



**Fig. 4 Suspect Hand, Foot and Mouth Disease by Agegroup and Sex  
 Philippines, as of March 12, 2016 (N=280)**



*\*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.*



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Fig.5 Number of Specimens Collected for HFMD  
Philippines, as of March 12, 2016 (N=14)

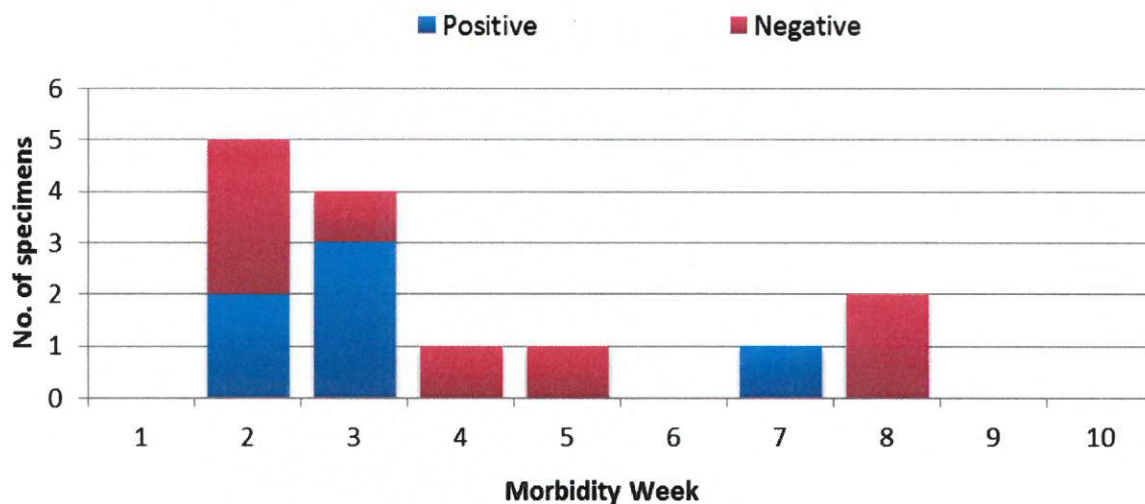
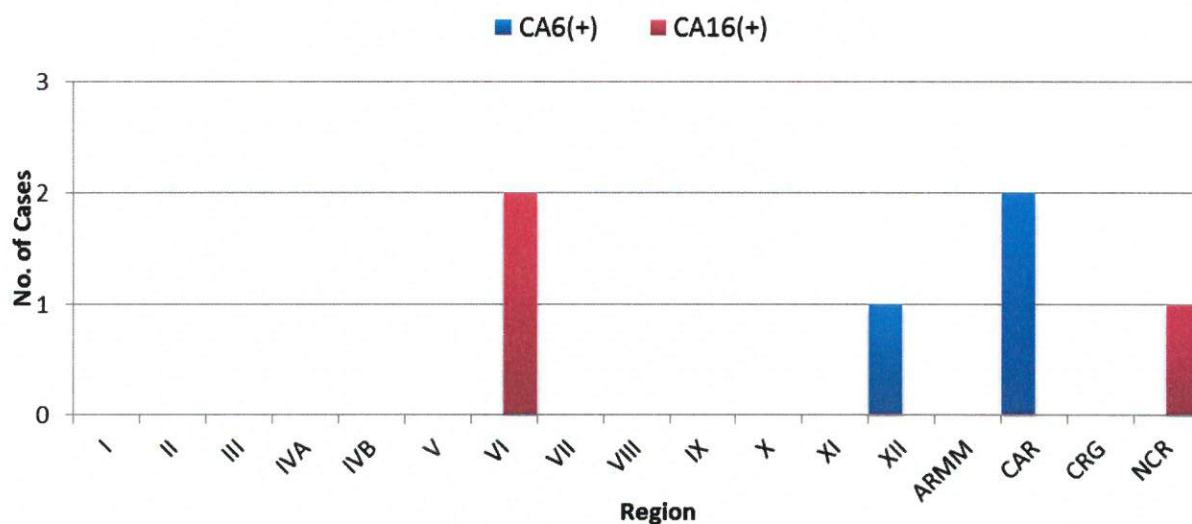


Fig. 6 Confirmed HFMD cases by Region and Enterovirus Genus  
Philippines, as of March 12, 2016 (n=6)



*\*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.*



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

Region	Cases			Deaths			
	2016	2015	% Change	2016	CFR (%)	2015	CFR (%)
I	11	3	266.67	0	0.00	0	0.00
II	8	73	-89.04	0	0.00	0	0.00
III	5	21	-76.19	0	0.00	0	0.00
IV-A	16	67	-76.12	0	0.00	0	0.00
IV-B	2	9	-77.78	0	0.00	0	0.00
V	0	1	-100.00	0	0.00	0	0.00
VI	121	11	1000.00	0	0.00	0	0.00
VII	26	10	160.00	0	0.00	0	0.00
VIII	4	3	33.33	0	0.00	0	0.00
IX	0	10	-100.00	0	0.00	0	0.00
X	5	68	-92.65	0	0.00	0	0.00
XI	3	5	-40.00	0	0.00	0	0.00
XII	23	13	76.92	0	0.00	0	0.00
ARMM	1	0	0.00	0	0.00	0	0.00
CAR	41	0	0.00	0	0.00	0	0.00
CARAGA	0	0	0.00	0	0.00	0	0.00
NCR	14	40	-65.00	0	0.00	0	0.00
Total	280	334	-16.17	0	0.00	0	0.00

**Table 2. Weekly Suspect Hand, Foot and Mouth Disease Summary Report by Region  
Philippines, as of March 12, 2016**

Region	Morbidity Week				10th Morbidity Week		Cumulative Total 1st wk to 10th wk	
	6	7	8	9	2016	2015	2016	2015
I	2	0	0	0	0	1	11	3
II	0	1	0	0	0	35	8	73
III	2	1	1	0	0	6	5	21
IV-A	0	1	1	0	2	7	16	67
IV-B	0	0	0	0	0	4	2	9
V	0	0	0	0	0	0		1
VI	21	12	14	5	0	1	121	11
VII	2	5	1	3	1	0	26	10
VIII	0	1	0	0	0	0	4	3
IX	0	0	0	0	0	0		10
X	0	0	0	0	0	6	5	68
XI	1	0	0	0	0	0	3	5
XII	2	1	0	0	0	0	23	13
ARMM	0	0	0	0	0	0	1	0
CAR	5	3	5	3	0	0	41	0
CARAGA	0	0	0	0	0	0		0
NCR	2	2	0	1	0	4	14	40
Total	37	27	22	12	3	64	280	334





### 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 anesthesia 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.).

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