



手足口病

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致病原

通常由腸病毒引起，其中以甲類柯薩奇病毒為最主要的病原體；另外，腸病毒 71 型亦是引致手足口病的病原體之一。手足口病在嬰孩及小童較常見，但成年人也可染病。此病在世界各地均曾出現個別病例或集體爆發，並多於夏天及初秋時份出現。

傳播途徑

手足口病是透過人傳人的，如直接接觸病者的鼻或喉嚨分泌，唾液、穿破的水泡及糞便，皆有可能傳播。此病的傳播能力一般由病發初期開始，維持數星期左右，直至糞便中的病毒消失為止，但以病發第一個星期傳播機會最大。

潛伏期

一般約為三至七日。

病徵

顧名思義，手足口病最明顯的特徵是影響手、腳和口。主要的病徵包括發燒、口腔有疼痛的潰瘍及身體出現帶水泡的皮疹。病發時，多先出現發燒、食慾不振、不適及喉嚨痛等徵狀。一至兩天後，口腔出現疼痛的水泡，甚至可能影響吞嚥。這些水泡初時呈細小的紅點，然後或會形成潰瘍。這些潰瘍通常位於舌頭、牙肉及兩腮內的口腔。另外，身體的皮疹主要出現於手掌及腳掌（亦可能出現在屁股及性器官），外形呈扁平或突起的紅點，並不痕癢。有些病者可能只會出現口腔潰瘍或

身體皮疹其中一種。因手足口病而引起的併發症較罕見，如病毒性腦膜炎、病毒性腦炎及類似小兒麻痺症的病症。

治理方法

現時並沒有特定治療手足口病的方法。大部份病者的情況都會自行痊癒，其徵狀如發燒、皮疹及潰瘍，病者一般於一星期後便會自動痊癒。可採用藥物紓緩患者的發燒以及潰瘍引致的痛楚。應確保患者飲用足夠水份，如患者完全不能進食，便可能要入院以靜脈點滴營養液。處理鼻喉排出的分泌物、糞便及弄污的物品後，必須立即洗手。如兒童發高燒、活力減退或病情惡化，家長便應及早攜同子女就醫。

預防方法

要有效預防手足口病，良好的衛生習慣十分重要。要經常洗手，咳嗽或打噴嚏時要掩著口鼻，並避免與病者有親密接觸。另外，良好的環境衛生亦可減低傳播手足口病的機會，例如將染污的物件及其表面清洗，並要保持室內空氣流通。患有手足口病的兒童應避免上學或參加團體活動，直至已經退燒及身體上的水泡乾涸及結痂，以減低手足口病在兒童中傳播的機會。

手足口病的患者對致病的病毒會有抵抗力，但由於手足口病可通過不同的病毒傳播，患者將來仍有機會再次感染手足口病。

參考資料：衛生防護中心、衛生署及美國疾病控制及預防中心 (www.cdc.gov/ncidod/dvrd/revb/enterovirus/hfhf.htm)。



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Hand, Foot and Mouth Disease

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Causative Agent

Hand, foot and mouth disease (HFMD) is a viral infection commonly seen in infants and children, although adults can be infected as well. It is usually caused by a group of viruses called enteroviruses. The most common causative agent is coxsackie virus A16. Enterovirus 71 (EV 71) is also one of the causative agents for HFMD. Individual cases and outbreaks occur worldwide. HFMD is more frequently seen in summer and early autumn.

Mode of Transmission

HFMD is transmitted from person to person by direct contact with nose and throat discharges, saliva, fluid from blisters, or the stool of infected persons (who may be asymptomatic). The illness is contagious during the acute stage and may last for several weeks (most contagious during the first week of the illness), as faecal shedding of virus can be detected for several weeks.

Incubation Period

The incubation period is 3-7 days.

Clinical Features

As implied by the name, the most prominent features of HFMD are seen in the hands, feet and mouth region. The main symptoms of HFMD are fever, sores in the mouth and a rash with blisters. It usually begins with fever, poor appetite, malaise and sore throat.

One to two days later, painful sores develop in the mouth. The sores are characterised by small red spots with blisters which then often become ulcers. They are usually located on the tongue, gums, and inside of the cheeks. Flat or raised red spots, which are non-itchy, are found on the palms of the hands and soles of the feet. The rash may also appear on the buttock and/or genitalia.

A person with HFMD may have only the rash or only the mouth sores. Complications are rare, but it may be associated with viral meningitis, encephalitis, or a poliomyelitis-like paralysis.

Management

To date, there is no specific treatment available for HFMD. Fortunately, most cases are self-limiting. Symptoms including fever, rash and ulcers subside spontaneously in one week. Symptomatic treatment is given for fever, aches or pain from the ulcers. Ensure the patient has good hydration with plenty of fluids. If moderate-to-severe dehydration develops, and the patient has very poor oral intake, then admission is advisable for intravenous fluid replacement.

Those who are handling nasal or throat discharges, faeces and soiled articles should wash hands promptly afterwards. Parents are advised to seek prompt medical attention if their children develop a high fever, a decrease in alertness or deterioration of the general condition.

Prevention

Good hygienic practices are the most important measures to prevent HFMD. Measures like frequent hand-washing, covering mouth and nose when coughing or sneezing, and avoidance of close contact with HFMD patients should be observed. The risk of transmitting infection can be further lowered by good environmental hygiene. This includes cleaning of contaminated surfaces and soiled items, and maintaining good indoor ventilation.

Children with HFMD should be excluded from schools or any group activities until the fever has subsided and all the vesicular lesions have dried and crusted. This helps reduce the transmission of infection amongst children.

Infection results in immunity to (protection against) the specific virus that caused HFMD, but a second case of HFMD may occur following infection with a different member of the enterovirus group.



Reference: Centre for Health Protection, Department of Health, Centers for Disease Control and Prevention, USA. Website: www.cdc.gov/ncidod/dvrd/revb/enterovirus/hfhf.htm