



Hand, Foot and Mouth Disease Cases

Morbidity Week 7 : February 14-20, 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 **167** suspect hand, foot and mouth disease cases were reported nationwide from January 1 to February 20, 2016. This is **13.92%** lower compared to the same time period last year (**194**).

Geographic Distribution

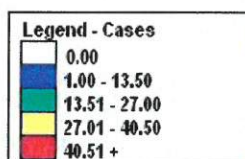
Most of the cases were from the following regions: **Region VI** (32.3%), **CAR** (15%), **Region 12**(11.4%), **Region VII** (9.6%) and **Region 4A** and **NCR** (7.8%) (Fig.3).

Profile of Cases

Ages of cases ranged from less than 1 month to 54 years old (median= 2 years). Majority of cases were male (68%). 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 MW7

Region	Cases
I	3
II	7
III	3
IVA	13
IVB	1
V	0
VI	54
VII	16
VIII	4
IX	0
X	5
XI	3
XII	19
ARMM	1
CAR	25
CARAGA	0
NCR	13
PHILIPPINES	167





Morbidity Week 7 : February 14-20, 2016

Epidemiology Bureau
Public Health Surveillance Division

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-February 20, 2016. Out of 167 reported cases of HFMD, 14 (8.4%) cases were tested and 153 (91.6%) cases were not. Of the tested cases, 5 (35.7%) cases were laboratory confirmed, 7 (50%) cases were negative for enterovirus and 2 (14.3%) cases were not tested due to used sample was inappropriate (Fig.5). Out of the confirmed HFMD cases, *Coxsackievirus A6*(CA6) (60%), and *Coxsackievirus A16*(CA16) (40%) were detected. Confirmed cases were from regions VI, XII and CAR (Fig.6).

Fig. 1 Suspect Hand, Foot and Mouth Disease Cases by Morbidity Week
Philippines, 2013-2016* (N=167)

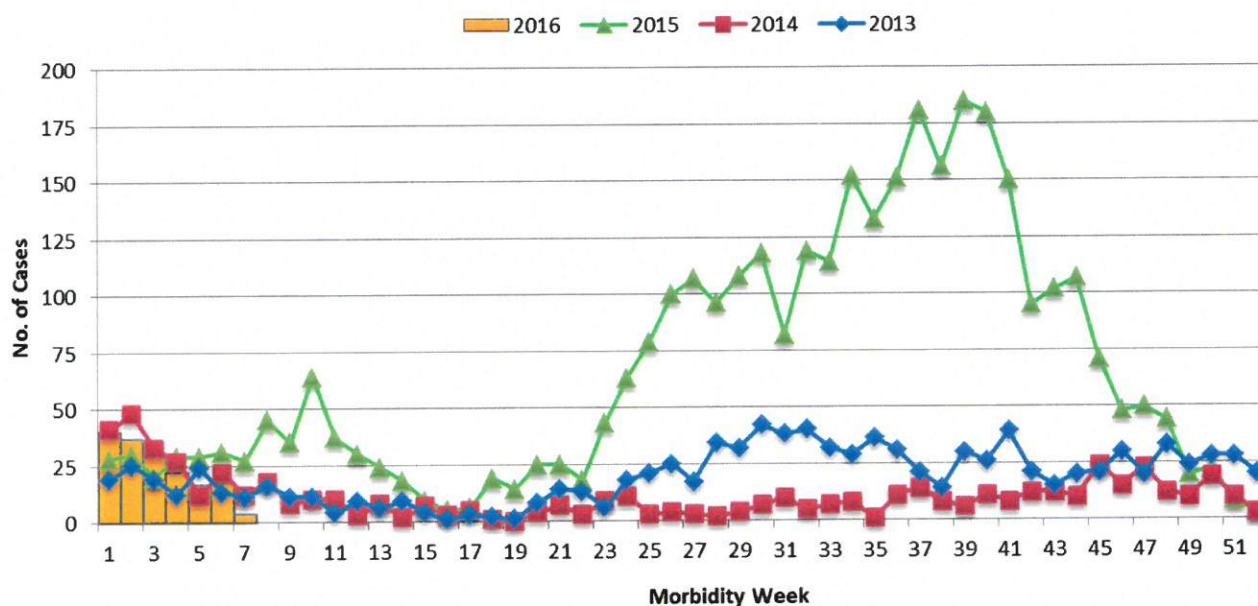
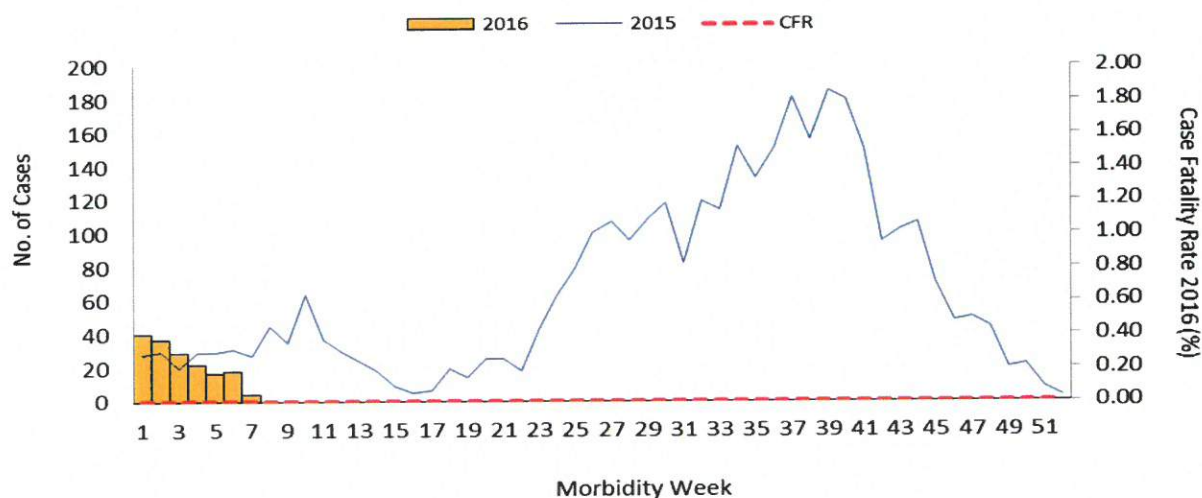


