

***Hand, Foot, and Mouth Disease: A Questionnaire Survey on Diagnosis,
Treatment, and Prevention***



Daffodil
International
University

[In the partial fulfillment of the requirements for the degree of Masters of
Pharmacy]

Submitted To

Department of Pharmacy
Faculty of Health & Life Sciences
Daffodil International University

Submitted By

Yesmin Akter Tonny
Student ID: 22211093030

Department of Pharmacy
Faculty of Health & Life Sciences
Daffodil International University

.....

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APPROVAL

This thesis paper, “**Hand, Foot, and Mouth Disease: A Questionnaire Survey on Diagnosis, Treatment, and Prevention**” submitted to the Department of Pharmacy, Faculty of Health & Life Sciences, Daffodil International University, has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of Masters of Pharmacy and approved as to its style and contents.

BOARD OF EXAMINERS

.....

Dr. Muniruddin Ahmed

Professor and Head

Department of Pharmacy

Faculty of Health & Life Sciences

Daffodil International University

.....

Internal Examiner 1

.....

Internal Examiner 2

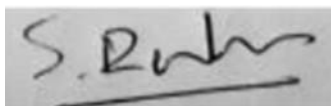
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DECLARATION

I hereby declare that this thesis report, “**Hand, Foot, and Mouth Disease: A Questionnaire Survey on Diagnosis, Treatment, and Prevention**”. I am declaring that this thesis is my original work. I also declare that neither this thesis nor any part therefore has been submitted elsewhere for the award of Masters or any degree.

Supervised by



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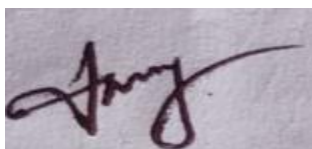
Dr. Mohammed Shafikur Rahman

Associate Professor

Department of Pharmacy

Daffodil International University

Submitted By



.....

Yesmin Akter Tonny

Student ID: 22211093030

Department of Pharmacy

Faculty of Health & Life Sciences

Daffodil International University

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Finally, I would like to express my gratitude towards my parents and other family members for their kind cooperation and encouragement which helped me in completion of this thesis.

Dedication

My Parents,

The persons who always encourage me in every sphere of my life.

My teacher,

*The persons who guided me in this process and the faculties who kept me
on track.*

Abstract

Hand, foot, and mouth disease (HFMD) is a viral infection that typically affects children under five years old. It is typified by typical signs including oral herpes and rashes on the hands and feet. This study aims to determine the general public's awareness of hand, foot, and mouth disease (HFMD). An assessment of hand, foot, and mouth illness was created using questionnaires that were distributed one-on-one. According to the survey (31%) responders have been replied that they have idea about Hand, foot, and mouth disease. Most of the participants (69%) have been replied that they have no idea about this illness. 29% participants have been replied that they have been known causes of Hand, foot, and mouth disease. 71% of respondents, or most of them, are unaware of the illness's causes. The majority of respondents (91%) to the study stated that youngsters (ages 5-7) are more vulnerable to hand, foot, and mouth illness. According to 29% of respondents, human contact such as kissing or hugging is how the illness listed earlier is spread. Additionally, 25% and 14% of respondents indicated that they had come into contact with dung and/or touched surfaces or objects, correspondingly. Fruit drinks, citrus fruits, soda, and other acidic foods and beverages can worsen the indications of hand, foot, and mouth disease. 71% of respondents who had family members with hand, foot, and mouth disease said that their doctor had given them a throat swab test to diagnose the condition. For HFMD, there isn't a specific medical intervention. According to 88% of respondents, vitamin D can help reduce hand, foot, and mouth disease discomfort. The majority of respondents (69%), in accordance to the examination, stated that their symptoms persisted for seven days. In summary, it is possible to stop its spread by adhering to the right preventive measures.

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Chapter one

Introduction

1.1 Introduction

The symptoms of Hand-Foot-and-Mouth Disorder (HFMD), a viral infection that mostly affects young children, include fever, mouth sores, and a rash on the hands and feet. Caused primarily by Enteroviruses, particularly Coxsackievirus A16 and Enterovirus 71, HFMD presents a significant public health concern due to its contagious nature and potential for outbreaks, impacting communities worldwide [1]. As the global healthcare community strives to enhance our understanding of this disease and improve preventive measures, effective management strategies, and early diagnostic techniques, comprehensive research becomes imperative. The purpose of this questionnaire survey is to explore the various facets of HFMD and to gather insightful opinions from investigators, medical professionals, and subject matter experts. By collecting diverse perspectives and experiences, this study intends to contribute to the ongoing dialogue surrounding the prevention, management, and diagnosis of HFMD, ultimately fostering advancements in public health practices [2]. The survey will explore current protocols and interventions employed for preventing the spread of HFMD, assessing the efficacy of existing preventive measures and identifying potential gaps in strategies. Additionally, it will investigate the challenges faced by healthcare professionals in managing HFMD cases, examining treatment modalities, and evaluating the impact of these interventions on patient outcomes. Furthermore, the questionnaire will address diagnostic approaches employed in the identification of HFMD, focusing on the accuracy, accessibility, and timeliness of current diagnostic tools [3]. By understanding the strengths and limitations of existing diagnostic methods, this survey aims to inform future developments in diagnostic technologies and methodologies. Ultimately, the findings of this questionnaire survey hold the potential to inform policymakers, healthcare practitioners, and researchers about the current state of HFMD prevention, management, and diagnosis. By fostering a collaborative and informed approach, we aspire to contribute to the ongoing efforts to mitigate the impact of HFMD on public health, enhance patient care, and reduce the burden of this infectious disease on communities worldwide [4].

1.2 Epidemiology of Hand, foot, and mouth disease (HFMD)

However it can strike adults as well, hand, foot, and mouth disease (HFMD) is a prevalent viral ailment that mostly affects infants and children. Enteroviruses, primarily

coxsackievirus A16 and enterovirus 71, are usually the source of the illness. The following are some salient features of the hand, foot, and mouth disease epidemiology:

Incidence and Seasonality:

HFMD is prevalent universal, with outbreaks occurring more frequently in densely populated areas. The disease is more common in warmer months, often peaking in late spring, summer, and early fall [5].

Age Distribution:

Children under the age of 5 are most commonly affected, particularly those under 2 years old. Adults can also contract the virus, but severe cases are rare in healthy individuals.

Transmission:

The most common way for HFMD to propagate is by coming into contact with an infected person's respiratory secretions, saliva, feces, or blister fluid. The virus can also be transmitted via contaminated surfaces and objects [6].

Clinical Presentation:

The typical symptoms include fever, sore throat, malaise, and a characteristic rash with sores or blisters on the hands, feet, and in the mouth. The disease is usually self-limiting, with symptoms resolving within a week.

Complications:

While HFMD is generally a mild and self-limiting disease, complications can occur, especially in severe cases. Enterovirus 71 has been associated with more undecorated neurological complications in a small percentage of cases [7].

Immunity:

Infection with one strain of the virus does not necessarily provide immunity against other strains. Immunity following infection is not lifelong, and individuals can be re-infected.

Prevention:

Regular hand washing and other good hygiene habits can help stop the virus from spreading. Reducing the risk of spreading infection also involves cleaning regularly touched surfaces and avoiding close contact with infected people [8].

Vaccine Development:

As of my knowledge cutoff date in January 2022, there was no precise antiviral treatment for HFMD, and prevention relied on good hygiene practices. Research was ongoing for the development of vaccines against enterovirus 71, one of the chief causative agents [9].

1.3 Clinical manifestations of Hand, foot, and mouth disease (HFMD)

Infants and young children are frequently afflicted with hand, foot, and mouth disease (HFMD), a viral ailment. Enteroviruses, especially coxsackievirus A16 and enterovirus 71, are typically the cause. The clinical manifestations of HFMD typically include the following:

Fever: HFMD often begins with a sudden onset of fever, which may be accompanied by other flu-like symptoms such as headache and muscle aches [10].

Sore Throat: Many individuals with HFMD involvement a sore throat, which can contribute to discomfort and difficulty swallowing.

Mouth Sores (Oral Lesions): One of the hallmark features of HFMD is the development of small, painful sores or ulcers in the mouth. These sores may give the impression on the tongue, gums, inner cheeks, and the roof of the mouth. They can be red with a white or grayish center [11].

Rash on Hands and Feet: Another characteristic of HFMD is the presence of a rash on the hands and feet. The rash may also extend to the buttocks and genital area. The lesions are typically small, red spots or bumps and may progress to fluid-filled blisters.

Skin Rash: In addition to the rash on the hands and feet, some individuals with HFMD may develop a more generalized rash on other parts of the body [12].

