Update on investigation of the unknown disease in Cambodia

The Cambodian Ministry of Health (MoH), in partnership with the World Health Organization (WHO) and other partners is currently conducting active investigation on the undiagnosed syndrome that affected children in Cambodia.

As part of the continuing investigations, the MoH is finalizing the review of all suspected hospitalised cases. This final review added an additional two cases between April and 5 July, making the total number of children affected by this syndrome to be 59. Of these, 52 have died.

The age of the cases range from 3 months to 11 years old, with majority being under 3 years old. The overall male: female ratio is 1.3:1.

Laboratory samples were not available for majority of the cases as they died before appropriate samples could be taken.

Based on the latest laboratory results, a significant proportion of the samples tested positive for Enterovirus 71 (EV-71), which causes hand foot and mouth disease (HFMD). The EV-71 has been known to generally cause severe complications among some patients.

Additionally, a number of other pathogens, including dengue and Streptococcus suis were identified in some of the samples. The samples were found negative for H5NI and other influenza viruses, SARS and Nipah.

"Further investigation is ongoing and this includes the matching of the laboratory and epidemiological information. We hope to be able to conclude our investigation in the coming days", said H.E. Mam BunHeng, Minister of Health.

WHO and partners, which include Institut Pasteur du Cambodge and US Centers of Disease Control and Prevention are assisting the MoH with this event which focuses on hospitalized cases, and early warning surveillance data, laboratory and field investigations.

Some facts on Hand Foot and Mouth Disease:

Hand Foot and Mouth Disease (HFMD) is a common infectious disease of infants and children. The symptoms commonly observed include fever, painful sores in the mouth, and a rash with blisters on hands, feet and also buttocks.

HFMD is most commonly caused by coxsackie virus A16, which usually results in a mild self-limiting disease with a few complications. However, HFMD is also caused by Enteroviruses, including enterovirus 71 (EV71) which has been associated with serious complications, and may cause deaths.

HFMD mainly occurs among children under 10 years old, but most commonly in younger than 5 years old and younger children tend to have worse symptoms. The usual period from infection to onset of symptoms is 3-7 days and the common symptom of HFMD is fever, lasting 24-48 hours.
The disease usually begins with fever, poor appetite, malaise, and frequently with a sore throat. One or 2 days after fever onset, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. They are usually located on the tongue, gums and inside of the cheeks. A non-itchy skin rash develops over 1-2 days with flat or raised red spots, some with blisters. The rash is usually located on the palms of the hands and soles of the feet, and may also appear on the buttocks and/or genitalia. A person with HFMD may not have symptoms, or may have only the rash or only mouth ulcers.

HFMD virus is contagious and infection is spread from person to person by direct contact with nose or throat discharges, saliva, fluid from blisters, or the stool of infected persons. Infected persons are most contagious during the first week of the illness but the period of communicability can last for several weeks. HFMD is not transmitted from pets or other animals.

Health advice

Presently, there is no specific treatment available for HFMD.

Parents should seek medical advice if their children develop high fever, vomiting, lethargy and limb weakness. Patients should drink plenty of water or other fluids.

Health care providers are advised to treat patients according to their symptoms and to refrain from using steroids.

For more information on disease please call the MoH Hotline numbers:

115 (free call), 012 488 981 or 089 669 587

Or contact:

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