

Interim Guidance for K-12 Schools and Childcare - Monkeypox

The risk of children getting infected with monkeypox virus is low in the current outbreak. Children and adolescents are more likely to be exposed to monkeypox if they live with or have close contact with a known case of monkeypox. As cases of monkeypox in Maricopa County increase, it is likely that children will be identified as household contacts of cases. While children are currently at lower risk of exposure in the current outbreak, they are at increased risk for severe disease, especially children less than 8 years old.

To maintain a healthy school environment, children, teachers and staff who exhibit symptoms of any infectious disease should be excluded from school, per school policy.

Symptoms of monkeypox

Rash is the most common monkeypox symptom, and it can look similar to rashes seen more commonly in children, including rashes caused by chickenpox, herpes, allergic skin rashes and hand, foot, and mouth disease.

The [rash](#) typically begins as flat or raised red bumps (lesions) and then progresses to fluid-filled lesions (blisters), then lesions filled with pus and eventually scabs. The classic lesion has a central depression like a belly-button. Other common symptoms include fever, lymphadenopathy (swollen glands), fatigue and headache, although these symptoms are not always present.

It is important to remember that to consider monkeypox, individuals with a new rash should have extensive exposure to somebody with monkeypox, such as a household member or close social contact.

How is monkeypox spread?

Monkeypox can spread to others through close, personal, often skin-to-skin contact, including:

- Most commonly by direct contact with monkeypox rash, scabs or body fluids from a person with monkeypox, including sexual contact
- Less likely by touching objects, fabrics (clothing, bedding or towels) and surfaces that have been used by someone with monkeypox, or
- Rarely, contact with respiratory secretions.

Unlike some other rashes, monkeypox remains contagious until the scabs fall off and new skin has formed. Keeping the lesions covered with clothing or a bandage prevents exposure to others.

What should I do?

If a school or childcare provider receives notice of a suspect case, that suspect case should be excluded per the facility's normal illness policy.

Asymptomatic close contacts or household contacts should not be excluded.

Per CDC, persons diagnosed with monkeypox should isolate until their rash has fully resolved, the scabs have fallen off, and a fresh layer of intact skin has formed. Since this can take several weeks to occur, diagnosed persons with rash or lesions (and no respiratory symptoms or fever) can be allowed to return to work before the rash resolves, as long as long as they are masked around others and cover their lesions with clothing or a bandage for the full isolation timeframe. The decision to allow return to work should be an internal policy decision based on the circumstances of the workplace environment.

Reporting

Currently, K-12 schools and childcare providers are not required to report suspected cases of monkeypox to public health. Cases are reported to public health by healthcare providers and laboratories for individuals who test positive only. MCDPH investigates those positive cases, including identifying close contacts. If we learn of a facility exposure during our investigation, MCDPH will notify that school or childcare facility and will guide the facility on any needed notification or exclusion.

If a school or childcare provider learns of a laboratory confirmed case of monkeypox, you may report it to MCDPH to receive guidance.

What precautions should school health personnel take?

Currently, vaccination is not recommended for most health care workers. CDC recommends that people whose jobs (clinical or research laboratories and certain health care and public health team members) may expose them routinely to orthopoxviruses, such as monkeypox, receive either JYNNEOS or ACAM2000 vaccine.

Health care workers should utilize the following personal protective equipment (PPE) when caring for a patient with suspected or confirmed monkeypox infection: gown, gloves, eye protection and N95 (or comparable) respirator. Please note, this PPE is recommended by CDC out of an abundance of caution and is not necessary for individuals who do not have prolonged close and/or physical contact with individuals suspected of having monkeypox.

Please remind parents to keep children home when they have ANY symptoms of any infectious disease. We all need to exercise caution to keep ourselves and our families and community safe. As always, please encourage parents to remind their kids to wash their hands, avoid touching their face and to cover their coughs and sneezes, and to not touch their own or other people's rashes!