Loss of Appetite: Children with HFMD may experience a decreased appetite, which can lead to dehydration if not addressed by maintaining adequate fluid intake.

Irritability and Discomfort: Infants and young children may become irritable and uncomfortable due to the pain caused by mouth sores and the rash [13].

1.4 Prevention and Treatment of HFMD

Infants and young children are frequently afflicted with Hand, Foot, and Mouth Disease (HFMD), a viral infection. It is usually caused by enteroviruses, particularly Coxsackievirus A16 and Enterovirus 71. While there is no specific cure for HFMD, supportive care and preventive measures can help manage the symptoms and reduce the risk of spreading the virus [14]. Here are some guidelines for the prevention and treatment of HFMD:

Prevention:

1. **Good Hygiene Practices:**

- Encourage regular hand washing with soap and water, particularly before preparing or eating meals, after utilizing the restroom, and when replacing diapers. Teach children not to touch their face, mouth, and eyes with unwashed hands.

2. **Disinfection:**

- Toys and doorknobs are examples of regularly touched items that should be cleaned and disinfected.
- Ensure that shared spaces, such as daycare centers and schools, maintain a high level of cleanliness [15].

3. **Avoid Close Contact:**

- Limit close contact with individuals who are infected with HFMD.
- Encourage children to avoid close contact with their peers who show symptoms of the disease.

4. **Isolation:**

- Keep infected individuals, especially children, at home until they are no longer contagious.
- Avoid sending children to school or daycare until they have fully recovered [16].

5. **Proper Disposal of Waste:**

- Dispose of used tissues and diapers properly to prevent the spread of the virus.

Treatment:

1. **Symptomatic Relief:**

- Provide over-the-counter pain relievers (e.g., acetaminophen or ibuprofen) to alleviate fever and pain.
- Avoid giving aspirin to children, as it may be associated with a rare but severe condition called Reye's syndrome [17].

2. **Fluid Intake:**

- Encourage adequate fluid intake to prevent dehydration, especially if the child has mouth sores that make eating painful.
- Offer cool, soft foods to soothe the throat.

3. **Rest:**

- Ensure that the infected person gets plenty of rest to support the body's immune response [18].

4. **Topical Relief:**

- Use topical creams or ointments for skin rashes and sores as recommended by a healthcare professional.

5. **Seek Medical Attention:**

- Consult a healthcare provider if the symptoms persist or worsen.
- Seek medical attention immediately if the child experiences difficulty breathing, has persistent vomiting, or exhibits other severe symptoms [19].

1.5 Pathogenesis of HFMD

Human enteroviruses spread by oral secretions, vesicle fluid, or virus particles expelled from infected hosts' upper or lower respiratory tracts. Patients usually appear the most transmissible throughout the first week of the disease, with an incubation period of between three and six days. After ingestion, the virus grows in the lymphoid tissue of the throat and low intestine before moving on to the nearby lymph nodes. This could move to the liver, heart, skin, and dominant nervous system, to name a few organs [20].

Entry and Initial Replication:

HFMD typically begins with the entry of the virus into the body through the mucous membranes of the respiratory or gastrointestinal tract. The virus then undergoes initial replication in the local lymphoid tissues.



Viremia:

Following local replication, the virus may enter the bloodstream, leading to viremia (presence of the virus in the blood). Viremia allows the virus to spread to various organs and tissues throughout the body [21].



Target Tissues:

The primary target tissues for the virus include the skin, oral mucosa, and other areas rich in lymphoid tissue.



Skin Lesions:

Coxsackievirus A16 and enterovirus 71 are known to cause characteristic lesions on the skin, particularly on the hands, feet, and sometimes the buttocks. Skin lesions may start as red spots and progress to small blisters or ulcers. These can be painful and may lead to discomfort in affected individuals [22].



Oral Lesions:

Ulcers and blisters can also develop in the oral cavity, including the tongue, gums, and throat. Painful sores in the mouth can lead to difficulty swallowing and reduced oral intake.



Fecal Shedding:

The virus is often shed in the stool of infected individuals. Fecal-oral transmission is a common route of spread, especially in settings where personal hygiene is inadequate [23].



Innate and Adaptive Immune Responses:

The host's immune system responds to the viral infection through both innate and adaptive immune mechanisms. In some cases, an exaggerated immune response may contribute to the severity of symptoms.



Resolution of Infection:

Most cases of HFMD are self-limiting, and the immune system eventually clears the virus from the body. However, complications can occur in some cases, including neurological complications associated with enterovirus 71 [24].



Immunity:

Infection with one strain of the virus typically confers immunity to that specific strain, but not necessarily to other strains of enteroviruses.

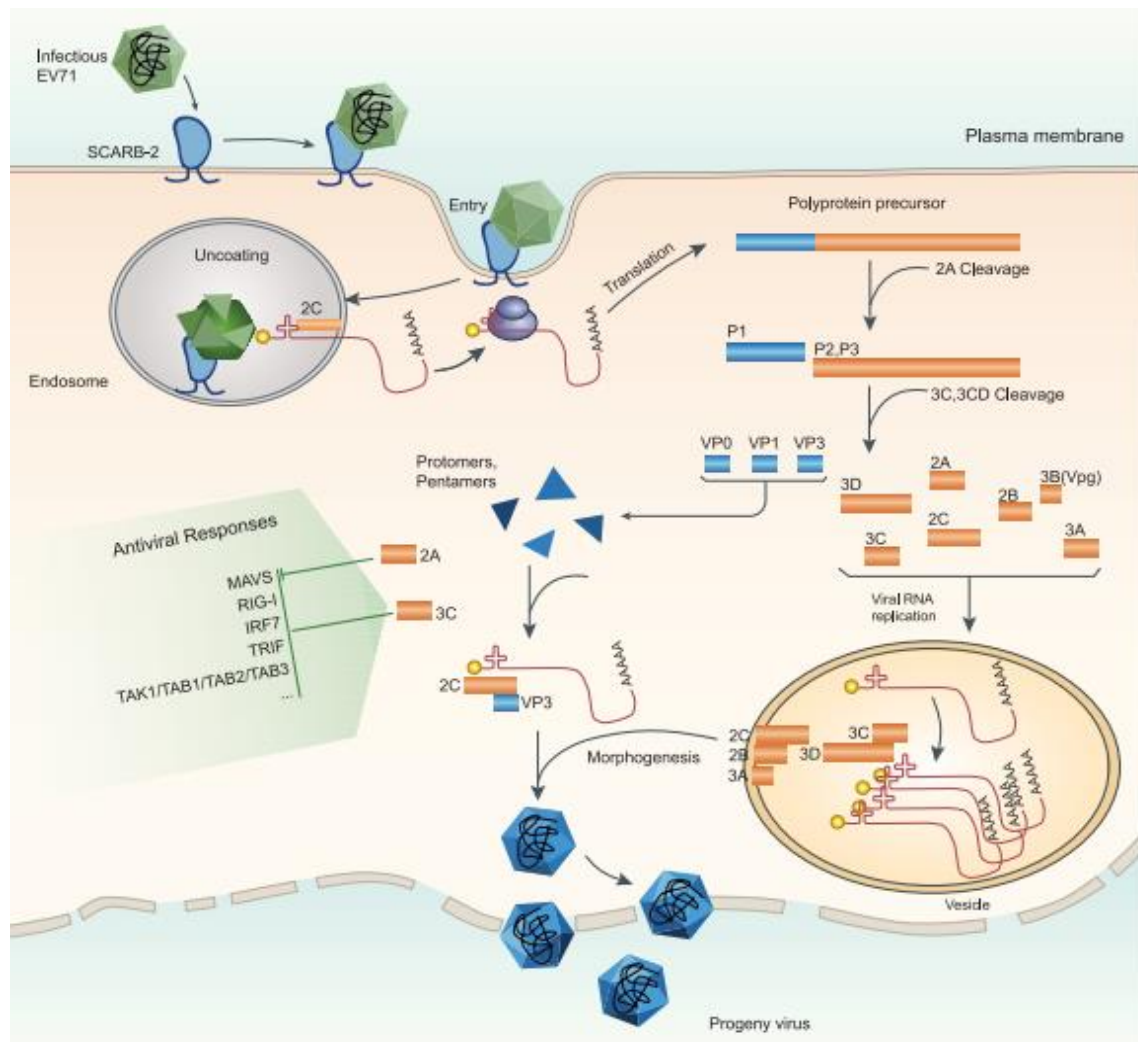


Figure 1: Pathophysiology of hand foot and mouth disease [25]

1.6 Transmission process of hand foot and mouth disease

The transmission of HFMD typically occurs through direct contact with the virus or contact with contaminated surfaces. Here's a breakdown of the transmission process:

