

Adults get it, too

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WHILE the rest of the nation revelled in the National Day celebrations two weeks ago, finance manager Tan Yeow Kim was nursing a fever and had one of the worst cases of body aches he had ever experienced.

He thought it was the seasonal flu. But by the third day, multiple fluid-filled blisters began appearing on his fingers and feet. He also developed ulcers in his mouth and on his lips.

A doctor confirmed it as Hand, Foot and Mouth Disease (HFMD).

Mr Tan knew where he had caught it from — his two children.

Earlier on, his son and daughter — aged eight and 10, respectively — had come down with the disease. Their symptoms, however, seemed less severe than what he had gone through.

"I seemed to have gotten it worse than my kids. At least, they didn't have to go through the terrible body aches," said the 42-year-old, who had to stay at home for about a week. Luckily, his wife was spared the ordeal.

Mr Tan said he was "very surprised" that he had contracted the disease because he thought it afflicted only children.

He admitted that he had not distanced himself from his kids and continued to hug them when they were ill.

Like him, many people are unaware that although the chance of an adult being infected is lower, it is possible for an adult to catch HFMD from his or her children, said Dr Sonal Singhal from the Health Promotion Board's (HPB) Youth Health Division.



Yen Yok

**NO
KIDDING
AROUND**

Mr Tan admitted that he had not distanced himself from his kids and continued to hug them when they were ill with Hand, Foot and Mouth Disease.

"The disease is spread by direct contact with nasal discharge, saliva, faeces and fluid from the rash of an infected person," said Dr Sonal.

HFMD cases are on the rise in Singapore. According to a Ministry of Health spokesperson, there were a total of 18,989 notified cases in the first 32 weeks of this year, of which 7.6 per cent were adults aged 21 years and above.

According to Dr Chan Poh Chong, a senior consultant at National University Hospital's University Children's Medicine Institute, HFMD is an infection which typically affects younger children, especially those under the age of 10.

It is caused by a group of viruses called enteroviruses, especially the Coxsackievirus A16 and Enterovirus (EV) 71. A rising number of HFMD patients have been detected by MOH's sentinel surveillance to have the latter strain, which is associated with an increased risk of disease severity, and even death.

Since this year, Dr Leslie Tay, a general practitioner of Karri Family Clinic, has seen about three adult cases at his clinic.

He said such cases are "unusual" as most adults would probably have been infected by the virus at a younger age, thus developing immunity against it.

Catching it more than once

However, Dr Tay noted that there are different strains of the viruses, which means a person can come down with HFMD several times.

Dr Sonal added: "A child with a healthy immune system will form antibodies to the specific virus that originally caused the infection. If the child is exposed again to the same virus, it is highly unlikely that they will be infected again. They are, however, still susceptible to a second episode from a different strain of the Coxsackie virus."

Fortunately, Dr Chan said HFMD is generally a mild disease that usually clears up after five to seven days both in adults and children.

However, he added that there had been a few fatalities in Singapore since 2000, when the last major outbreak of HFMD claimed a few young lives. There have been no cases with serious complications or deaths reported so far this year, according to the MOH report.

"The last reported death of a three-year old boy in 2008 had come after many years of non-fatality. These unfortunate deaths are uncommon, and usually due to spread of the infection to the heart and the brain," he said.

The doctors noted that serious complications, such as brain, lung or heart infections are rare, and these are usually caused by the EV 71 virus (see box). However common symptoms such as ulcers in the mouth can lead to dehydration as they interfere with the intake of food.

There is currently no specific treatment for HFMD. Other than relieving the symptoms, ensuring adequate hydration and monitoring for complications, patients simply have to wait it out.

Mr Tan and his children have since recovered. Right now, the crusty, dried up blisters on Mr Tan's skin are the only reminder of his experience with HFMD.

Avoid getting it from your child

Some pointers from HPB's Dr Sonal Singhal, on minimising your risk of getting HFMD from your child:

- Wash your hands frequently, especially after diaper changes
- Thoroughly clean objects and surfaces that may be contaminated with an HFMD-causing virus (toys, doorknobs, etc)
- Avoid close contact (such as kissing and hugging) with children who are infected

Watch for complications

Although HFMD is a generally a mild disease, serious complications can occur. Look out for the warning signs:

- Severe headache, giddiness and stiff neck
- Disorientation, drowsiness and/or irritability
- Breathlessness or a person turning blue
- Fits