



## Hand, Foot and Mouth Disease Cases

Morbidity Week 11 : March 13-19, 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 **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

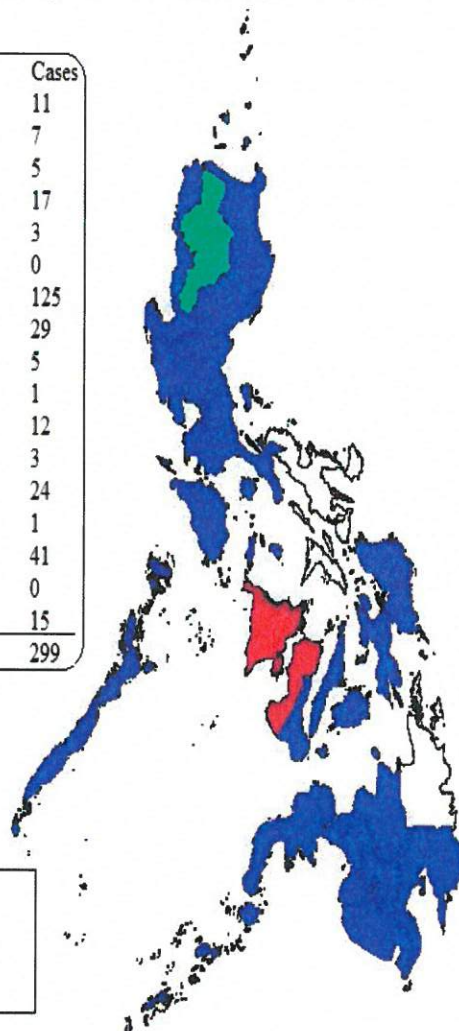
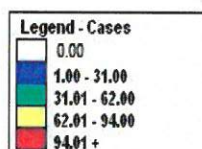
Most of the cases were from the following regions: **Region VI** (41.8%), **CAR** (14%), **Region VII** (9.7%), **Region XII** (8%) and **Region 4A** (5.7%) (Fig.3).

