DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

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Health Awareness Notice for District of Columbia Healthcare Providers

Increase in Hand, Foot and Mouth Cases in Children in the District of Columbia

SUMMARY

This notice is to inform providers of a recent increase in cases of hand, foot and mouth disease (HFMD) in the District of Columbia. In September 2025, 197 emergency department (ED) visits related to hand, foot and mouth have been reported among DC children. For the same period in 2024, only 63 ED visits related to HFMD disease were. The visits continue to be primarily among children under five years.

There are no vaccines or pharmacological interventions available to prevent or treat HFMD. Over-the-counter medications can help with fever and pain, but aspirin should not be given unless directed by a healthcare provider. To help prevent HFMD, hand washing, disinfecting common surfaces and toys, and avoiding close contact with infected people are recommended. Most children recover within 7 to 10 days. Children with confirmed hand, foot, and mouth disease may return to school once they are fever-free, no longer drooling as a result of mouth sores, have no open blisters, and feel well enough to participate in daily activities.

BACKGROUND

Hand, foot, and mouth disease (HFMD) is a common, highly contagious illness caused by different viruses in infants and young children, most commonly the Coxsackievirus A16 and Enterovirus 71. The virus spreads through person-to-person contact with an infected person's nose secretions, throat discharge, saliva, fluid from blisters, stool, and/or droplets sprayed into the air after a cough or sneeze. Prolonged asymptomatic viral shedding is common. Common symptoms of the disease include fever, loss of appetite, feeling unwell, sore throat, mouth sores, and skin rash on the palms of the hands, soles of the feet, and sometimes the buttocks. Symptoms usually appear within 3 to 7 days after exposure to the virus. However, not all individuals will experience every symptom or experience any symptoms at all. There is no specific medical treatment for HFMD and it typically resolves on its own in 7-10 days without treatment. However, complications can occur, especially in young children and those with weak immune systems. In rare cases, it can lead to complications, including encephalitis, meningitis, and acute flaccid paralysis. There is no vaccine approved and available to protect against the viruses that cause HFMD.

Most common in the summer and fall, recent reports and surveillance data indicate a notable increase in HFMD cases across the US. Locally, there were 197 emergency department (ED) visits related to hand, foot and mouth disease reported to DC Health in September 2025. This is compared with 63 reported ED visits in September 2024.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

HFMD is usually not serious. Most children get better on their own in 7 to 10 days with minimal or no medical treatment. Symptoms include fever and flu-like symptoms, a decrease in appetite and excessive drooling due to painful mouth sores, and a skin rash on the hands and feet.

- To relieve pain and fever. Providers can recommend over-the-counter medications to relieve fever and pain caused by mouth sores. Never prescribe aspirin to children.
- Please ensure that the DC Return to school guidance is discussed with the parent/guardian of the child. Children can return to school or childcare if they are fever-free for at least 24 hours without fever-reducing medication, have no open blisters, are not experiencing uncontrolled drooling from mouth sores and can participate in routine activities.
- Laboratory testing for HFMD is not routinely necessary and is typically based on clinical diagnosis but it can be performed in severe cases to determine the specific virus.
- Given multiple reports of rashes in the pediatric population, DC Health would like to remind providers of the importance of accurately distinguishing HFMD and not confusing it with other illnesses such as chickenpox (varicella), herpangina, impetigo and viral or allergic reactions with similar presentations. For proper diagnosis, management, reporting and infection control measures, please review the clinical features carefully, confirm based on lesion pattern and accompanying symptoms and when in doubt, consider virologic testing for enteroviruses.
- Confirmatory tests involve sending a viral culture or polymerase chain reaction (PCR) from a throat swab, vesicular fluid or swab, or stool sample to confirm the enterovirus responsible for the complications.
- In a rare situation, the child may develop Herpangina, the more severe form of hand, foot, and mouth that involves excessive mouth ulcers preventing a child from swallowing and drinking. These children require closer medical attention.
- Immunocompromised children may experience prolonged and more severe illness, which can lead to hospitalization.
- DC Health acknowledges the guidance provided by the AAP Red Book. However, given the increasing number of HFMD cases in the District, we recommend a cautious approach. Children with open blisters that cannot be fully covered should remain at home until they are completely healed, rather than returning to school or daycare.
- Please include a diagnosis of hand, foot, and mouth disease on the school note to help prevent further spread.