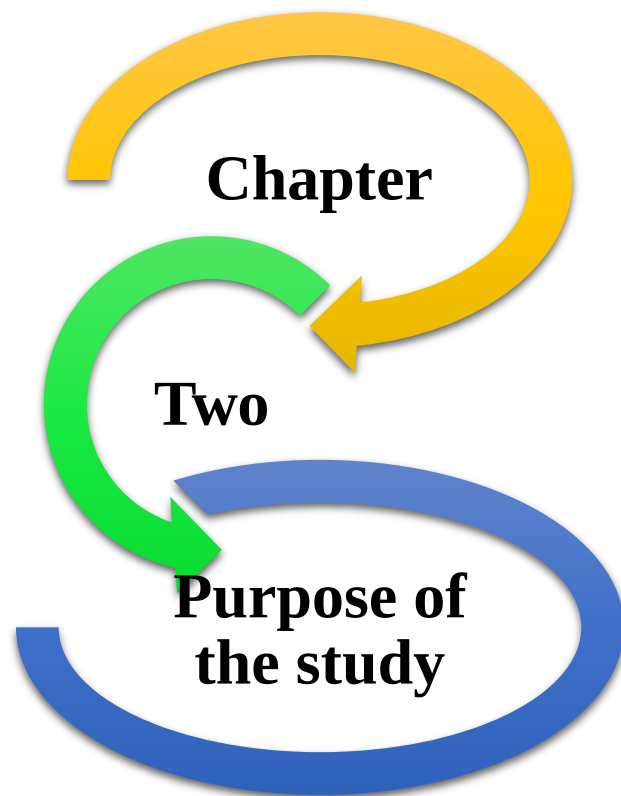
1. Person-to-Person Transmission:

- Direct Contact:** The virus spreads through direct contact with an infected person's saliva, nasal secretions, blister fluid, or feces. Close personal contact, such as hugging, kissing, or shaking hands with an infected person, can facilitate the transmission [26].

- **Respiratory Droplets:** Respiratory droplets from an infected person, released through coughing or sneezing, can also contain the virus and spread to others.
2. **Contaminated Surfaces:**
- The virus can survive on surfaces and objects for numerous hours to days. If an infected person touches surfaces or objects, such as toys, doorknobs, or countertops, the virus can be left behind.
3. **Fecal-Oral Route:**
- The virus is present in the feces of an infected person. Poor hygiene practices, such as inadequate hand washing after using the toilet, can lead to the contamination of hands. Subsequently, touching the face or mouth can introduce the virus into the body [27].
4. **Airborne Transmission:**
- While the crucial mode of broadcast is concluded direct contact and respiratory droplets, some enteroviruses, including Enterovirus 71, may have the potential for airborne transmission in certain situations.
5. **Contagious Period:**
- The first week of a sickness is the most contagious for HFMD. Even when the symptoms have subsided, the virus can continue to be excreted in the feces for a few weeks. Therefore, it is essential to uphold proper hygiene habits in order to stop the infection from spreading [28].



Figure 2: Transmission process of hand foot and mouth disease [29]



2.1 Purpose of the study

The purpose of this questionnaire survey is to comprehensively investigate the current practices, knowledge, and challenges linked with the prevention, management, and diagnosis of Hand-Foot-and-Mouth Disease (HFMD) among healthcare professionals, caregivers, and relevant stakeholders.

Objectives:

- Assessment of Knowledge and Awareness
- Investigate the adoption and effectiveness of preventive measures.
- Identify barriers to the implementation of preventive strategies and assess the perceived effectiveness of current interventions.
- Examine the existing diagnostic methods employed by healthcare professionals for HFMD identification.
- Assess the availability and utilization of laboratory facilities for prompt and accurate diagnosis.
- Explore the current approaches to clinical management.
- Identify challenges and gaps in the management of severe cases, complications, and long-term effects of HFMD.
- Examine the impact of HFMD on public health systems.
- Investigate the readiness and capacity of healthcare facilities to handle potential HFMD surges.



3.1 Literature Review

Analysis: 1

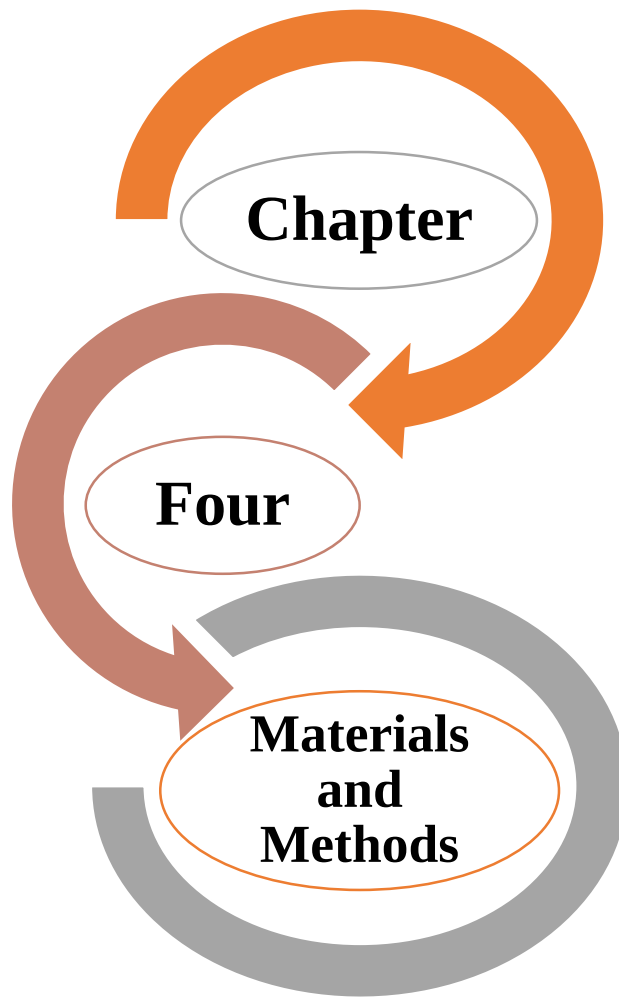
The two main viruses responsible for hand, foot, and mouth disease are Enterovirus 71 and Coxsackie A16. While the latter causes an enanthem with ulcers on the tongue, lips, and pharynx, the former causes fever, excruciating papules, and blisters across the limbs and genitalia. Several enteroviruses, like enterovirus 68, have also been shown to induce a range of cutaneous signs, as well as serious neurologic illness and paralysis. In an impending worldwide pandemic, cases of Coxsackie A6 infection have been reported from Southeast Asia, North America, Japan, and Europe. Translated as "eczema coxsackium," atopic dermatitis in children or specific areas is typified by Gianotti-like lesions, petechial/purpuric volcanoes, postponed onychomadesis, and palmoplantar destruction. Extensive cutaneous disease alterations were also the outcome of these instances; several of these had not been previously linked to Coxsackie infection. This type of hand, foot, and mouth illness now seems to afflict a large number of adults, most probably as a result of transmission through stool in a home environment [30].

Analysis: 2

Hand, foot, and mouth disease (HFMD) is an infectious viral ailment that mostly affects infants and young children. The chief symptoms are vesicular rashes on the hands, feet, and thighs, in addition to oral mucosal ulcers. While most children with HFMD recover on their own, a small number may experience life-threatening side effects such as meningitis, encephalitis, acute flaccid paralysis, and neuro respiratory disease. Initially, enterovirus 71 (EV-A71) and coxsackievirus A16 (CV-A16) were the two enteroviruses that caused most HFMD outbreaks. Cox Sackie viruses A6 and A10 have been widely connected in recent years with both individual occurrences and epidemics of HFMD, primarily in Europe, South East Asia, and India, where neurological issues and mortality have grown more widespread. As of right now, there is no medication or vaccine for HFMD. A formalin-inactivated EV-A71 vaccine completed its clinical testing in several Asian countries. However, this immunization does not cover the main emerging HFMD causes of CV-A16, CV-A6, and CV-A10. Consequently, developing a varied and broadly representative HFMD vaccine might be the best line of action [31].

