



# APH Monkeypox Guidance for Pre-K through 12<sup>th</sup> Grade Schools and Child Care Programs September 20, 2022

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## A. Introduction

Monkeypox is a viral infection in the same virus family as smallpox. It is a different virus family than varicella (chickenpox). The current outbreak is associated with milder disease and does not usually cause serious illness or death. Monkeypox symptoms can include fever, chills, headache muscle aches, swollen lymph nodes and fatigue, and extremely painful lesions and rashes that can result in permanent scarring.

At this time, the risk of monkeypox to children and adolescents in the United States is low. Monkeypox virus can infect anyone, including children. For this reason, it is important for school and childcare leaders to:

- Follow their everyday procedures to reduce disease transmission in their school or child care facility by:
  - Ensuring children or staff stay home when they are sick
  - Ensuring there is a location to isolate ill children/staff
  - Maintaining proper hand hygiene
  - Maintaining routine cleaning and disinfection practices
  - Ensuring staff are provided proper personal protective equipment when caring for students/staff with an infectious disease
- Be prepared to educate staff and families about monkeypox, and
- Be prepared to manage potential exposures or cases within in the school or child care setting.

## B. Tips on communicating about monkeypox

Keep messages about monkeypox fact-based to avoid introducing stigma. The CDC offers [tips about how to frame communication](#) and messaging on the topic.

To provide fact-based information about monkeypox, APH recommends that schools and childcare programs share the key web pages below and information from these sources with staff and families.

Web page	Hyperlink
CDC monkeypox page for Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents	<a href="https://www.cdc.gov/poxvirus/monkeypox/schools/faq.html">https://www.cdc.gov/poxvirus/monkeypox/schools/faq.html</a>
APH monkeypox page	<a href="https://www.austintexas.gov/monkeypox">https://www.austintexas.gov/monkeypox</a>
CDC monkeypox Frequently Asked Questions	<a href="https://www.cdc.gov/poxvirus/monkeypox/faq.html">https://www.cdc.gov/poxvirus/monkeypox/faq.html</a>
CDC's What You Need to Know about Monkeypox if You are a Teen or Young Adult	<a href="https://www.cdc.gov/poxvirus/monkeypox/teens-young-adults.html">https://www.cdc.gov/poxvirus/monkeypox/teens-young-adults.html</a>
CDC main monkeypox page	<a href="https://www.cdc.gov/poxvirus/monkeypox/index.html">https://www.cdc.gov/poxvirus/monkeypox/index.html</a>

## C. Who is at risk?

Anyone, regardless of sexual orientation or gender identity, who has been in [close, personal contact](#) with someone who has monkeypox is at risk. Though rare, there are cases of monkeypox among children in the U.S. and in Texas. It is not known whether children are more likely to get monkeypox than adults. (Source: [Clinical Considerations for Monkeypox in Children and Adolescents | Monkeypox | Poxvirus | CDC](#), updated 7/26/2022)

Infections with the type of monkeypox virus identified in this outbreak, known as Clade IIb (clade refers to the genetic group), are rarely fatal. Over 99% of people who get this form of the disease are likely to survive. (Source: [Frequently Asked Questions | Monkeypox | Poxvirus | CDC](#), updated 8/5/2022)

Young children (<8 years of age), individuals who are pregnant or immunocompromised, and individuals with history of atopic dermatitis or eczema may be at especially increased risk for severe outcomes from monkeypox disease. (Source: [Clinician FAQs | Monkeypox | Poxvirus | CDC](#), updated 8/11/2022)

## D. How monkeypox spreads

A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed, all scabs have fallen off, and a fresh layer of skin has formed.

Monkeypox is primarily spread through direct physical skin to skin contact. It can also spread through prolonged unmasked face to face contact. Although less common in the current outbreak, monkeypox may also spread by touching contaminated objects that have been used by someone with monkeypox. Monkeypox is unlikely to spread during quick interactions such as brief conversations between people

who are near each other. In this outbreak, most cases of monkeypox have been associated with sexual contact.

- 1. Close or Intimate Contact** – Monkeypox can spread to anyone through close, personal, often skin-to-skin contact, including:
  - Direct contact with monkeypox rash, scabs, or body fluids from a person with monkeypox
  - Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
  - Contact with respiratory secretions (such as prolonged face to face contact, kissing, sharing drinks)
  - Intimate physical contact, such as kissing, cuddling, wrestling, or sex.
- 2. Monkeypox and Pregnancy** – A pregnant person can spread the virus to their fetus through the placenta.
- 3. Infected Animals** – It’s also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.