Fig. 2 Suspect Hand, Foot and Mouth Disease Cases by Morbidity Week,
Philippines, as of February 20, 2016
2016* vs 2015 (N=167)





Hand, Foot and Mouth Disease Cases

Morbidity Week 7 : February 14-20, 2016

Epidemiology Bureau
Public Health Surveillance Division

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

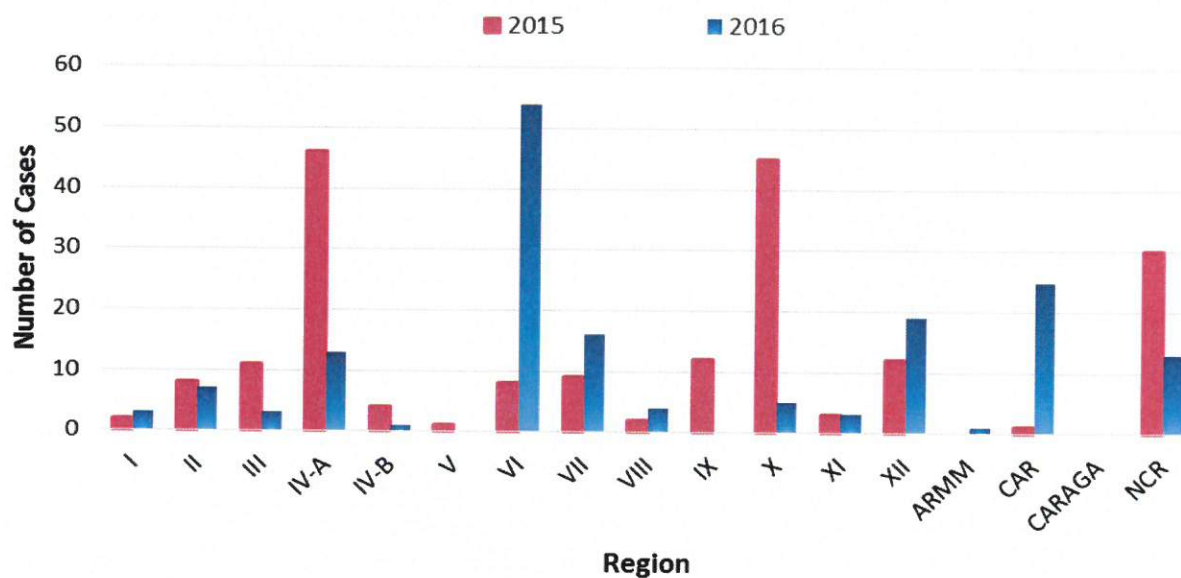
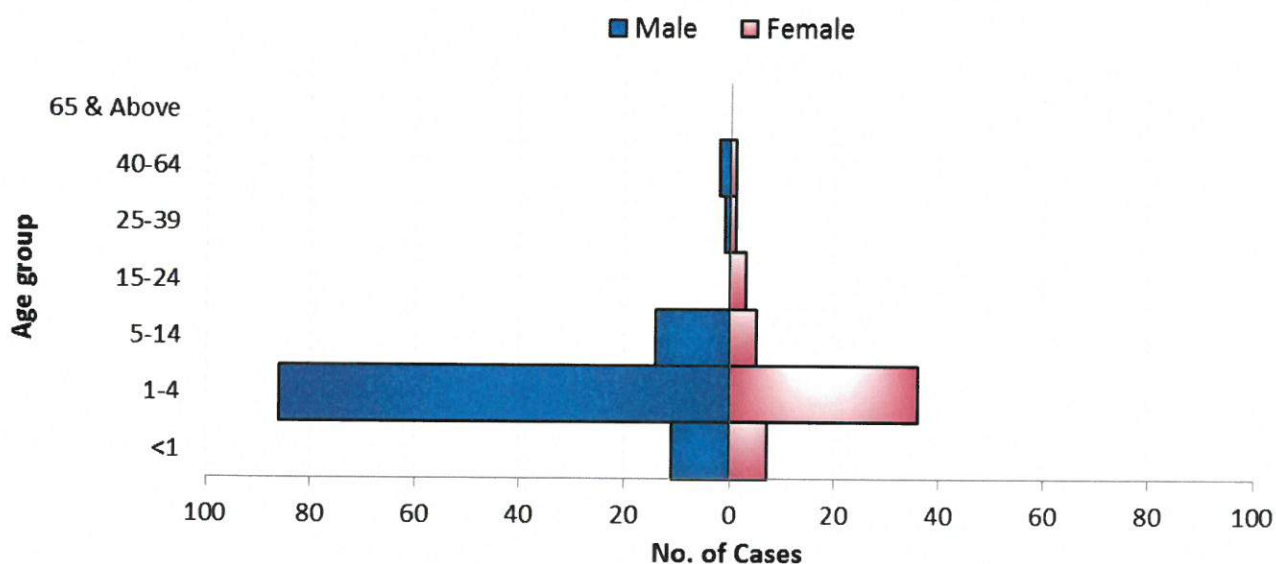