Analysis: 3

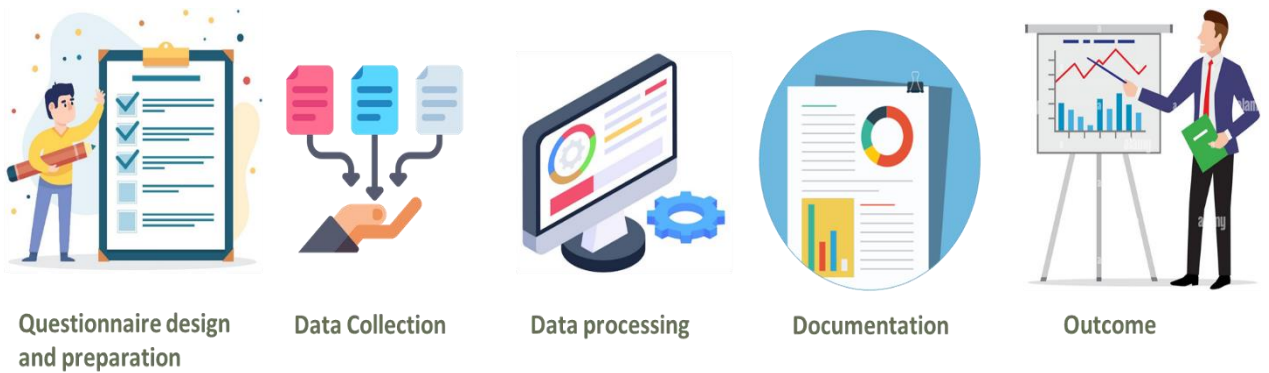
Twelve children aged one to five and one adult with hand, foot, and mouth illness received oral acyclovir one to two days after the rash appeared. Within twenty-four hours of the commencement of medication, the lesions exhibited significant enlargement, effervescence, and symptom relief. The palmar, plantar, and oral surface wounds were virtually entirely healed after five days of acyclovir treatment. Acyclovir is a medication that inhibits the thymidine kinase activity of the herpes virus. Since the Coxsackie A16 virus, which causes hand, foot, and mouth disease, lacks this enzyme, the positive treatment consequence must be understood in light of other factors, most likely related to a rise in the patient's own interferon's antiviral activity [32].



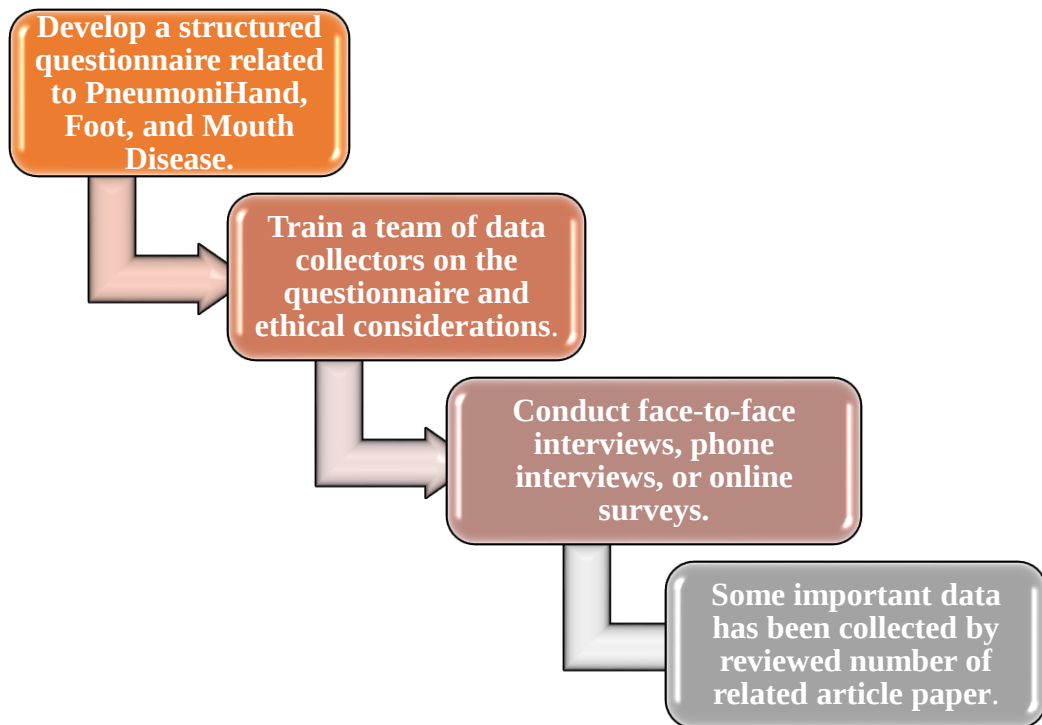
4.1 Methodology

Choose a cross-sectional survey design to gather data from a patients in the Gazipur Hospital.

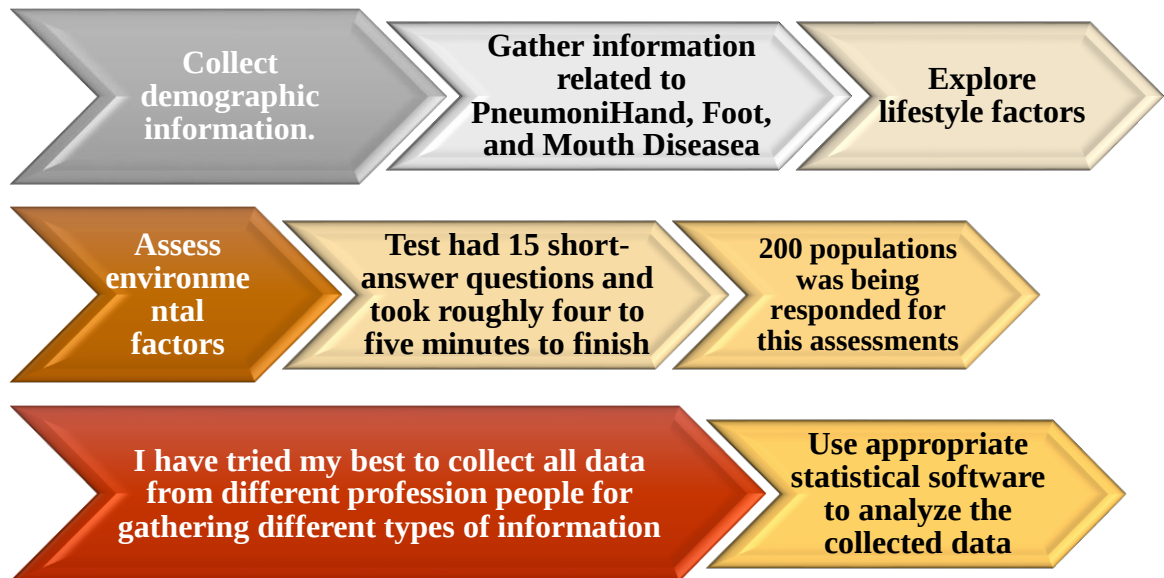
➡ I have started work for this survey in July 2023.



4.1 Data Collection



4.2 Data Variables & Analysis process





5.1 Age of responders

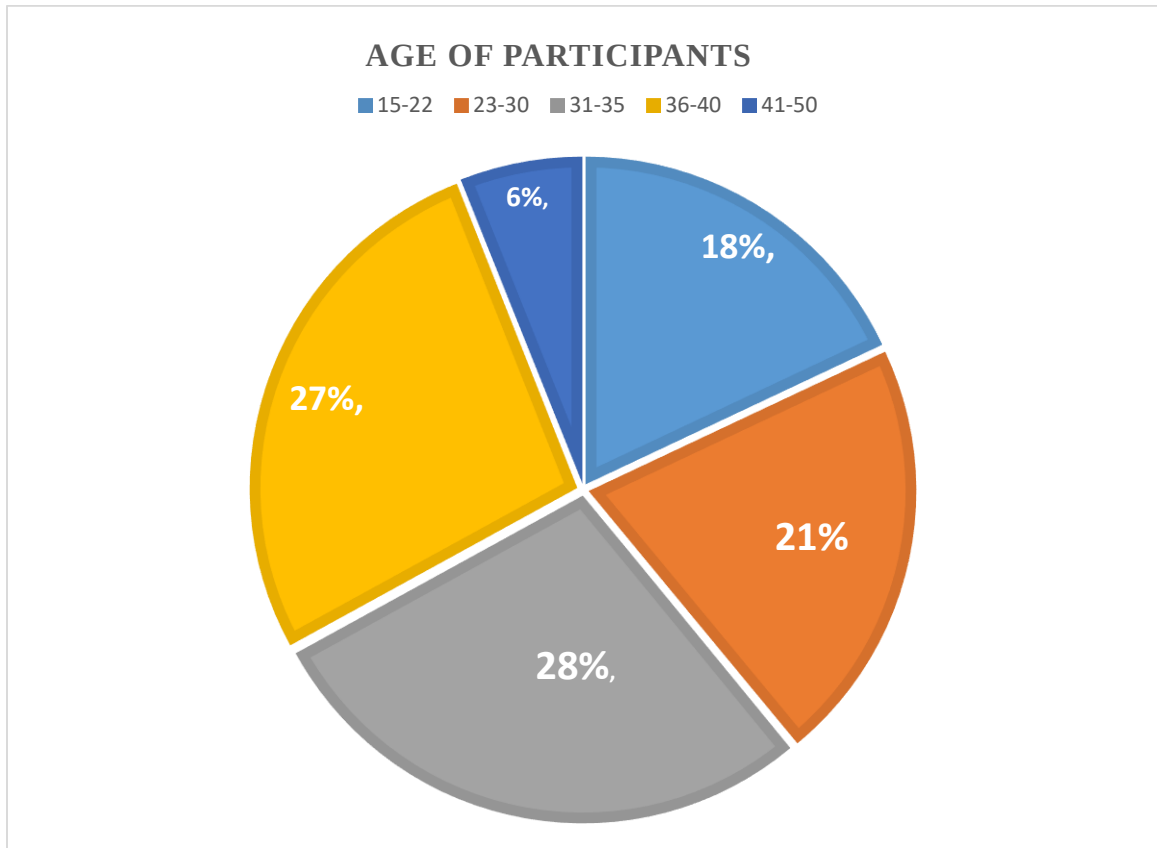


Figure 3: Age of responders

Discussion: In this research assessment, 18% of those who took part were between the ages of 15 and 22, 21% were between the ages of 23 and 30, up to 28% were between the ages of 31 and 35, and 27% were between the ages of 36 and 40.

