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Government of India



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Media alert from the Media Scanning & Verification Cell, IDSP-NCDC.

Alert ID	Publication Date	Reporting Date	Place Name	News Source/Publication Language
4507	31.01.2018	31.01.2018	Telangana	www.thehansindia.com/English <a href="http://www.thehansindia.com/posts/index/Telangana/2018-01-31/HFMD-cases-on-rise-in-Telangana/355481">http://www.thehansindia.com/posts/index/Telangana/2018-01-31/HFMD-cases-on-rise-in-Telangana/355481</a>
<b>Title:</b>	<b>Hand, foot and mouth disease (HFMD) cases on rise in Telangana</b>			
Action By CSU, IDSP -NCDC	Information communicated to SSU-Telangana			

Hand, foot and mouth disease (HFMD), which is said to be not seen for several years in the past in Telangana, is appearing sporadically in the State now. The disease is caused by viruses that belong to enterovirus genus (group). This group of viruses includes polioviruses, coxsackie viruses, echoviruses, and enteroviruses. Coxsackievirus A type 16 (CVA16) is the most common cause of HFMD, while enterovirus 71 (EV-71) is the secondary cause.

The symptoms of the disease are found at Palakurthy village of Jangaon district a few weeks ago in about ten patients, both infants and adults. A pharmacist and public health specialist at the district medical and health office, Dr Rapolu Satyanarayana stumbled upon the cases.

He said HFMD symptoms, which look like chickenpox disease, is an acute viral illness that manifests as a vesicular eruption in the mouth, hands and feet along with fever. HFMD is typically a self-limiting disease, common in young children. Although it is not serious for the most, the infection can cause significant pain while eating, walking and writing.

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**Disclaimer:- This is a media alert subject to verification.**

**Integrated Disease Surveillance Programme (IDSP), National Centre for Disease Control,  
Ministry Of Health & Family Welfare, Government of India**

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The rashes on the palms, fingers and soles, which generally persist for seven to 10 days and lesions on the buttocks, are seen in the patients, Dr Satyanarayana told The Hans India. It spreads to others by close personal contact, coughing or sneezing or by contact with contaminated objects and surfaces, faeces of an infected person. The most vulnerable areas are schools, group living communities and day-care centres. Some patients infected with EV 71 may develop adverse brain and neurological involvement. HFMD is confirmed only on clinical grounds and there is no specific treatment for this self-limiting disease. Symptomatic treatment is given for fever.

But, laboratory tests will be mandatory at government level for confirmation of the virus and to take control measures creating awareness among parents, Dr Satyanarayana said, adding fluid food intake must be ensured and if the blisters are seen on tongue as patients cannot take solid food. A private child specialist Dr M Sheshu Madhav said "Of late at least two patients are coming to our hospital every day with HFMD symptoms," confirming spread of the disease. The disease, which is generally seen in winter and summer, has become endemic as it was seen throughout the year 2015.

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It is worth mentioning that the first ever HFMD epidemic in India was seen in Kerala during 2003. In November 2010, a large number HFMD cases in children were seen in Visakhapatnam, Guntur, Karimnagar and some other districts.

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