



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

October 29, 2025

Dear Colleague:

We are writing to alert you to an increase in hand, foot, and mouth disease (HFMD) outbreaks in Maryland and to provide information about prevention, diagnosis, treatment, and reporting.

As of October 22, 2025, there have been 276 HFMD outbreaks reported in Maryland in 2025, compared to 48 in 2024, and 145 in 2023. Outbreaks reported in 2025 have occurred in a variety of youth settings, including daycare centers, schools, and camps. Similarly, there has been a sharp increase, more than 7-fold, in the percentage of emergency department and urgent care visits that have been due to HFMD, particularly impacting children. Typically, HFMD activity is highest in the summer and fall months.

Signs, Symptoms, and Complications

HFMD is caused by viruses that belong to the enterovirus family. Coxsackievirus A16 is the most common cause of HFMD in the United States. Other viruses can also cause the illness.

Symptoms typically appear 3-5 days after exposure, and can include fever, sore throat, other flu-like symptoms, mouth sores and skin rash. Mouth sores often start as small red spots on the tongue and insides of the mouth, then blister and can become painful. The rash typically appears on the palms of the hands and soles of the feet, and can also appear on the buttocks, legs, and arms. The rash usually is not itchy and looks like flat or slightly raised red spots; sometimes with blisters that have an area of redness at their base. Fluid in the blister can contain the virus that causes HFMD.

HFMD is usually not serious and complications from it are rare. Nearly all people get better in 7 to 10 days with supportive treatment. However, complications, including dehydration, nail loss, viral meningitis and encephalitis can occur.

Laboratory testing for HFMD is not routinely necessary and diagnosis is typically based on clinical presentation.

Transmission

HFMD spreads easily from person to person. It can be transmitted via contact with droplets that have virus particles after a sick person coughs, sneezes, or talks. It can also be spread by touching an infected person or making other close contact, like kissing, hugging, or sharing cups or eating utensils, contact with feces, such as changing diapers, or touching objects and surfaces that have the virus on them, like doorknobs or toys.

Prevention

There is no vaccine in the United States to protect against the viruses that cause HFMD.

Measures to help prevent illness include:

- Wash hands often with soap and water for at least 20 seconds, especially after changing diapers, using the toilet, and coughing, sneezing, or blowing your nose. Help children wash their hands.
- Clean and disinfect high-touch surfaces, equipment, shared supplies, and toys using a 1:10 bleach solution or an [appropriate EPA-registered disinfectant effective against enteroviruses](#). Be sure to follow the specific instructions for each disinfectant to ensure effectiveness.
- Avoid close contact with an infected person, such as hugging or kissing them.
- Avoid touching your face with unwashed hands, especially your eyes, nose, and mouth.

School and Child Care Exclusion

Cases should be excluded from school or child care if they (1) have draining sores that cannot be covered, (2) have oral sores and are unable to control their secretions or hand-to-mouth behavior and/or (3) have a fever.

Reporting

Suspected outbreaks of HFMD in Maryland should be promptly reported to the [local health department](#) (LHD). The outbreak definition for HFMD is 3 or more cases in a classroom or identified group within a 7-day period. An outbreak is considered over when there are no new cases for 10 consecutive days. Individual cases of HFMD are not reportable in Maryland.

Resources

[MDH: HFMD Fact Sheet](#)

[MDH: Communicable Disease Summary](#)

[CDC: About HFMD](#)

[CDC: About Handwashing](#)

For questions, please contact MDH's Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB) at 410-767-6700, or your [local health department](#).

Thank you,



Monique Duwell, MD, MPH

Chief, Center for Infectious Disease Surveillance and Outbreak Response



Meg Sullivan, MD, MPH

Deputy Secretary, Public Health Services