Fig. 4 Suspect Hand, Foot and Mouth Disease by Agegroup and Sex
Philippines, as of February 20, 2016 (N=167)



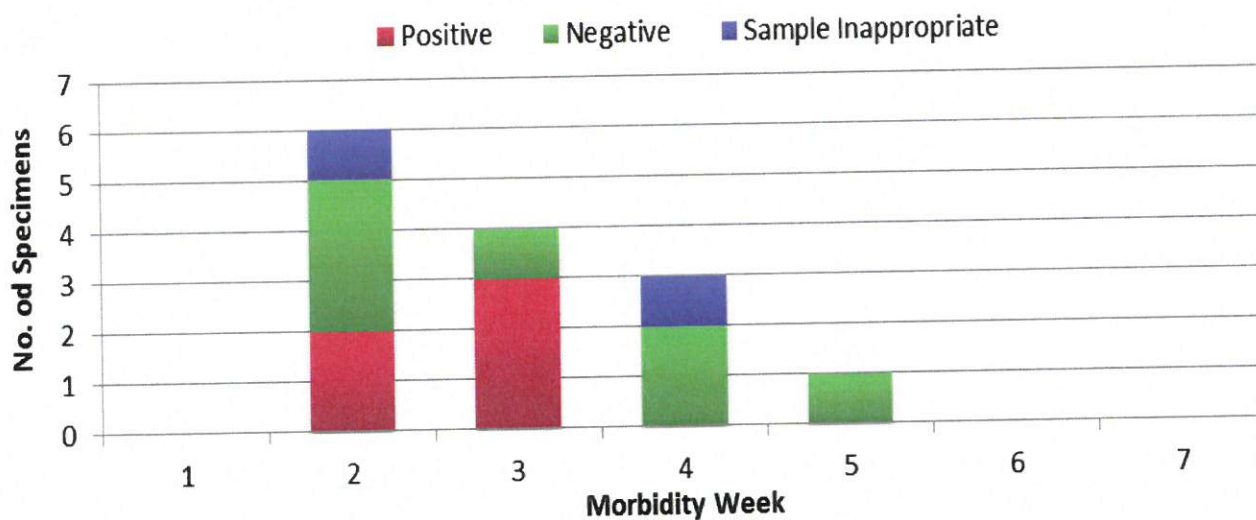
*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.