5.2 Gender of participants

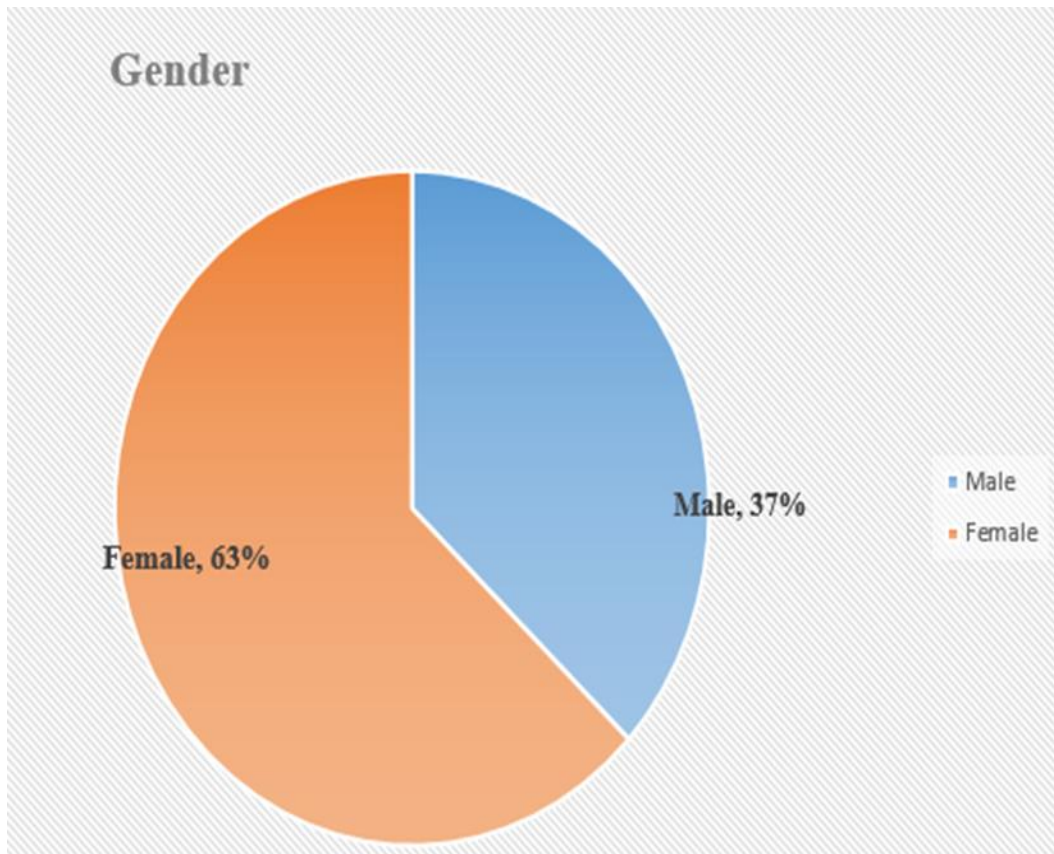


Figure 4: Gender of participants

Discussion: A brief summary of the respondents' demographics is revealed in Figure 4. The bulk of respondents 63% of them are female, while 37% of them are male. Most cases have shown that women are more likely to contract hand, foot, and mouth disease.

5.3 Professional status of responders

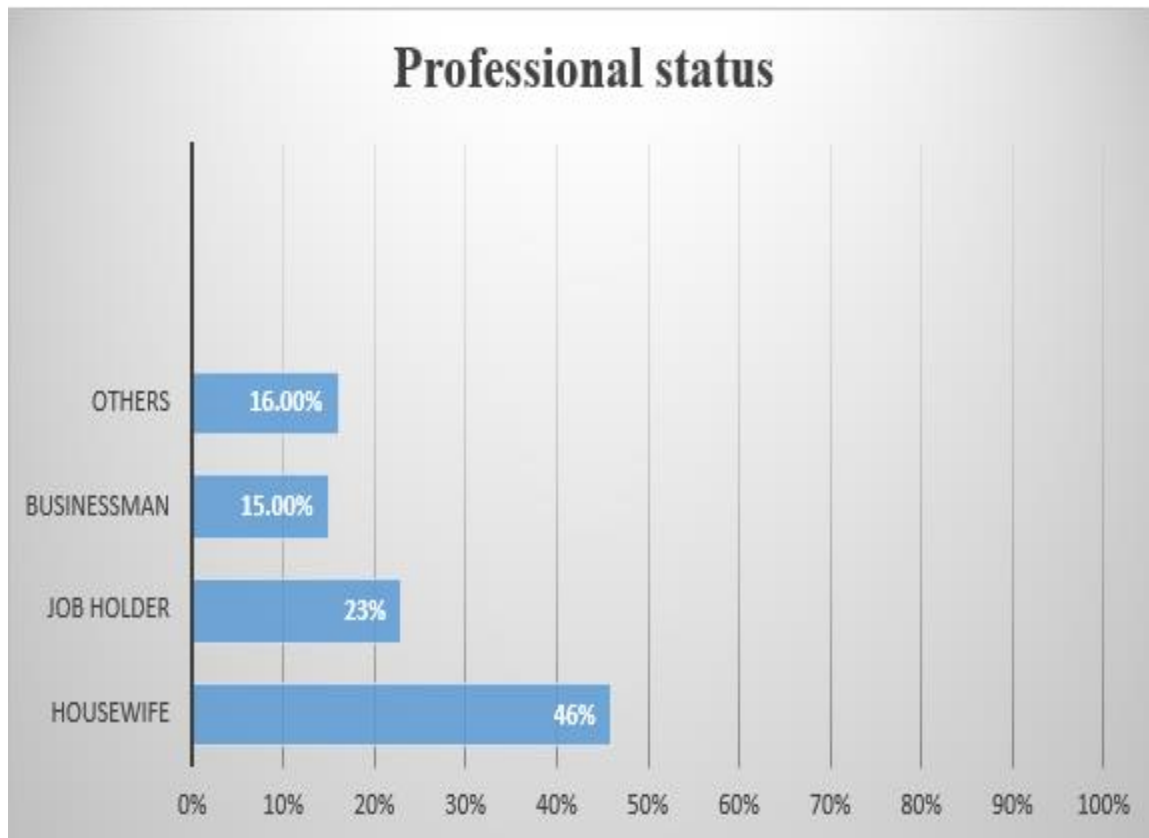


Figure 5: Professional status

Discussion: It was found that 46% of those taking part were housewives at this point. Of the people who responded, 15% were business owners and 23% were employed.

5.4 Idea about Hand, foot, and mouth disease

Q: Do you have idea about Hand, foot, and mouth disease?

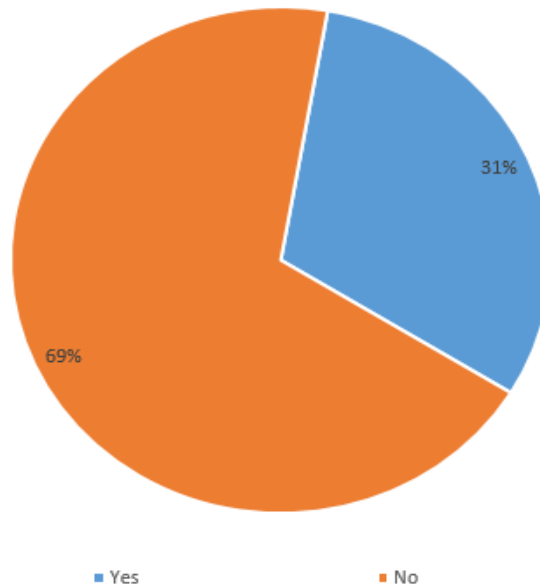


Figure 6: Idea about Hand, foot, and mouth disease

Interpretation: Disease of the hands, feet, and mouth is a common, mild, infectious viral infection in young children. Mouth sores and a rash were among the symptoms. A third of survey participants indicated that they were aware of hand, foot, and mouth disease. The majority of those surveyed (69%) responded that they were unaware of this ailment.

