

hand hygiene

Keep Your Fingers Out of Your Mouth!

BY HEATHER SAUNDERS, MPH, RN, CIC

Scientists argue over whether or not I am a living being. Most don't consider me an organism, unlike bacteria or fungi. But regardless, I can cause a great deal of havoc on the human body. Since there are 29 different serotypes of me, I've been given a number in my name to distinguish me from the rest. I share many characteristics with polio-causing pathogens but am still considered a non-polio-causing pathogen. There are over 100 in my family considered to be non-polio-causing. While I can cause infection year-round, most of my infections occur in the summer and early fall.

I was discovered in 1951 in South Africa, although there is no documentation of an outbreak of me at the time. In 1957, the first case of the disease I typically cause was reported in New Zealand. In 1959, the disease I cause was found to be associated with being infected with my specific serotype, among several others. Today, although other serotypes can cause the disease I am known for, I am still the most common cause. Multiple outbreaks of me and the disease I cause have been documented in Australia, India, China, Canada, Singapore, Vietnam, and Taiwan. One of the largest known outbreaks was recorded in Wales, England, in 1994, with more than 953 cases identified.

The disease I cause usually affects only infants and children under aged 5 years,

although I can spread and infect anyone. Older children and adults, however, will typically not show any symptoms. Even without symptoms, the disease can be passed on to others. It takes approximately 3 to 6 days for symptoms to appear after I have successfully infected a host, and the disease will generally last 7 to 10 days before symptoms resolve. Initial symptoms are very nonspecific, resembling a multitude of various diseases. These symptoms include fever, decreased appetite, and fatigue. The more telling symptoms that follow include painful mouth sores and a non-itchy rash appearing on the palms of the hands and the soles of the feet. The disease is generally mild and self-limiting, although more severe symptoms and several fatalities have been reported on a very small scale. In this small minority, patients can develop neurologic complications such as acute flaccid paralysis, encephalitis, pulmonary edema, and myocarditis.

There is no cure or vaccination for me. Since most cases are very mild, without severe symptoms, treatment and recovery

can be accomplished at home. Treatment is supportive, consisting of rest, fluids, and symptom management. Because painful mouth sores may decrease the desire to eat and drink, focusing on preventing dehydration in infants and children is critical to a successful recovery. The disease is passed through respiratory droplets when an infected individual coughs or sneezes, as well as fluid from the blistered rashes and feces of an infected person. Individuals are generally most infectious during their first week of illness. To prevent the spread, avoiding close contact and hugging and kissing those infected by me while they are infectious is encouraged. Other prevention methods include washing hands frequently, disinfecting frequently touched surfaces, and covering the mouth and nose with a tissue or sleeve when coughing or sneezing.

I am Coxsackievirus A16. □

To discover who I am, visit
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