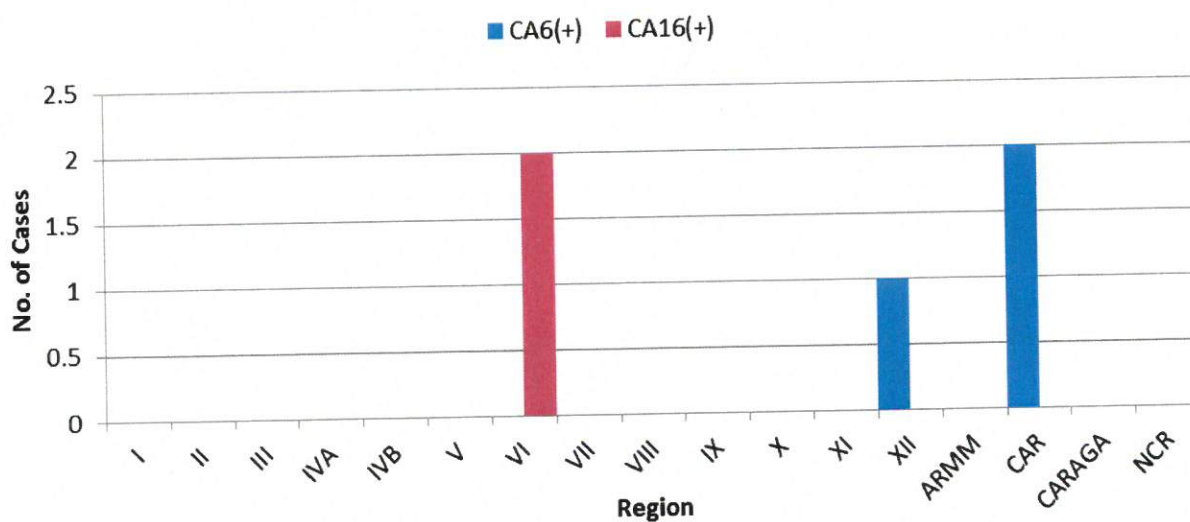
Morbidity Week 7 : February 14-20, 2016

Epidemiology Bureau
Public Health Surveillance Division

**Fig.5 Number of Specimens Collected for HFMD
Philippines, as of February 20, 2016 (N=14)**



**Fig. 6 Confirmed HFMD cases by Region and Enterovirus Genus
Philippines, as of February 20, 2016 (n=5)**



**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 7 : February 14-20, 2016

Epidemiology Bureau
 Public Health Surveillance Division

**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	3	2	50.00	0	0.00	0	0.00
II	7	8	-12.50	0	0.00	0	0.00
III	3	11	-72.73	0	0.00	0	0.00
IV-A	13	46	-71.74	0	0.00	0	0.00
IV-B	1	4	-75.00	0	0.00	0	0.00
V	0	1	-100.00	0	0.00	0	0.00
VI	54	8	575.00	0	0.00	0	0.00
VII	16	9	77.78	0	0.00	0	0.00
VIII	4	2	100.00	0	0.00	0	0.00
IX	0	12	-100.00	0	0.00	0	0.00
X	5	45	-88.89	0	0.00	0	0.00
XI	3	3	0.00	0	0.00	0	0.00
XII	19	12	58.33	0	0.00	0	0.00
ARMM	1	0	0.00	0	0.00	0	0.00
CAR	25	1	2400.00	0	0.00	0	0.00
CARAGA	0	0	0.00	0	0.00	0	0.00
NCR	13	30	-56.67	0	0.00	0	0.00
Total	167	194	-13.92	0	0.00	0	0.00

**Table 2. Weekly Suspect Hand, Foot and Mouth Disease Summary Report by Region
 Philippines, as of February 20, 2016**

Region	Morbidity Week				7th Morbidity Week		Cumulative Total	
	3	4	5	6	2016	2015	1st wk to 7th wk	
					2016	2015	2016	2015
I	0	1	0	0	0	0	3	2
II	0	0	4	0	1	3	7	8
III	0	1	0	2	0	2	3	11
IV-A	2	4	0	0	1	5	13	46
IV-B	0	0	1	0	0	0	1	4
V	0	0	0	0	0	0	0	1
VI	11	4	7	5	0	1	54	8
VII	3	5	0	2	0	0	16	9
VIII	0	0	0	0	1	0	4	2
IX	0	0	0	0	0	0	0	12
X	0	2	2	0	0	11	5	45
XI	0	0	0	1	0	0	3	3
XII	6	5	1	0	0	1	19	12
ARMM	1	0	0	0	0	0	1	0
CAR	5	0	2	5	0	0	25	1
CARAGA	0	0	0	0	0	0	0	0
NCR	1	0	0	3	1	4	13	30
Total	29	22	17	18	4	27	167	194



Hand, Foot and Mouth Disease Cases

Morbidity Week 7 : February 14-20, 2016

Epidemiology Bureau
Public Health Surveillance Division

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.).

EDITORIAL BOARD


IRMA L. ASUNCION, MD, MHA, CESO IV
Director IV, Epidemiology Bureau


VITO G. ROQUE, JR., MD, PHSAE
Division Chief PHSD


Allan P. Ignacio
Statistician II


June B. Corpuz, RN
PIDSR Program Manager


Jezza Jonah D. Crucena, RN
VPD Program Manager