



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Enterovirus infection in children: Parent information

Overview

- Enteroviruses are a large group of common viruses. Most infections are mild and look like a cold or a short “summer flu,” especially in late summer and autumn.
- Infants, young children, and teenagers get sick more often because they haven’t built up immunity yet. Severe illness is uncommon, but it can happen—particularly in very young infants and children with asthma or weakened immune systems.

Common symptoms

- Fever.
- Runny nose, sneezing, cough, sore throat.
- Body or muscle aches.
- Mild tummy upset, nausea, vomiting or diarrhoea.
- Rash or small blisters; mouth ulcers can occur (e.g., with hand, foot and mouth disease).
- Most symptoms improve in 3–7 days.

Less common but important symptoms

- Breathing problems: fast breathing, wheeze, persistent cough, grunting, pulling in of the skin between ribs or at the neck.
- Severe headache, neck stiffness, sensitivity to light, confusion, seizures.
- Extreme sleepiness, limpness, difficulty waking.
- Chest pain, unusual tiredness.
- Limb weakness or sudden difficulty moving an arm or leg (rare, associated with acute flaccid myelitis).
- In newborns (especially under 1 month), symptoms can be subtle but may worsen quickly: fever, poor feeding, unusual sleepiness, irritability.



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How it spreads

- From respiratory droplets and secretions (saliva, nasal mucus).
- From stool (nappies/diaper changes) and contaminated hands or surfaces.
- From contact with fluid in blisters (in hand, foot and mouth disease).
- Children can shed virus in stool for weeks after symptoms improve, so good hygiene matters even after they feel better.

Who is at higher risk

- Infants (highest risk in the first weeks of life).
- Children with asthma (higher chance of breathing problems, especially with enterovirus D68).
- People with weakened immune systems.
- Pregnant people can pass the virus to their newborn around delivery; most babies do well, but severe infection can occur rarely.

When to seek medical advice

- Contact your GP, NHS 111, or your paediatrician urgently if your child has:
 - Trouble breathing, wheezing, fast breathing, grunting, or chest/neck skin pulling in.
 - A fever lasting more than 3 days, or any fever in a baby under 3 months (38.0°C or higher).
 - Signs of dehydration: dry mouth, no tears, fewer wet nappies (fewer than 4 in 24 hours), lethargy.
 - Severe headache, stiff neck, confusion, seizures, or a bulging soft spot (fontanelle) in infants.
 - Unusual drowsiness, difficulty waking, floppiness, or limb weakness.
 - Persistent vomiting or refusal to feed.

Home care for mild illness

- Fluids: Offer frequent breastfeeds, formula, or sips of water (age-appropriate). Aim for normal urine output.
- Fever/aches: Use paracetamol (acetaminophen) as directed by your child's weight/age. Ibuprofen can be used for children over 6 months who are well hydrated. Do not give aspirin to children.
- Comfort measures: Cool-mist humidifier for cough/sore throat, rest, soft/bland foods if mouth sores are present. Avoid salty/acidic foods that sting mouth ulcers.
- Monitor: Check breathing, fluid intake, urine output, and alertness. Expect improvement over several days.



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Prevention

- Handwashing with soap and water for 20 seconds is essential, especially after toilet use, nappy changes, blowing/wiping noses, and before preparing food. Soap and water are more effective than alcohol gel for many enteroviruses.
- Clean and disinfect high-touch surfaces and shared items (toys, doorknobs, taps, changing mats).
- Avoid close contact (hugging, sharing cups/utensils) when someone is unwell.
- Keep children with fever or significant symptoms home from nursery/school until they feel well and fever-free.
- For families with infants under 3 months, limit exposure to crowds and sick contacts during peak seasons.
- Vaccines: Routine polio vaccination is important. There is no general vaccine for non-polio enteroviruses.

Special notes

- Hand, foot and mouth disease (often coxsackie or EV-A71): usually mild; watch for dehydration due to painful mouth sores. Seek care for severe headache, neck stiffness, or unusual drowsiness.
- Enterovirus D68 (EV-D68): can cause wheeze and breathing difficulties; ensure children with asthma have an up-to-date asthma action plan and quick-relief inhaler available.
- Contagious period: Typically highest during the first week of illness; shedding in stool can continue for weeks—maintain strict hand hygiene after nappy changes.

Return to activities

- Children can return to nursery/school when they feel well enough to participate, are fever-free for 24 hours without fever-reducing medicine, and can manage their cough/runny nose. For hand, foot and mouth disease, keep home if they have fever, are drooling from mouth sores, or cannot participate comfortably.

Red flags summary (seek emergency care immediately)

- Any breathing distress.
- Extreme drowsiness, unresponsiveness, seizures.
- New limb weakness or difficulty moving.
- Signs of meningitis: severe headache with neck stiffness, light sensitivity, vomiting.
- In infants under 3 months: any fever ($\geq 38.0^{\circ}\text{C}$), poor feeding, or unusual lethargy.



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If you're unsure whether to seek urgent care, use NHS 111 for guidance. For emergencies, call 999.

Additional information:

Enclosed is a link to further parent information:

Parent information on supportive measures during viral illness:

<https://drwmuller.com/information-for-parents-carers/>

See: Infection: Acute infection - what can I do?

Enclosed is a link to further parent information:

Parent information on "My child is unwell – When should I see a doctor?"

<https://drwmuller.com/information-for-parents-carers/>

See: Emergencies: "When do I need to see a doctor urgently?"

Written by: Dr W Muller

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