### 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%).

Suspect Hand, Foot and Mouth Disease Cases MW11

Region	Cases
I	11
II	7
III	5
IVA	17
IVB	3
V	0
VI	125
VII	29
VIII	5
IX	1
X	12
XI	3
XII	24
ARMM	1
CAR	41
CARAGA	0
NCR	15
<b>PHILIPPINES</b>	<b>299</b>





## Hand, Foot and Mouth Disease Cases

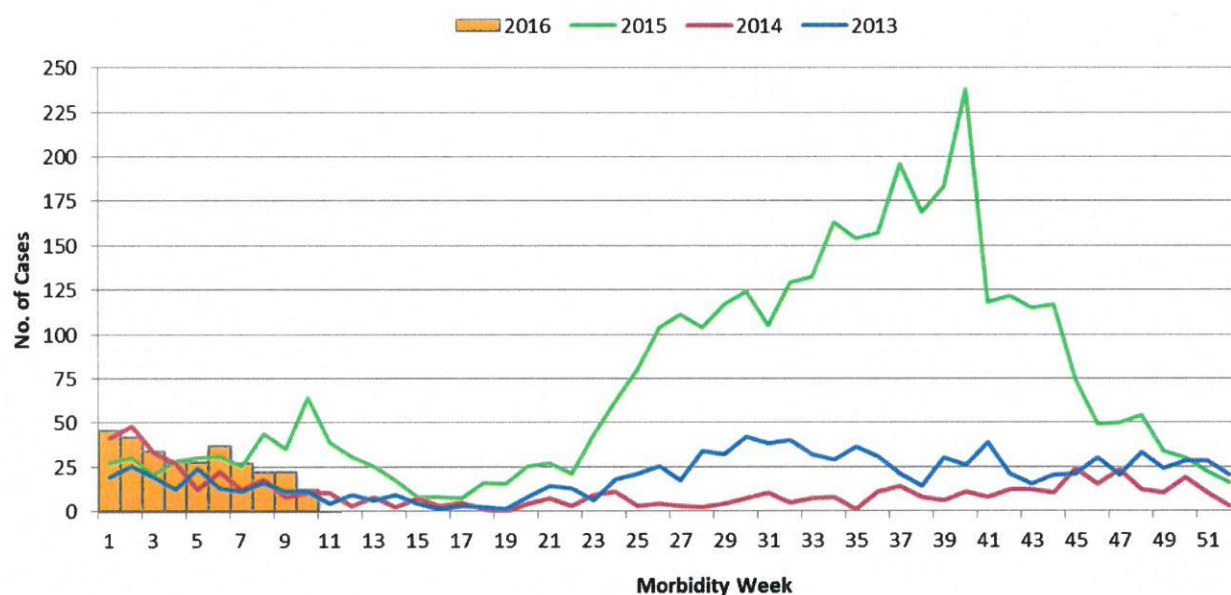
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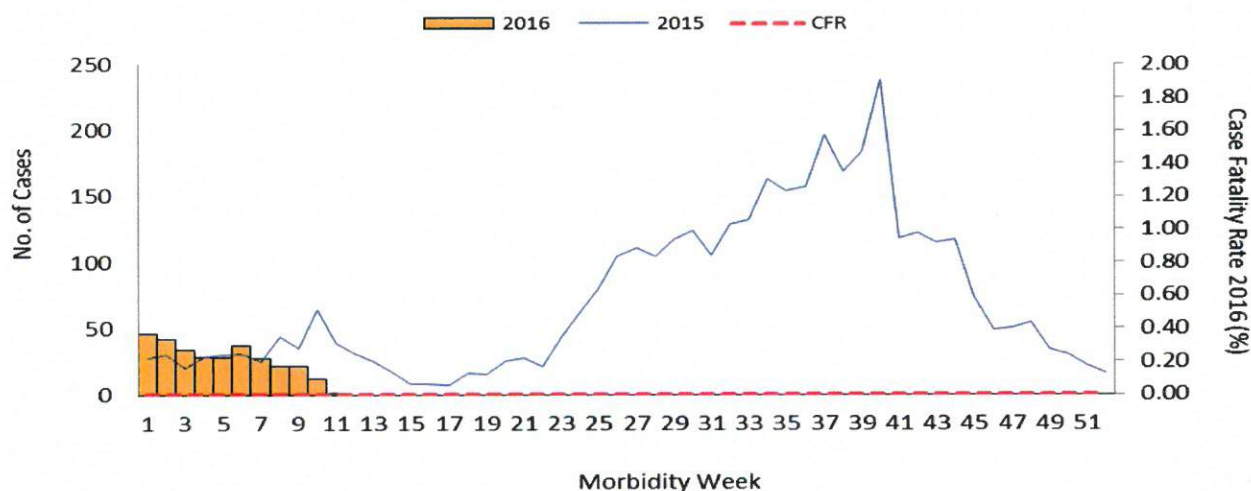
### HFMD Enterovirus Genus Distribution in the Philippines

