

Mpox: 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 mpox (formerly called monkeypox). Institutions of Higher Education (IHE), boarding schools, and other settings where teens or young adults are in residence should refer to *Guidance for Institutions of Higher Education (IHEs)*. For guidance and additional information about mpox, please visit dchealth.dc.gov/page/mpox.

MPOX BASICS:

- **What is mpox?** Mpox is a virus related to the smallpox virus. The hallmark of mpox 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 mpox was mostly found in several African countries. Currently there is a global outbreak of mpox which is impacting the United States, including the District of Columbia².
- **How dangerous is mpox?** Mpox is rarely life threatening and most people recover completely. No deaths from mpox have occurred in the United States. However, symptoms can be unpleasant and painful.
- **How do you catch mpox?** The main way mpox spreads is through close skin to skin contact with mpox 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 mpox has been spreading during this outbreak, but it can also spread from kissing and cuddling. Mpox is **less contagious** than COVID-19 which spreads easily from person to person through casual contact.
- **Are children at risk for mpox?** Anyone can catch mpox if they are exposed to it. Children are at very low risk for catching mpox at the present time. If children catch mpox, they are likely to catch it from people who have close contact with them, like parents. The overwhelming majority of mpox 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 mpox is for their caregivers and parents to get vaccinated if they are eligible for the vaccine (see below)**.
- **Are there treatments and vaccines for mpox?** Yes. Since mpox and smallpox are so closely related, treatments and vaccines for smallpox are being used to prevent and treat mpox.
- **Who should get vaccinated for mpox?** At this time, DC Health recommends mpox vaccination for people who have had a high-risk exposure to mpox and people who may be more likely to get mpox 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 mpox tests. **There is currently no need for mass vaccination of school children or school staff.**
 - **Find out more about mpox vaccine eligibility criteria and how to sign up for a mpox vaccine at dchealth.dc.gov/page/mpox.**
- **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 mpox. Many other illnesses besides mpox can cause rashes in children and adults, including hand-foot-and-mouth disease, chickenpox, and herpes. Mpox 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 mpox?** Reach out to your healthcare provider to discuss the details of your exposure. They may recommend that

¹ For pictures of mpox rash, see cdc.gov/poxvirus/monkeypox/resources/graphics.html.

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

you get the mpox vaccine. You will also be contacted by DC Health if a person with mpox identifies you as a close contact. People exposed to mpox **do not need to quarantine**. They can continue to engage in their normal activities but should monitor themselves for development of mpox symptoms for 21 days.

- Parents of children exposed to mpox 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 MPOX 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 mpox.
- **Isolation (for people with symptoms of or confirmed mpox)**
 - **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 mpox 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 mpox should isolate and may leave isolation if they test negative for mpox.
 - 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 MPOX OCCURS AT A SCHOOL OR CHILDCARE FACILITY

- Report to DC Health.
 - **Schools should report suspected and confirmed cases of mpox to DC Health immediately**
 - Submit a Notifiable Disease and Condition Case Report Form online using DCRC: at dccovid.force.com/provider/s/login/
- Clean and disinfect the areas where a person with mpox 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 mpox 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 mpox was in until cleaning and disinfection is completed.
- **Contact identification and communication:**
 - When a case of mpox 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 mpox 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 mpox.
- **If a student or staff member develops a new rash suspicious for mpox 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 mpox 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 mpox response evolves.