

Monkeypox: Guidance for Schools and Childcare Facilities

This document provides guidance for how DC Schools (PreK-12th Grade) and Childcare Facilities can prevent and respond to monkeypox. Institutions of Higher Education (IHE), boarding schools, and other settings where children and adolescents are in residence should refer to CDC guidance for congregate settings at [cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html](https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html). For additional information about monkeypox, please visit dchealth.dc.gov/page/monkeypox.

MONKEYPOX BASICS:

- **What is monkeypox?** Monkeypox is a virus related to the smallpox virus. The hallmark of monkeypox is a **rash**¹. Additional symptoms can include fever, chills, swollen glands, headache, muscle aches, exhaustion, and respiratory symptoms like cough, nasal congestion and sore throat. Until this year monkeypox was mostly found in several African countries. Currently there is a global outbreak of monkeypox which is impacting the United States, including the District of Columbia².
- **How dangerous is monkeypox?** Monkeypox is rarely life threatening and most people recover completely. No deaths from monkeypox have occurred in the United States. However, symptoms can be unpleasant and painful.
- **How do you catch monkeypox?** The main way monkeypox spreads is through close skin to skin contact with monkeypox sores. Less common ways it can spread are through respiratory droplets after prolonged face-to-face contact, and by touching contaminated objects (such as toys or utensils) or fabrics (such as bedding or clothing). Sexual contact has been the most common way monkeypox has been spreading during this outbreak, but it can also spread from kissing and cuddling. Monkeypox is **less contagious** than COVID-19 which spreads easily from person to person through casual contact.
- **Are children at risk for monkeypox?** Anyone can catch monkeypox if they are exposed to it. Children are at very low risk for catching monkeypox at the present time. If children catch monkeypox, they are likely to catch it from people who have close contact with them, like parents. The overwhelming majority of monkeypox cases so far have been in **adult men, (particularly those who have sex with other men). One of the best ways to prevent children from getting monkeypox is for their caregivers and parents to get vaccinated if they are eligible for the vaccine (see below).**
- **Are there treatments and vaccines for monkeypox?** Yes. Since monkeypox and smallpox are so closely related, treatments and vaccines for smallpox are being used to prevent and treat monkeypox.
- **Who should get vaccinated for monkeypox?** At this time, DC Health recommends monkeypox vaccination for people who have had a high-risk exposure to monkeypox and people who may be more likely to get monkeypox including people who have multiple sexual partners, people who work in settings where sexual activity occurs (such as sex clubs or bathhouses) and laboratory workers who process monkeypox tests. **There is currently no need for mass vaccination of school children or school staff.**
 - **Find out more about monkeypox vaccine eligibility criteria and how to sign up for a monkeypox vaccine at dchealth.dc.gov/page/monkeypox.**
- **What should I do if I have a new rash?** If you develop a new and concerning rash, stay home and consult with your healthcare provider, who can assess whether you should get tested for monkeypox. Many other illnesses besides monkeypox can cause rashes in children and adults, including hand-foot-and-mouth disease, chickenpox, and herpes. Monkeypox testing can only be done on people who have a rash.
- **What should I do if I have been in contact with a person who has monkeypox?** Reach

¹ For pictures of monkeypox rash, see [cdc.gov/poxvirus/monkeypox/resources/graphics.html](https://www.cdc.gov/poxvirus/monkeypox/resources/graphics.html).

² For weekly District of Columbia Monkeypox Data, see dchealth.dc.gov/page/monkeypox-data.

out to your healthcare provider to discuss the details of your exposure. They may recommend that you get the monkeypox vaccine. You will also be contacted by DC Health if a person with monkeypox identifies you as a close contact. People exposed to monkeypox **do not need to quarantine**. They can continue to engage in their normal activities but should monitor themselves for development of monkeypox symptoms for 21 days.

- Parents of children exposed to monkeypox who are not able to reliably self-monitor and report symptoms (e.g., young children, some children with disabilities) should check the child's temperature daily and perform daily full body skin checks for a new rash, including inspecting the mouth for any sores or ulcers.