5.5 Idea about root of Hand, foot, and mouth disease

Q: Do you know causes of Hand, foot, and mouth disease?

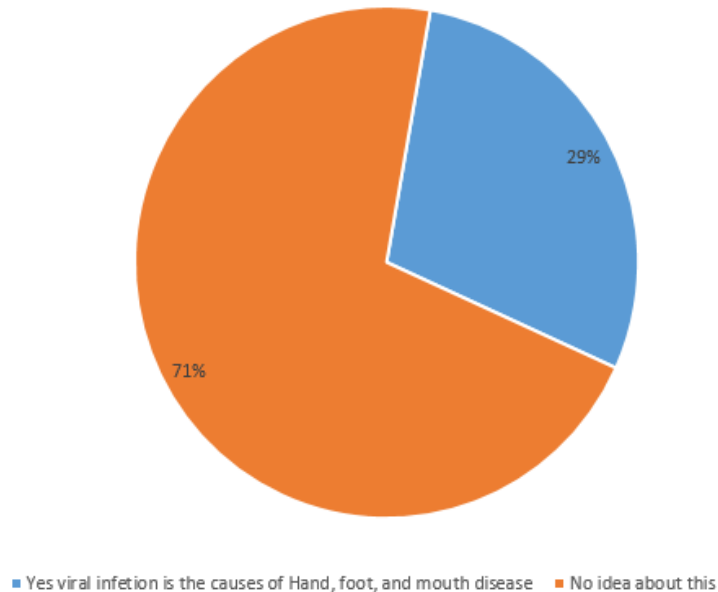


Figure 7: Idea about root of Hand, foot, and mouth disease

Interpretation: The enterovirus family of viruses causes HFMD, with Coxsackievirus A16 often being the main culprit in the US. Other coxsackieviruses can potentially cause the illness. Coxsackievirus A6 can also cause HFMD, albeit its manifestations may be severer. According to responses from 29% of attendees, they are known causes of hand, foot, and mouth disease. 71% of respondents, or most of them, are unaware of the illness's etiology.

5.6 Susceptibility of hand foot and mouth disease

Q: Who is the more susceptible for hand foot and mouth disease?

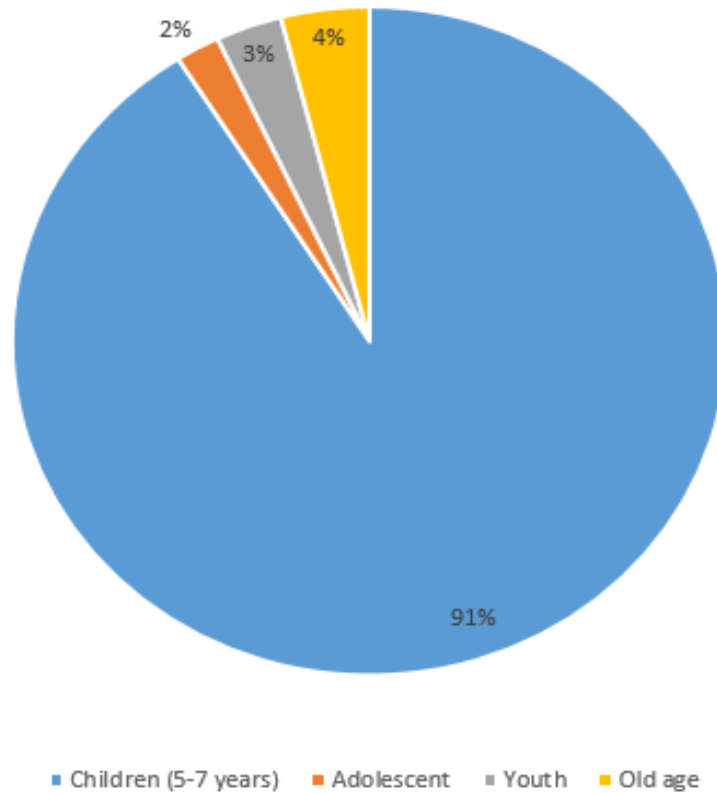


Figure 8: Susceptibility of hand foot and mouth disease

Interpretation: The majority of respondents (91%) to the study stated that youngsters (ages 5-7) are more vulnerable to hand, foot, and mouth illness. Adolescent, youth, and old age were the least common responses (2%, 3%, and 4%, correspondingly).

5.7 Contagious disease of hand foot and mouth disease

Q: Do you know that hand foot and mouth disease is a contagious disease?

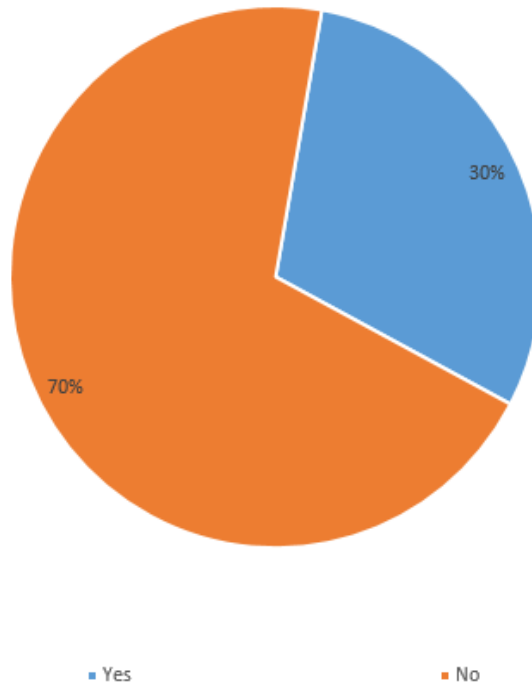


Figure 9: Contagious disease of hand foot and mouth disease

Interpretation: When the HFMD virus enters the nose or throat, it can transmit from person to person through saliva, mucus, blister fluid, and feces. Thirty percent of the respondents indicated that they were aware that "hand, foot, and mouth disease is a contagious illness."

5.8 Transmission process of Hand foot & mouth disease

Q: Do you know what is the transmission process of Hand foot & mouth disease?

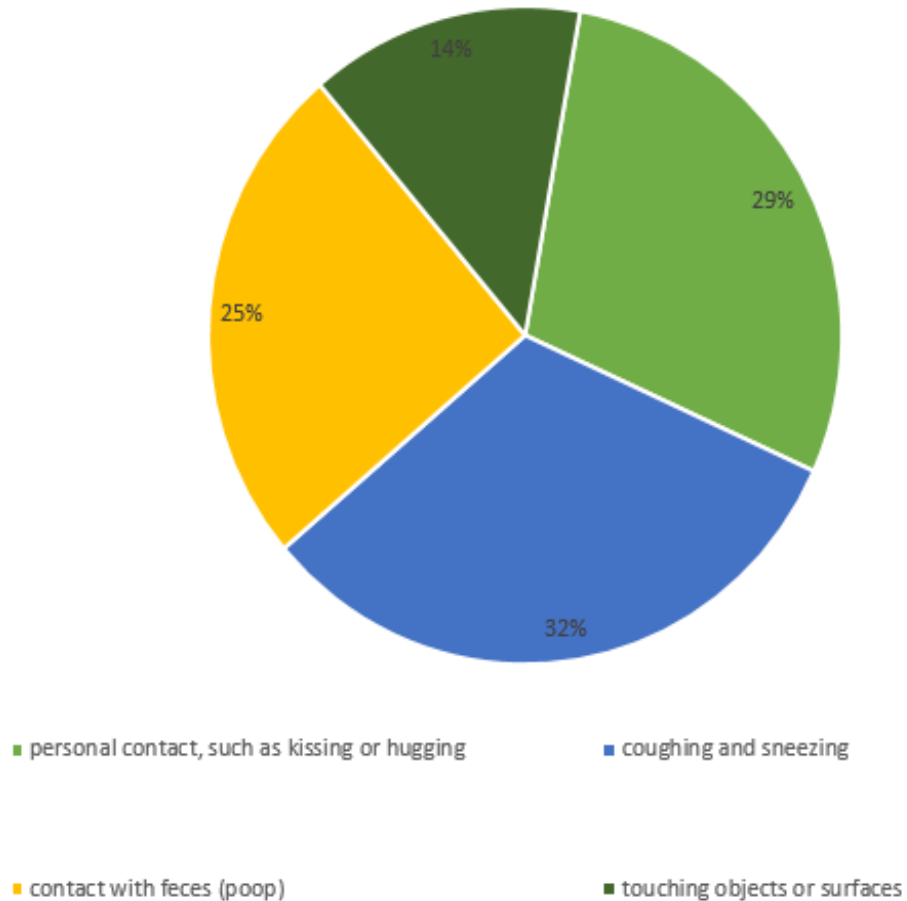


Figure 10: Transmission process of Hand foot & mouth disease

Interpretation: Granting permission for the inquiry of those surveyed, 32% said that the sickness indicated above is spread through coughing and sneezing. According to 29% of respondents, human contact such as kissing or hugging is how the illness listed above is spread. Additionally, 25% and 14% of respondents indicated that they had come into contact with dung and/or touched surfaces or things, correspondingly. In actuality, the entire process listed above is accurate for the spread of hand, foot, and mouth disease.