(Source: [How it Spreads | Monkeypox | Poxvirus | CDC](#), updated 7/29/2022)

## E. Signs and symptoms

APH recommends that schools and child care programs make staff, students, and families aware of the signs and symptoms of monkeypox. Remind them to stay home if they have any symptoms of monkeypox. Schools and child care programs should advise anyone with a rash or other symptoms that could be monkeypox to visit a healthcare provider. Direct people who do not have a healthcare provider to call the APH Information Hotline at 512-972-5560.

Tell staff and families to inform the school or child care program if a child, student, or staff member:

- Develops any symptoms of monkeypox following an exposure to someone with monkeypox, or
- Is tested for monkeypox and determined to be a confirmed or probable case. (A person has a probable or presumptive case of monkeypox if they tested positive for having Orthopoxvirus and are waiting on confirmation from the CDC that the case is monkeypox.)



## 1. Symptoms

**People with monkeypox get a rash** that may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butthole) and could be on other areas like the hands, feet, chest, face, or mouth.

- The rash will go through several stages, including scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.

**Other symptoms of monkeypox can include:**

- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache

**People may experience all or only a few symptoms**

- Sometimes, people have flu-like symptoms before the rash.
- Some people get a rash first, followed by other symptoms.
- Others only experience a rash.

Monkeypox rash can be confused with other rash illnesses that are commonly considered in children, such as hand, foot, and mouth disease; measles; scabies; allergic skin rashes; and chickenpox. (Source: [Clinical Considerations for Monkeypox in Children and Adolescents | Monkeypox | Poxvirus | CDC](#), updated 7/26/2022)

## 2. How long monkeypox symptoms last

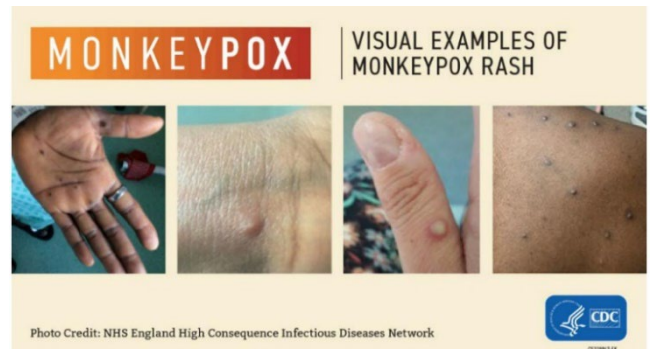
Monkeypox symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1-4 days later. The illness typically lasts 2-4 weeks.

(Source: [Signs and Symptoms | Monkeypox | Poxvirus | CDC](#), updated 8/5/2022)

## F. What to do if a child develops monkeypox symptoms at school or in child care

**Without a known exposure** – For a child without a known exposure to monkeypox, a fever and rash should be evaluated by a medical professional and child care programs and schools should follow their standard illness policies for these situations.

**Unknown exposure status** – If it is unknown whether a child with a rash has been exposed to monkeypox, depending on the child's age, the school or child care program should ask the student or call their family to find out.



**Known exposure** – If a child with a known exposure to monkeypox develops symptoms while in school or child care:

- The child should:
  - Be separated from other children or adolescents in a private space (such as an office).
  - Wear a well-fitting mask (if the child is at least 2 years old).
  - Be picked up by a caregiver so they can be evaluated by a healthcare provider. (Direct people who do not have a healthcare provider to call the APH Information Hotline at 512-972-5560.)
  
- Staff who are monitoring the child or adolescent should:
  - Avoid close contact, if possible, but continue to attend to the child in an age-appropriate manner (for example, changing soiled diapers, calming an upset toddler).
  - Avoid touching the rash, if present, and cover the rash area with clothing if possible.
  - Wear a respirator (preferred) or a well-fitting mask if a respirator is not available.
  - If close contact is required (for example, holding the child), gowns/smocks and gloves should be used if available.
  - Wash hands routinely and after the child has been picked up or touched.
  - Change, and launder, or throw away any soiled clothes, gloves, or smocks.

(Source: [Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents | Monkeypox | Poxvirus | CDC, 8/19/2022](#))

## G. What to do if someone has a confirmed or probable case of monkeypox in a school or childcare setting

If someone who has been in the school or childcare program is found to have monkeypox (confirmed or probable), the following steps should be taken:

### 1. Clean and disinfect

Clean and disinfect areas where the person with monkeypox spent time. Avoid use of these areas and other shared items (such as toys, learning materials, sports equipment, sleeping mats, and linens) until they have been cleaned and disinfected. (For more detailed guidance, see the Cleaning and Disinfecting section below.)

## 2. Provide notifications for people who may have been exposed

APH strongly recommends that child care programs and schools notify staff and families of children/students who may have been exposed to the person with monkeypox. The notification should ensure the confidentiality of the person with monkeypox. The notification should also:

- a. Advise them to contact their healthcare provider to let them know they have been exposed. The healthcare provider can determine if the exposed person may be eligible to be vaccinated. Direct people who do not have a healthcare provider to call the APH Information Hotline at 512-972-5560.
- b. Provide a list of symptoms of monkeypox and advise them to closely monitor for symptoms of monkeypox for 21 days after their last exposure.
- c. Advise that if they develop any symptoms of monkeypox, they should:
  - Stay home and isolate, and
  - See a healthcare provider and let the provider know they have been exposed to someone with monkeypox and have since developed symptoms.

## 3. Report cases of monkeypox to Austin Public Health

Schools and childcare programs that become aware of a case of monkeypox among children, students, or staff, [must immediately report to APH](#) by calling the APH Information Hotline at 512-972-5560 and choosing the option for monkeypox. APH staff will work with the school or child care program to provide guidance on next steps.

## 4. Monitor children for symptoms

When there has been a monkeypox case in a classroom, particularly in childcare and early elementary classrooms, teachers should monitor their students for signs and symptoms of monkeypox.

## H. Isolation of people with confirmed or probable monkeypox

Monkeypox causes a rash with lesions that eventually scab over. People with monkeypox should prioritize [isolation and prevention practices](#) until all scabs have fallen off, and a fresh layer of healthy skin has formed. This may take as long as 4 weeks after symptoms began. Parents and guardians should work with a healthcare provider and Austin Public Health to decide when the child or adolescent can return to the educational setting. APH recommends that schools provide excused absences for students who are sick, avoid policies that incentivize coming to school while sick, and support children who are learning at home.

Staff or volunteers who have monkeypox should isolate and be restricted from the workplace according to CDC's [isolation and prevention practices](#). Employers should provide flexible, non-punitive sick leave policies for staff members.

Schools that have students and/or staff living on campus are advised to follow guidance from [APH](#) and [CDC](#) on management of monkeypox cases in congregate settings.

### **1. When a parent/guardian with monkeypox can't isolate from their children**

The [CDC offers guidance](#) about what families can do when a parent has monkeypox and cannot isolate from their child who does not have monkeypox. In this situation, the parent/guardian and the school or child care program should work with Austin Public Health to determine what precautions should be taken in order for the child to continue attending school or child care.

#### **I. Cleaning and disinfecting**

The areas where the person with monkeypox spent time should be cleaned and disinfected before further use. Focus on disinfecting items and surfaces that were in direct contact with the skin of the person with monkeypox, or often in the presence of the person with monkeypox. If unsure, disinfect. Items that cannot be cleaned, disinfected, or laundered should be thrown away. Children, staff (other than those who are cleaning and disinfecting), and volunteers should not enter the area until cleaning and disinfection is completed.

Follow the CDC guidance for [Disinfecting the Home and Other Non-Healthcare Settings](#) to clean and disinfect surfaces, floors, and shared items such as toys, learning materials, sports equipment, or uniforms used by the person with monkeypox. This CDC guidance includes precautions to take while cleaning and disinfecting, such as wearing gloves, a well-fitting mask or respirator, and clothing that fully covers the skin.

The National Resource Center for Health and Safety in Child Care and Early Education also provides information on how to clean and sanitize items that may go into the mouth. For dishwashing information, see [Caring for our Children 4.9.0.11](#) and for information on cleaning and sanitizing toys, see [Caring for Our Children 3.3.0.2](#).

Linens, bedding, stuffed toys, and other fabrics used by the person with monkeypox should be laundered. Child care programs and schools are advised send the infected person's personal items that need to be laundered home with them in a closed plastic bag, along with washing instructions (such as wearing a mask and gloves). This could include items such as backpacks, sheets, blankets, pillows, jackets, extra sets of clothing, cloth diapers, and soft toys.

(Source: [Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents | Monkeypox | Poxvirus | CDC, 8/19/2022](#))

If the person with monkeypox had direct skin contact and/or excessive drainage of fluids from rashes onto soft furnishings, such as upholstered furniture, carpets, and rugs, steam cleaning can be considered. If the person with monkeypox had minimal contact with soft furnishings, disinfect the surface with a surface-appropriate disinfectant. (Source: [Disinfecting Home and Other Non-Healthcare Settings | Monkeypox | Poxvirus | CDC, updated 8/22/2022](#))