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.



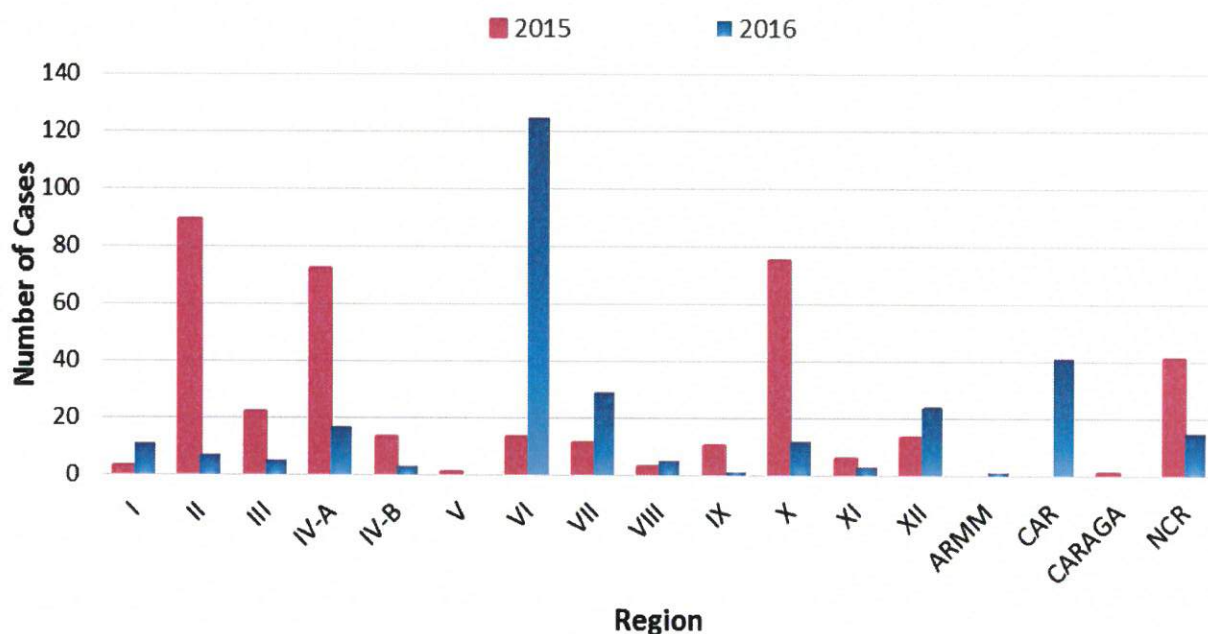


## Hand, Foot and Mouth Disease Cases

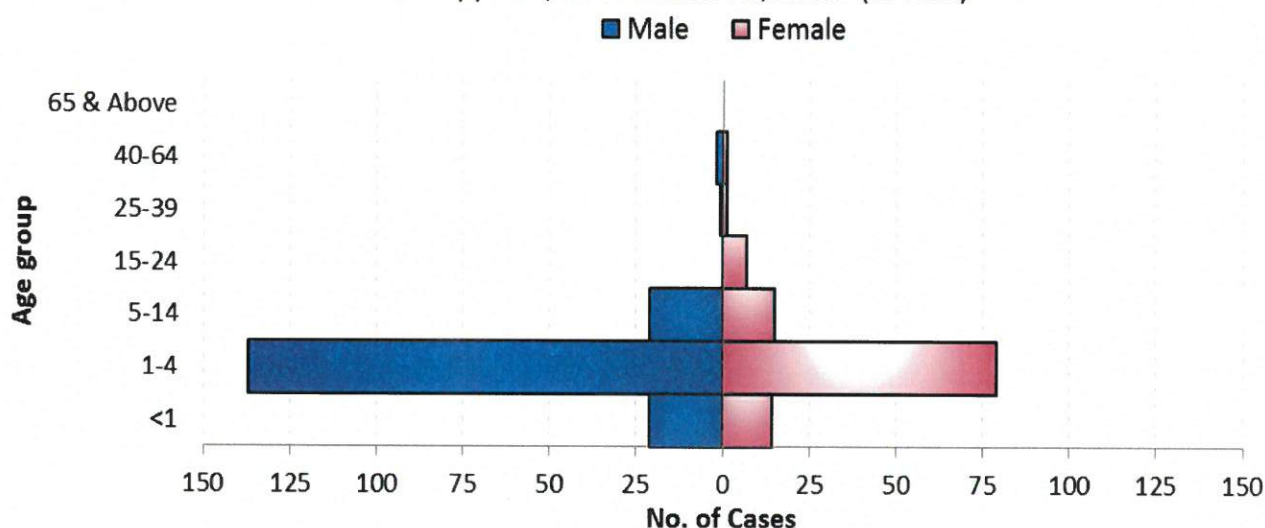
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**Fig. 3 Suspect Hand, Foot and Mouth Disease Cases by Region  
 Philippines, 2016\* vs 2015**



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



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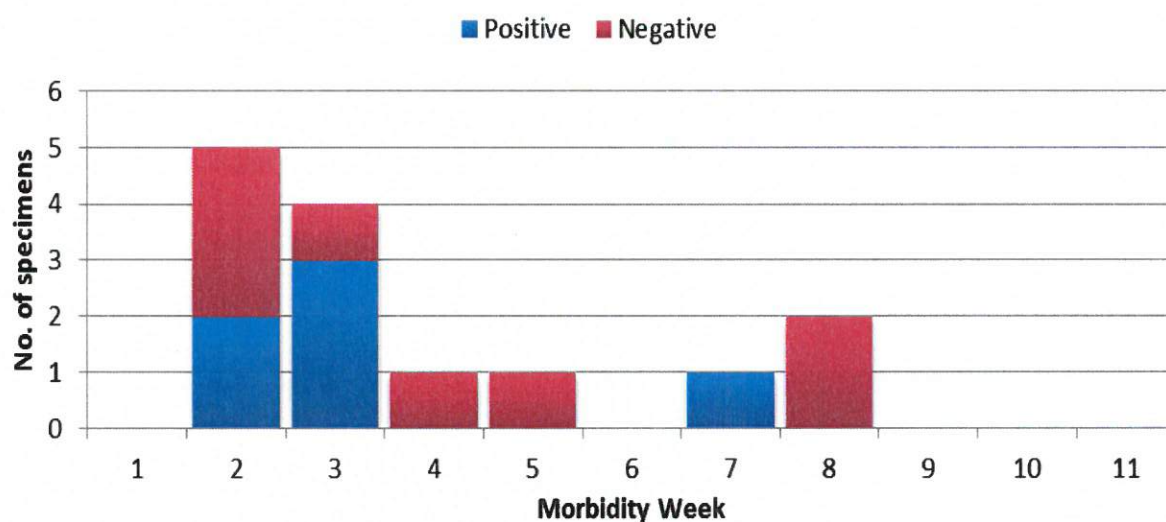