PREVENTING MONKEYPOX IN SCHOOLS AND CHILDCARE FACILITIES:

- **Staying home when sick:**
 - Staying home when you are sick or have a new and concerning rash is the best way to avoid spreading monkeypox.
- **Isolation (for people with symptoms of or confirmed monkeypox)**
 - **Most people can isolate safely at home.** For more information about home isolation, see [cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html).
 - **People with confirmed monkeypox should isolate until all sores have healed, scabs have fallen off, and a fresh layer of skin has formed. This can take up to 4 weeks.**
 - People with a rash suspicious for monkeypox should isolate and may leave isolation if they test negative for monkeypox.
 - Schools should provide flexible leave and absence policies for staff and students who need to isolate.
- **Hand hygiene**
 - Ensure access to adequate handwashing supplies, including soap and water.
 - Teach and reinforce proper hand washing.

WHAT TO DO IF A CASE OF MONKEYPOX OCCURS AT A SCHOOL OR CHILDCARE FACILITY

- Report to DC Health.
 - **Schools should report suspected and confirmed cases of monkeypox to DC Health immediately**
 - Submit a Non-Healthcare Facilities Consult Form: at dccovid.force.com/NonHealthcareConsultRequestForm/s/
- Clean and disinfect the areas where a person with monkeypox spent time.
 - Focus on cleaning and disinfecting items that were in direct contact with the person's skin or used frequently by the person.
 - For cleaning and disinfecting surfaces, floors, and shared items, follow CDC guidance for *Disinfecting Home and other Non-Healthcare Settings* at [cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html](https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html).
 - For cleaning and sanitizing items that may go into the mouth, like utensils and certain toys, see *Caring for Our Children 4.9.0.11*, at [nrckids.org/CFOC/Database/4.9.0.11](https://www.nrckids.org/CFOC/Database/4.9.0.11) and *Caring for Our Children 3.3.0.2* at [nrckids.org/CFOC/Database/3.3.0.2](https://www.nrckids.org/CFOC/Database/3.3.0.2).
 - Linens or towels that the person with monkeypox used should be laundered.
 - Items that cannot be cleaned, disinfected, or laundered should be thrown away.
 - **Gloves should be worn when handling any contaminated or potentially**

contaminated items (e.g., utensils, toys, towels, or linens) including disposable items (e.g., tissues, wipes, or used diapers).

- ❖ **Remove gloves after each task is completed (e.g., changing diapers or handling contaminated linens) and perform hand hygiene.**
 - Children and staff (besides cleaning staff) should not enter the area the person with monkeypox was in until cleaning and disinfection is completed.
- **Contact identification and communication:**
 - When a case of monkeypox is identified at a school or childcare facility, DC Health will conduct contact tracing to identify individuals who had a high-risk exposure and give them guidance.
 - School officials should communicate with staff and families when a case of monkeypox is identified at a school or childcare facility. Provide fact-based information.
 - The privacy of individuals and families should be protected.
 - Avoid stigmatizing children, staff, and families affected by monkeypox
- **If a student or staff member develops a new rash suspicious for monkeypox during the school day, they should be sent home. Facilities should have a process in place that allows children to isolate until they are able to go home.**
 - Staff who are monitoring children with monkeypox symptoms should:
 - Avoid close contact, but make sure they continue to attend to the child in an age-appropriate manner (e.g., changing diapers, calming an upset toddler).
 - ❖ **If close contact is necessary (including changing diapers) staff should wear gloves as well as a disposable gown/smock.**
 - Avoid touching any rash as much as possible.
 - Cover a rash on a child with clothing if possible.
 - Wear a well-fitting respirator (preferred) or a mask if a respirator is not available. A well-fitting mask should also be placed on the child unless they are younger than 2 years old.
 - Wash hands frequently, especially after the child has been picked up or touched.
 - Change, launder, or throw away any soiled clothes, gloves or smocks.

The guidelines above will continue to be updated as the District's monkeypox response evolves.