RECOMMENDATIONS FOR THE PUBLIC

Preventing the Spread of HFMD

Hand, foot, and mouth disease can spread easily from person to person, so it is important to take steps to prevent transmissions. It is recommended to stay home if you have symptoms such as fever, uncontrollable drooling, open blisters, or if you are feeling unwell to participate in daily activities.

The following steps can help prevent the spread of HFMD:

- Washing your hands frequently with soap and water, scrubbing your hands for at least 20 seconds, is important.
- Cover your mouth and nose when sneezing or coughing with a disposable facial tissue or with your upper arm sleeve or elbow.
- Clean and disinfect frequently touched surfaces and soiled items, including toys.
- Avoid close contact such as kissing, hugging, or sharing eating utensils with infected people.

What to Do if You or Your Child Have HFMD

Healthcare providers can usually identify HFMD by examining the appearance of the rash while considering age and other symptoms. Sometimes, they might collect samples from the throat or poop. Then they will send

them to a laboratory to test for the virus. If you or anyone in your family develops symptoms of HFMD, consider contacting your healthcare provider for a medical evaluation. If you or your child has been diagnosed with HFMD, please see a healthcare provider if your child:

- Not drinking well and you are worried they are dehydrated.
- Has a fever that lasts longer than 3 days.
- Has a weakened immune system (body's ability to fight germs and sickness).
- Is having severe complications.
- Symptoms do not improve after 10 days.
- Is younger than 6 months.

Returning to School or Childcare Centers

Children can return to school or childcare centers if they are:

- Fever-free for at least 24 hours without fever-reducing medication.
- Have no open blisters.
- Not experiencing uncontrolled drooling from mouth sores.
- Feel well enough to participate in routine activities.

Talk with your child's healthcare provider if you are still unsure when it is okay for them to return.

REPORTING REQUIREMENTS FOR SCHOOL AND CHILDCARE CENTERS

DC Municipal Regulation requires School or childcare to report when there are three (3) or more cases that occur within a seven (7) day period in the school or childcare facility. Three or more confirmed cases of HFMD should be reported by phone at 844-493-2652 or by submitting the DC Health Epidemic Investigation Tracking (EIT) form.

ADDITIONAL RESOURCES

- CDC, Clean Hands - About Handwashing for Everyone. Feb 2024
- CDC Hand, Foot and Mouth, Symptoms and Complication, May 2024
- WebMD, A Visual Guide to Viral Rashes, November 2022
- DC Health School Health Guidance
- DC Health Fact Sheet. Hand, Foot, & Mouth Disease, October 2025
- American Academics of Pediatric, (AAP) Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition)

REFERENCES

- Baker RE, Yang W, Vecchi GA, Takahashi S. Increasing intensity of enterovirus outbreaks projected with climate change. Nat Commun. 2024 Jul 31;15(1):6466. doi: 10.1038/s41467-024-50936-3. PMID: 39085256; PMCID: PMC11291881.
- CDC, About Hand, Foot, and Mouth Disease for everyone. May 2024, https://www.cdc.gov/hand-foot-mouth/about/index.html
- WHO, A guide to clinical management and public health response for hand, foot and mouth disease (HFMD), 2011. https://iris.who.int/items/55280930-006e-4ee5-9cfe-ac6d1a61e88a
- Pan American Health Organization / World Health Organization. Epidemiologic Alert: Hand, foot, and mouth disease, 26 March 2025. Washington, D.C.: PAHO/WHO; 2025
- DC Health Fact Sheet. Hand, Foot, & Mouth Disease

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at: Phone: 844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov