



Dr Wendy Sinnathamby

HFMD

Sorry, there's no cure

Just this morning, a concerned mother brought her four-year-old daughter to see me. The girl had a rash that started three days ago at the back of her right knee. The child was otherwise well, but her mum was worried that she might have Hand Foot and Mouth Disease (HFMD).

It was heart-warming to see the relief on her mum's face when I reassured her that it was not HFMD but just a mild flare up of her daughter's eczema.

When I counsel parents about routine and optional immunisation for their children, they occasionally ask about the availability of an HFMD vaccine. This query has become more frequent in the last few weeks as once again we find ourselves in the midst of an HFMD epidemic. The number of cases continues on an upward trend weekly.

It is a particularly worrying time for parents of young children who are the most susceptible and also most at risk of developing complications such as severe dehydration.

As there have been quite a few cases of the more virulent strain, this has added to the anxiety of parents.

Not surprisingly, I have had parents bringing their kids in with a variety of rashes. The first question they want answered is whether it is HFMD.

Parents of those with HFMD are naturally very anxious about the severity of their child's disease and often have many questions for me once the diagnosis is made.

I give them the usual advice on managing the child's fever and ensuring hydration by

administering small amounts of fluids regularly.

Kids with significant oral ulcers go off their food. Most parents, understandably, find this disturbing and require extra reassurance.

One of the challenges parents face is keeping children cooped up at home, away from public places, until the rash has dried up to prevent spread of the disease.

It is difficult enough keeping one child who is already on the road to recovery occupied, but it is worse when parents have two or more children with HFMD or who have been exposed to the disease.

A child with a severe case of HFMD can be extremely irritable and agitated or listless due to the high fever, pain from the multiple oral ulcers and dehydration.

Being a parent myself, I know it is heart-wrenching to see the poor child in this



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state and I fully empathise with parents who tend to be extremely worried. The child with severe HFMD will, without doubt, have to be warded in hospital.

The treatment given while warded is symptomatic and usually involves giving the child intravenous fluids, painkillers and medicine to control the fever.

The child will require close monitoring of fever, urine output, pulse, respiratory rate, blood pressure and neurological status to ensure that he does not develop complications such as encephalitis (infection of the brain), myocarditis (infection of the heart) or pneumonitis (infection of the lungs).

Sympathy for emotional parents

As a doctor, I have to constantly prepare myself to handle emotive responses from parents as I explain to them the severity of their child's condition and management plan.

One of the more difficult aspects of explaining the treatment is having to tell them that there is no specific cure and that the medical team can offer only supportive treatment while the disease gets better on its own.

Parents find this hard to accept. They must think that, in this day of major advancements in medicine, it seems strange that we cannot prescribe a drug that results

in speedy recovery.

I have to be prepared to allocate sufficient time answering parents' queries and alleviating their anxiety whenever I examine their child. Sometimes, the same questions are repeated at every review but I remain patient as I know it is anxiety and a feeling of helplessness that drives this line of questioning.

HFMD spreads like wildfire especially in a preschool setting and needs the efforts of everyone, including parents, carers, education and health-care professionals, to prevent its spread.

As a doctor, I have an important role to play. I need to wash my hands thoroughly between patients and ensure that my consultation area is cleaned immediately after I have seen a child with HFMD.

Children suspected of HFMD and those who have been diagnosed with it must be isolated after the consultation so as not to infect other children in my waiting room.

I hope that, with our joint efforts, we will soon see the end of the current epidemic.

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