females and four males. The infants presented with fever, lethargy or irritability. The older children presented with fever and headache. Following full infection screens, all of the infants were treated with intravenous antibiotics. One patient had raised inflammatory markers and one patient had a significant cerebrospinal fluid (CSF) pleocytosis, the majority had a normal or minimally raised CSF white cell count. Eight patients had positive CSF Enterovirus PCR results and one patient had a Coxsackievirus positive serum PCR (having not undergone lumbar puncture). In three patients a prolonged course of antibiotics was discontinued following the PCR result. One patient had episodes of tachycardia with subsequent diagnosis of supraventricular tachycardia requiring treatment.

**Conclusion** Positive enterovirus PCR results appear to have reduced antibiotic course length, limiting unnecessary antibiotic administration, and we advocate increasing use of this investigation.

**Background and aim** To investigated the epidemiological and etiological characteristic of Hand-Foot-Mouth disease in Chongqing, China from 2010 to 2013.

**Methods** Descriptive epidemiological methods were used to describe the epidemic characteristics of 3760 hospitalised cases with HFMD in Chongqing children’s hospital during 2010 to 2013. The pathogens from 830 stool samples were determined by nested RT-PCR and the molecular characteristics were analysed by the phylogenetic trees.

**Results** There were two epidemic peaks every year during 2010 to 2013 in Chongqing. One occurred from April to July and another occurred from October to December. Most (91.22%) of the patients were under 5 years old and 76.28% were < 3 years of age. The ratio of male to female cases was 1.60:1. The dominant pathogens were EV71 (58.47%) and CA16 (18.09%). The percentage of CA16 infection cases decreased from 31.23% to 4.67% and CA6 increased from 2.11% to 16.36% from 2010 to 2013. Phylogenetic analysis indicated that EV71 isolates in Chongqing belonged to C4a lineage in subgenotype A4a and CA16 isolates belonged to B1 (B1a and B1b). The molecular evolution of all the isolates from mild and severe cases were nearly identical.

**Conclusions** HFMD had two epidemic peaks each year in Chongqing from 2010 to 2013. The major of the patients were under 5 years old. And the percentage of males is higher than females. The pathogens are mainly EV71 C4a and CA16 B1, during 2010 to 2013. CA16 infection cases decreased while CA6 infection cases increased from 2010 to 2013.