

Hand, Foot and Mouth Disease (HFMD) Versus Monkeypox

| Features | HFMD | Monkeypox |
|--------------------------|---|---|
| Transmitted by | Humans | Animals and/or humans |
| Source of infection | Contact with an infected person through Nasal and throat secretions, (such as saliva, nasal mucus) Fluid from blisters Stool Respiratory droplets (after an infected person coughs or sneezes) | Contact with an infected animal or person through: Body fluids Skin lesion material Contaminated material and surfaces, (example shared towels, bedding, of which infectious body fluids/scabs may be present) Respiratory droplets |
| Who can get the disease? | Often in children aged ten years or younger with the commonest among those less than five. Rarely seen in adults | Both children and adults |
| Incubation | 3-6 days | Average 4 – 14 days (up to 21 days) |
| Symptoms | HFMD presents with fever, mouth sores, and skin rash. Painful mouth ulcers develop 1-2 days after fever. Rash usually develop on palms of hands and soles of feet. Sometimes poor appetite and feeling unwell. | Fever, flu-like symptoms, swollen lymph nodes. Rash occurs 1-4 days after onset of fever. |
| Rash period | Fast, 7-10 days | Slow, 2 - 4weeks |
| Rash appearance | Usually flat red spots (macules or papules), and sometimes filled with fluids (vesicles/blisters). When they rupture, they leave painless shallow ulcers that do not scar. | Uniformly progresses from macules to papules, vesicles and pustules, then to scabs and scars. (This is in contrast to chickenpox rash that appears in various stages of development) |
| Rash distribution | On palms of the hands and soles of the feet. Can also appear on knees, elbow, buttocks and genitals. | Starts on head: more dense on face and limbs; appears on palms and soles |
| Lymph-adenopathy | Usually absent | Present (swollen lymph nodes) |
| Duration of disease | Short, between 7 and 10 days | Long usually between 3 and 4 weeks |
| Laboratory test | Clinical diagnosis. Tests generally not performed unless for surveillance or diagnostic purposes in ill individuals. Test, PCR of fluids from mouth ulcers/blisters, throat/rectal swab, CSF or biopsy specimens. Blood serology | PCR (Best specimen is swab of the vesicular lesion – fluid, roof or crust) |
| Complications | Most cases are usually mild. In some cases HFMD caused by EV71 can lead to serious complications including viral meningitis, myocarditis, encephalitis, acute flaccid paralysis. | Self-limiting disease. Rare complications include superimposed bacterial infection, as well as eyes, lungs, and brain complications. |
| High risk groups | Newborns/infants and individuals with weakened immune systems | Newborns/very young children, pregnant women and those with weakened immune system. |

Preventions



Wash hands frequently with soap and water before eating, after visiting the toilet.



Do not share food, drinks and personal items e.g. utensils, toothbrushes, towels, cloths.



Cover your mouth when you cough or sneez.



Disinfect surfaces and fomites (e.g. toys), avoiding close contact and the sharing of personal items with infected persons.



Stay at home if infected and avoid close contact.



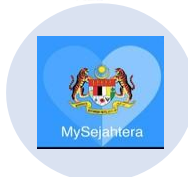
Avoid contact with wild animals or animals imported from endemic countries.



Thoroughly cook all food containing meat or parts properly before eating.



Seek medical attention if you are unwell or have any doubts.



If you have travelled from a country that has a monkeypox outbreak, please monitor your health and symptoms for 21 days in the My Sejahtera app.