CONDITION

Herpangina

Herpangina is a short-term viral infection that causes fever and painful sores at the back of the mouth and throat.

WHAT IT IS
Short-term viral infection causing sores at the back of throat

BODY SYSTEM
Mouth and throat

MAIN SYMPTOMS
Fever, sore throat, painful swallowing, small mouth sores

WHAT CAUSES IT
Enterovirus infection, often coxsackievirus

HOW IT IS DIAGNOSED
Typical throat examination; PCR testing when needed

MAIN TREATMENT
Fluids, rest, and symptom relief

CAN IT BE CURED?
Yes - infection usually clears on its own

IS IT AN EMERGENCY?
Sometimes - inability to drink or signs of dehydration

LONG-TERM OUTLOOK
Full recovery is usual within about one week

Overview

Herpangina is a contagious infection caused by a group of viruses called enteroviruses. It mainly affects young children, although older children, teenagers, and adults can also catch it.

The infection causes a sudden fever, sore throat, and small blisters or ulcers near the back of the mouth. These sores can make swallowing painful. Despite its name, herpangina is not caused by the herpes virus.

Herpangina is usually mild and short-lived. Most people recover without specific medical treatment, often within 7 to 10 days. The main concern is dehydration, especially when a young child refuses fluids because swallowing hurts.

Herpangina is different from hand, foot, and mouth disease. Both are caused by enteroviruses

and may produce mouth sores. However, hand, foot, and mouth disease usually also causes spots or blisters on the hands, feet, or buttocks.

Symptoms

Symptoms often begin suddenly after several days of incubation, which is the time between catching the virus and becoming unwell.

Common symptoms include:

The mouth sores usually appear on the soft palate, tonsils, or back of the throat. They may begin as small red bumps, become fluid-filled blisters, and then form shallow ulcers. There may be only a few sores.

Babies and young children may not be able to describe throat pain. They may drool, cry during feeding, eat less than usual, or become unusually irritable.

Some people also have vomiting or abdominal discomfort. A rash on the hands and feet is not typical of herpangina and may suggest hand, foot, and mouth disease or another condition.

Not everyone has every symptom. Adults may have milder symptoms, but they can still pass the infection to others.

- Fever
- Sore throat and painful swallowing
- Small red spots, blisters, or ulcers near the back of the mouth
- Reduced appetite or refusal to drink
- Headache, tiredness, or general discomfort
- Swollen, tender glands in the neck

Causes and risk factors

Herpangina is caused by enteroviruses. Coxsackie A viruses are common causes, but coxsackie B viruses, echoviruses, and enterovirus A71 can also cause it.

The virus can spread through:

The virus enters through the mouth and multiplies in the digestive and immune systems. It can continue to be present in stool for several weeks after symptoms improve. This does not mean someone will remain visibly ill for that entire time.

Herpangina is most common in children, particularly those who attend childcare or school, where close contact makes transmission easier. Outbreaks are more common during summer and early autumn in temperate climates, but infections can occur at any time.

Having herpangina once does not provide complete protection against future episodes. Several different enteroviruses can cause the condition, so it is possible to catch it again.

- Droplets and secretions from the nose or mouth
- Saliva on cups, utensils, toys, or hands
- Contact with fluid from blisters
- Tiny traces of infected stool, especially during diaper changes

Diagnosis

Herpangina is usually diagnosed from the symptoms and the appearance and location of the mouth sores. A healthcare professional may examine the mouth and throat and ask about fever, eating and drinking, possible exposure, and any skin rash.

Laboratory testing is not usually needed when the pattern is typical and the illness is mild. If confirmation matters, a sample from the throat, a blister, or stool may be tested using polymerase chain reaction, or PCR. This test looks for genetic material from the virus.

Testing may be considered if symptoms are severe, the diagnosis is unclear, or public health teams are investigating an outbreak.

Other conditions can also cause fever and mouth sores. These include hand, foot, and mouth disease, cold sores caused by herpes simplex virus, canker sores, strep throat, and other viral infections. The location of the sores and the presence or absence of a skin rash help separate these conditions.

Treatment and management

There is no routine antiviral treatment that removes the enteroviruses responsible for herpangina. Antibiotics like amoxicillin or doxycycline do not work because antibiotics treat bacteria, not viruses.

Care focuses on comfort and preventing dehydration. Helpful measures include offering frequent small amounts of fluid and allowing extra rest. Cold water, milk, ice pops, or oral rehydration solution may be easier to swallow than hot drinks.

Soft, cool foods may also be more comfortable. Acidic, spicy, salty, or rough foods can sting the ulcers. A temporary reduction in solid food is usually less concerning than not drinking.

Age-appropriate pain and fever medicines may help. Follow the product label and ask a pharmacist or healthcare professional if you are unsure what is suitable. Do not give aspirin to children or teenagers with a viral illness because of its link to Reye syndrome, a rare but serious condition affecting the brain and liver.

Do not apply numbing medicines to a young child's mouth unless a healthcare professional specifically recommends them. Some products can interfere with swallowing or cause harmful effects when too much is absorbed.