5.9 Avoid acidic foods and drinks, such as citrus fruits, fruit drinks and soda

Q: “Avoid acidic foods and drinks, such as citrus fruits, fruit drinks and soda for the relieving symptoms of Hand foot & mouth disease” **Do you agree with this agreement?**

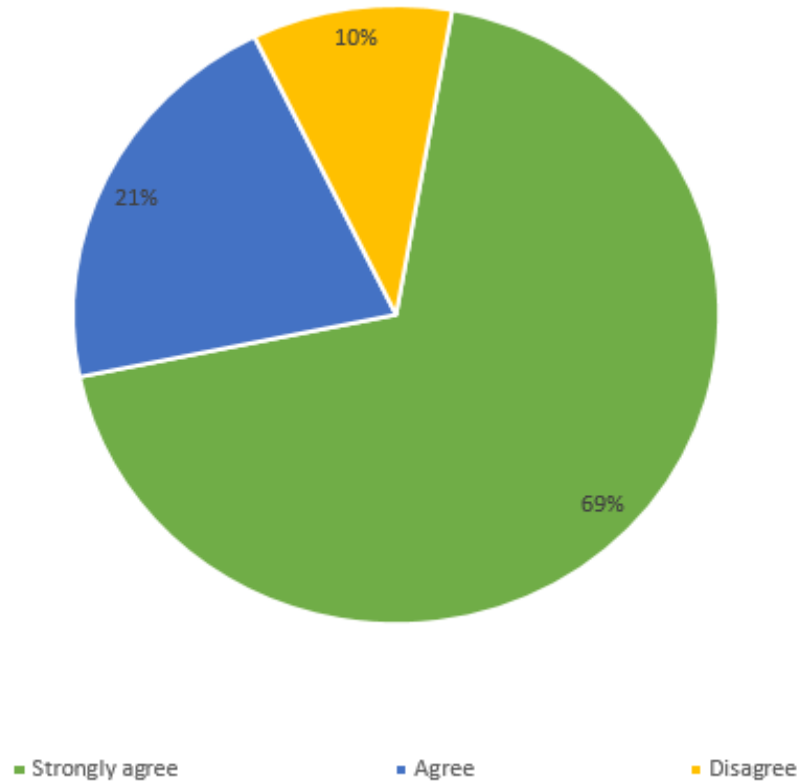


Figure 11: Avoid acidic foods and drinks, such as citrus fruits, fruit drinks and soda

Interpretation: According to numerous researchers, avoiding acidic foods and beverages including soda, citrus fruits, and fruit drinks can help minimize the symptoms of this sickness. 69% of survey participants indicated that they were 100% in agreement with these assertions.

5.10 Affected family member

Q: Have any of your family members been affected?

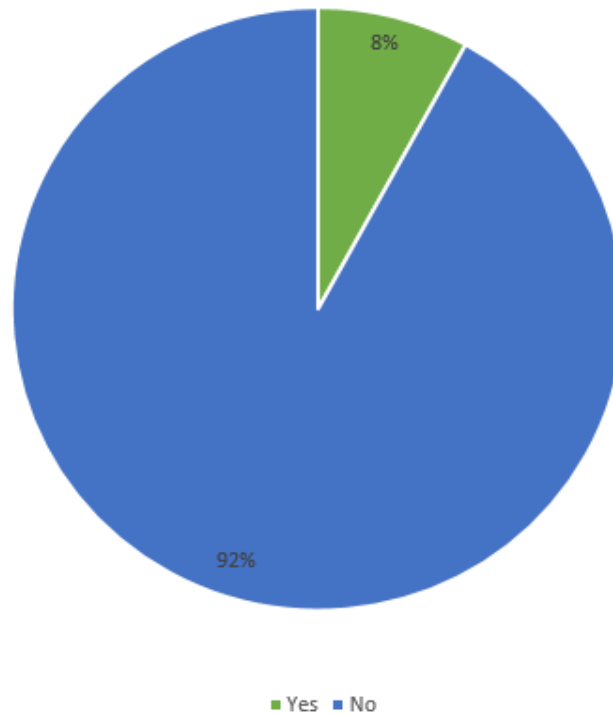


Figure 12: Affected family member

Interpretation: 92% of those who took the questionnaire said that none of their family members had ever suffered from a hand, foot, or mouth disease. Merely 8% of the participants expressed that a family relationship had been affected by hand, foot, and mouth disease.

5.11 Diagnosis process of Hand foot & mouth disease

Q: If affected your family member, Doctor which type of diagnostic parameter provided for the identifying Hand foot & mouth disease?

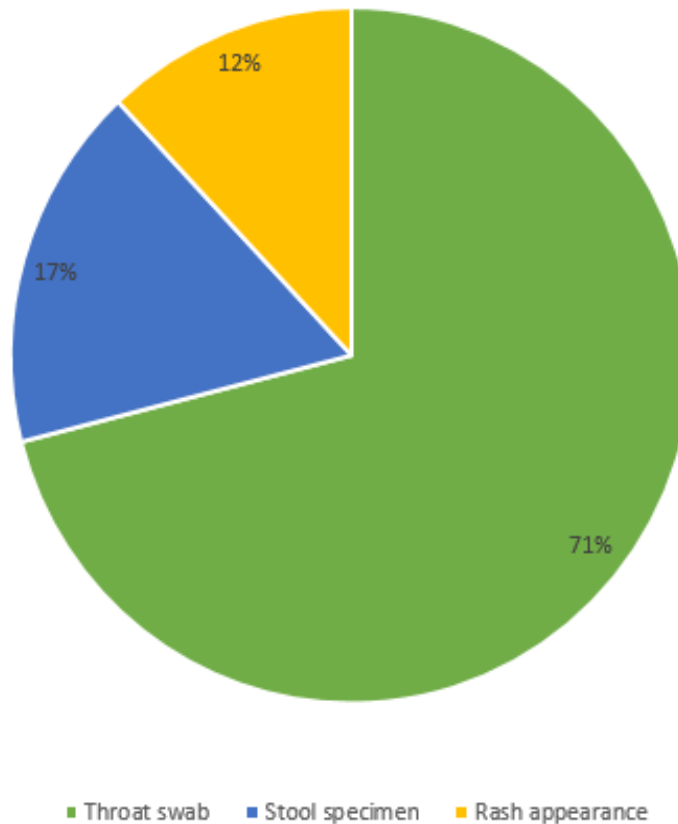


Figure 13: Diagnosis process of Hand foot & mouth disease

Interpretation: 71% of respondents who had family members with hand, foot, and mouth disease said that their doctor had given them a throat swab test to diagnose the condition. Additionally, 17% of respondents said that the doctor gave a stool collection test to diagnose this illness.

5.12 Treatment of Hand foot & mouth disease

Q: If affected your family member, Doctor which type of treatment provided for the management of Hand foot & mouth disease?

SI No:	Physician advice	Remarks
01	Drink large volume of water	Prevent dehydration
02	Take over-the-counter medications to relieve fever and pain caused by mouth sores.	Relieve symptoms

Table 1: Treatment of Hand foot & mouth disease

Interpretation: For HFMD, there isn't any particular medical intervention. The doctor told those whose family members suffered from hand, foot, and mouth disease that the mentioned previously procedure could help with the condition's symptoms.

5.13 Prevention of Hand foot & mouth disease

Q: How can HFMD be prevented?