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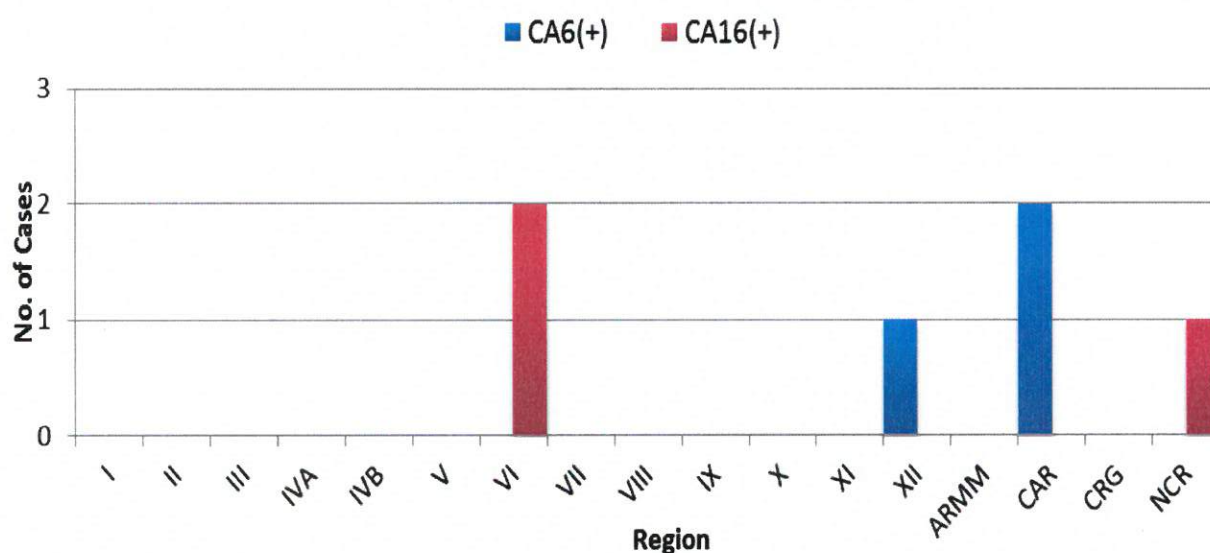
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**Fig.5 Number of Specimens Collected for HFMD  
Philippines, as of March 19, 2016 (N=14)**



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



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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	7	89	-92.13	0	0.00	0	0.00
III	5	22	-77.27	0	0.00	0	0.00
IV-A	17	72	-76.39	0	0.00	0	0.00
IV-B	3	13	-76.92	0	0.00	0	0.00
V	0	1	-100.00	0	0.00	0	0.00
VI	125	13	861.54	0	0.00	0	0.00
VII	29	11	163.64	0	0.00	0	0.00
VIII	5	3	66.67	0	0.00	0	0.00
IX	1	10	-90.00	0	0.00	0	0.00
X	12	75	-84.00	0	0.00	0	0.00
XI	3	6	-50.00	0	0.00	0	0.00
XII	24	13	84.62	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	1	-100.00	0	0.00	0	0.00
NCR	15	41	-63.41	0	0.00	0	0.00
Total	299	373	-19.84	0	0.00	0	0.00

Table 2. Weekly Suspect Hand, Foot and Mouth Disease Summary Report by Region  
 Philippines, as of March 19, 2016

Region	Morbidity Week				11th Morbidity Week		Cumulative Total 1st wk to 11th wk	
	7	8	9	10	2016	2015	2016	2015
I	0	0	0	0	0	0	11	3
II	1	0	0	0	0	16	7	89
III	1	1	0	0	0	1	5	22
IV-A	1	1	0	3	0	5	17	72
IV-B	0	0	0	1	0	4	3	13
V	0	0	0	0	0	0	0	1
VI	12	14	8	1	0	2	125	13
VII	5	1	3	3	1	1	29	11
VIII	1	0	0	1	0	0	5	3
IX	0	0	0	1	0	0	1	10
X	0	0	6	1	0	7	12	75
XI	0	0	0	0	0	1	3	6
XII	1	0	1	0	0	0	24	13
ARMM	0	0	0	0	0	0	1	0
CAR	3	5	3	0	0	0	41	0
CARAGA	0	0	0	0	0	1	0	1
NCR	2	0	1	1	0	1	15	41
Total	27	22	22	12	1	39	299	373





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### Treatment

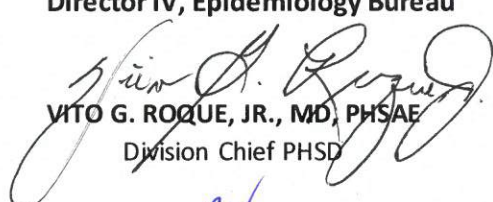
- Treatment is directly toward relief of symptoms (fever and sore throat).
- There is no specific treatment. Signs and symptoms usually clear in 7-10 days.
- A topical oral anesthesia may help relieve the pain of mouth sores.
- Over-the-counter pain medications other than aspirin, such as acetaminophen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