Most cases can be managed at home. Someone with herpangina can return to childcare, school, or work when their fever has settled and they feel well enough to take part, subject to local infection-control policies. Careful handwashing remains important because the virus may still be present in stool.

Complications

Dehydration is the main complication. It can happen when mouth and throat pain makes drinking difficult. Young children can become dehydrated more quickly than adults.

Possible signs include:

A fever can occasionally trigger a febrile seizure in a susceptible young child. This is a seizure associated with fever and is not the same as epilepsy.

Rarely, particular enteroviruses can affect the brain, its surrounding tissues, the heart, or the lungs. These complications are not part of the usual course of herpangina. New confusion, severe weakness, breathing difficulty, or a seizure needs urgent assessment.

Bacterial infection of the mouth sores is uncommon. Increasing redness, swelling, pus, or worsening pain after the other symptoms have started improving should be checked.

- Urinating less often or having fewer wet diapers
- A dry mouth or no tears when crying
- Unusual sleepiness, weakness, or irritability
- Sunken eyes
- Dizziness in an older child or adult

Prevention

There is no routinely used vaccine that prevents the common causes of herpangina. It cannot always be prevented because infected people may spread enteroviruses before symptoms are recognised.

Good hygiene can lower the chance of transmission:

Soap and water are especially important after contact with stool. When caring for a child, clean the diaper-changing area after each use and avoid preparing food until your hands have been washed.

- Wash hands with soap and water after toileting or diaper changes
- Wash hands before preparing food or eating
- Avoid sharing cups, bottles, utensils, and toothbrushes
- Clean frequently touched surfaces and shared toys
- Cover coughs and sneezes and dispose of tissues promptly
- Avoid close contact such as kissing while someone is unwell

Living with it and what to expect

Herpangina is an acute condition, meaning it begins quickly and lasts for a limited time. Fever often improves within several days. The throat ulcers then heal without scarring, usually within about a week, although some symptoms may last up to 10 days.

During the first few days, drinking may be the main challenge. Small, frequent drinks are often better tolerated than a full cup at once. Appetite usually returns as the throat becomes less painful.

Herpangina does not usually cause lasting health problems. Children generally return to their usual energy, eating, and activities after recovery. The infection does not normally become chronic.

A later episode is possible because recovery produces immunity mainly to the particular virus involved, not to every virus that can cause herpangina. Repeated or persistent mouth ulcers may have another cause and deserve routine medical review.

If symptoms are not improving within the expected period, a healthcare professional can check whether the diagnosis is correct or whether a complication has developed.

When to get medical help

Seek prompt medical advice if you or your child cannot drink enough, has signs of dehydration, repeatedly vomits, or has severe mouth or throat pain. Medical advice is also appropriate if the fever lasts more than a few days, returns after improving, or symptoms are worsening rather than settling.

Contact a healthcare professional promptly for any fever in a baby younger than 3 months. Young babies need assessment because they can become unwell quickly and fever has many possible causes.

Arrange routine follow-up if the sores have not healed after about 10 days, episodes keep returning, or there are symptoms that do not fit herpangina, such as ongoing weight loss or ulcers elsewhere on the body.

Call emergency services for:

These symptoms are not typical of uncomplicated herpangina and need immediate assessment.

- Serious difficulty breathing
- Blue, grey, or very pale lips or skin
- A seizure, especially a first seizure or one lasting several minutes
- Severe confusion, inability to wake, or loss of consciousness
- Signs of severe dehydration, such as extreme drowsiness with very little urine

Common questions

Is herpangina the same as hand, foot, and mouth disease?

No. Both are enterovirus infections and can cause fever and mouth sores. Herpangina mainly causes sores at the back of the mouth and throat. Hand, foot, and mouth disease usually also causes a rash or blisters on the hands, feet, or buttocks.

Is herpangina caused by herpes?

No. The similar name can be confusing, but herpangina is caused by enteroviruses, not herpes viruses. It is not a sexually transmitted infection.

How long is herpangina contagious?

Transmission is most likely while symptoms are active, especially early in the illness. However, enteroviruses may remain in stool for several weeks. Handwashing after using the toilet or changing diapers helps reduce spread even after recovery.

Can adults get herpangina?

Yes. It is more common in children, but adults can become infected, particularly through close contact with children. Adult symptoms may be mild or may include fever, sore throat, and painful mouth ulcers.

What can someone with herpangina eat and drink?

Cool liquids and soft foods are often easiest to swallow. Water, milk, ice pops, oral rehydration solution, yogurt, or smooth foods may be tolerated. Acidic drinks, spicy foods, and salty or rough foods may make the sores hurt more.

Can herpangina come back?

Yes. Many different enteroviruses can cause it, and immunity to one type may not protect against another. Frequent, unusually severe, or slow-healing mouth ulcers should be medically reviewed because they may have another cause.

Sources

- Herpangina - MSD Manual Consumer Version , Merck & Co.
- About Non-Polio Enteroviruses , US Centers for Disease Control and Prevention.
- Herpangina , MedlinePlus Medical Encyclopedia, US National Library of Medicine.
- Herpangina , StatPearls, National Center for Biotechnology Information.
- Herpangina , DermNet New Zealand.