SI No:	Responders feedback	Remarks
01	Wash hands with soap and water often.	Prevent infection
02	Keep hands away from your eyes, nose, and mouth.	Prevent transmission within victim body
03	Avoid close contact with anyone who has HFMD.	Prevention
04	Disinfect counters, doorknobs, and other surfaces that people frequently touch.	Prevent transmission

Table 2: Prevention of Hand foot & mouth disease

Interpretation: When can I expect to learn about the preventative measures for hand, foot, and mouth disease? Respondents received replies after the procedure described. Hands should be properly dried after washing with soap and water, changing diapers or dirty garments, wiping noses, and before eating. Steer clear of exchanging cups, cutlery, towels, washers, toothbrushes, clothes, especially shoes and socks, and personal hygiene products.

5.14 Beneficial vitamins for hand foot and mouth disease

Q: Which vitamins help against hand foot and mouth disease?

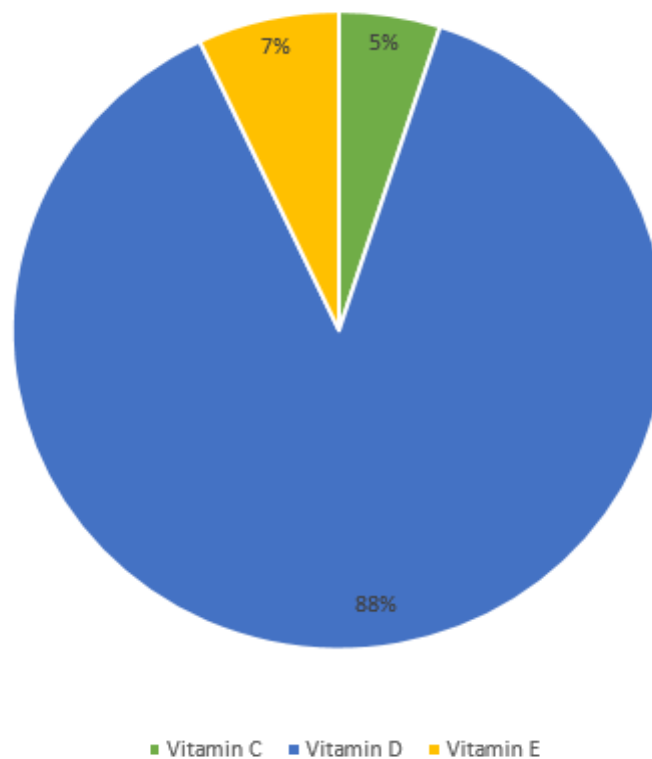


Figure 14: Beneficial vitamins for hand foot and mouth disease

Interpretation: The vitamin D receptor protects glioblastoma A172 cells from Cocksackievirus A16 infection-induced cell death in the pathogenesis of hand, foot, and mouth disease. Eighty-eight percent of the respondents indicated that vitamin D is beneficial in reducing the signs and symptoms of hand, foot, and mouth disease.

5.15 Duration of symptoms

Q: How long did the symptoms of hand, foot, and mouth disease last?

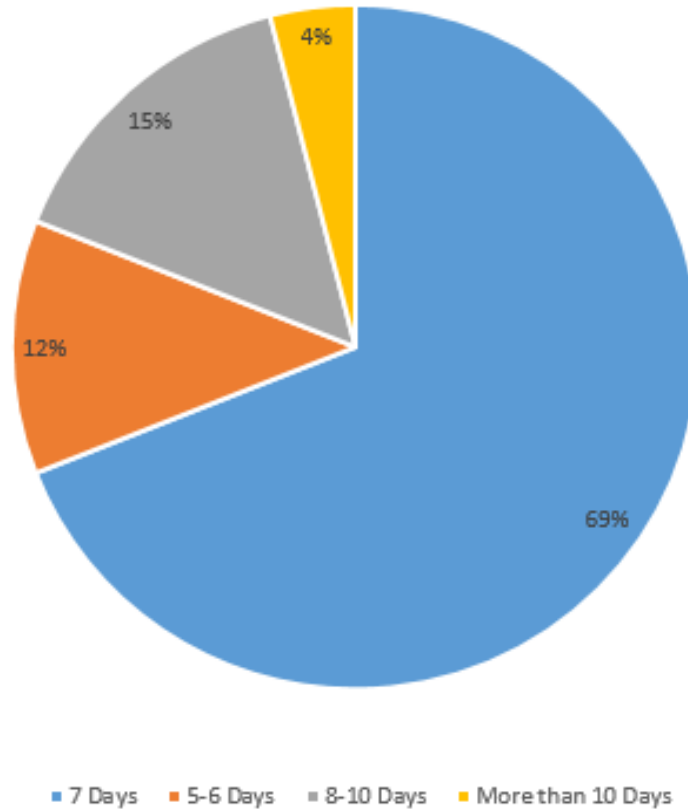
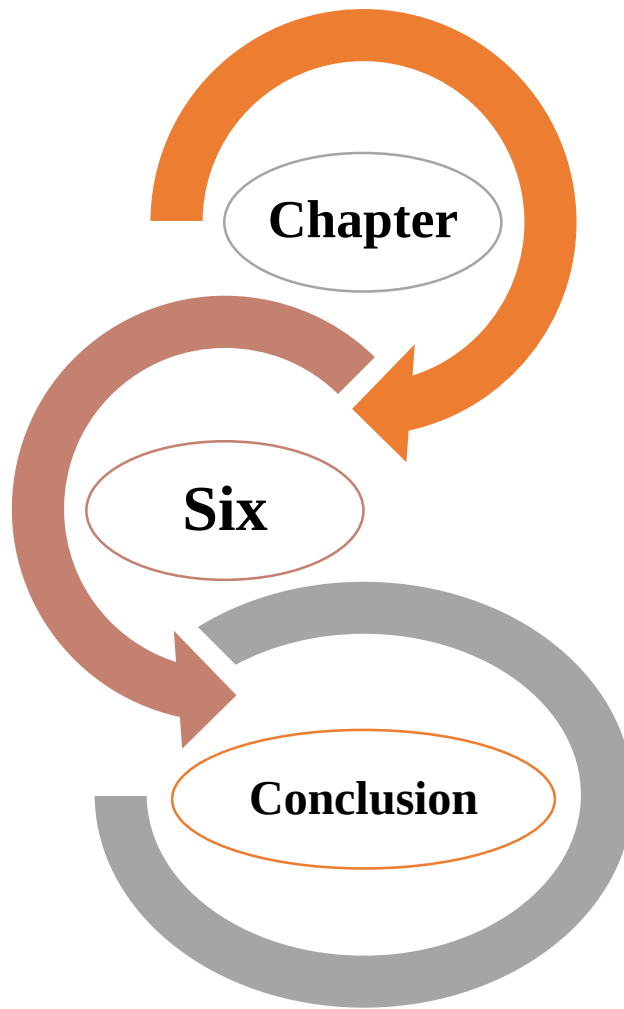


Figure 15: Duration of symptoms

Interpretation: Hand, foot, and mouth disease may be uncomfortable, but it usually clears up on its own in seven to ten days. The majority of respondents (69%), corresponding to the examination, stated that their symptoms persisted for seven days.



6.1 Conclusion

In conclusion, the questionnaire survey conducted on the prevention, management, and diagnosis of hand-foot-and-mouth disease (HFMD) has provided valuable insights into the current state of awareness and practices among healthcare professionals and the general public. The findings underscore the importance of continued education and awareness campaigns to enhance knowledge about HFMD, its modes of transmission, and effective preventive measures. The survey results also highlight the need for improved diagnostic strategies and prompt management of cases to minimize the spread of the disease. Conferring to the survey (31%) responders have been responded that they have impression about Hand, foot, and mouth disease. Most of the participants (69%) have been replied that they have no idea about this illness. 29% participants have been replied that they have been known causes of Hand, foot, and mouth disease. 71% of respondents, or most of them, are unaware of the illness's causes. The majority of respondents (91%) to the study stated that youngsters (ages 5-7) are more vulnerable to hand, foot, and mouth illness. According to 29% of respondents, human contact such as kissing or hugging is how the illness listed earlier is spread. Additionally, 25% and 14% of respondents indicated that they had come into contact with dung and/or touched surfaces or objects, correspondingly. 71% of respondents who had family members with hand, foot, and mouth disease said that their doctor had given them a throat swab test to diagnose the condition. For HFMD, there isn't a specific medical intervention. According to 88% of respondents, vitamin D can help reduce hand, foot, and mouth disease discomfort. The majority of respondents (69%), in accordance to the examination, stated that their symptoms persisted for seven days. A questionnaire about hand, foot, and mouth illness was used to produce an evaluation that was distributed face-to-face to each person. Since the Coxsackie A16 virus, which causes hand, foot, and mouth disease, lacks this enzyme, the positive treatment benefit must be understood in light of other factors, most likely related to an upsurge in the patient's own interferon's antiviral activity. It is imperative that everyone raises their knowledge about hand, foot, and mouth disease (HFMD).

Chapter 7

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