MONKEYPOX (MPX):
Information for Schools, Early Care and Education Programs
and Other Settings Serving Children or Adolescents

Should schools or ECEs worry about MPX?
The risk of MPX to children in the U.S. is low. MPX virus can infect anyone, including children, with close, personal, skin-to-skin contact to someone who has MPX. Currently most cases of MPX have been associated with sexual or intimate contact. Less commonly, MPX may also spread by touching contaminated objects (such as toys or eating utensils), fabrics (clothing, bedding, sleeping mats or towels), and surfaces that have been used by someone with MPX.

How should schools or ECEs prepare for possible MPX exposures?
Settings should follow their everyday operational guidance that reduces the transmission of infectious diseases. Anyone exposed should:

- Stay home when sick
- Practice proper hand hygiene
- Maintain routine disinfection practices
- Identify private spaces for assessment of an ill child away from others
- Staff must use personal protective equipment to care for ill students

What do we do if there is a case of MPX in our setting?
- Clean the space by disinfecting items and surfaces that were in direct contact with the skin of the person with MPX. Refer to Disinfecting the Home and Other Non-Healthcare Settings. Items that cannot be cleaned, disinfected or laundered should be thrown away.
- Contact the health department at 562-570-4302 for additional recommendations and to help identify individuals who might have been exposed to prevent additional cases.
- Communicate fact-based messages to avoid introducing stigma

Should a parent, teacher, or student with a rash get tested for MPX?
There are several illnesses that can cause a rash and fever in children. Anyone who experiences a fever and rash should be evaluated by a medical professional to determine what treatment or testing is needed. The setting should continue to follow their standard illness policies and practice non-stigmatizing messaging. If a child or adult was exposed to MPX and develop symptoms, they should notify their healthcare provider and get tested right away.

Should I get tested if I have been exposed to someone with MPX?
If a rash develops, an individual should follow isolation and prevention practices and contact their healthcare provider for testing. The individual should continue to isolate until:

1. The rash can be evaluated by a doctor
2. Testing is performed
3. Test result is available and is negative

Communicable Disease Surveillance and Control Division
2525 Grand Avenue, Long Beach, CA 90815 | Phone: (562) 570-4302
Website: longbeach.gov/mpx
Should students, teachers, staff, and volunteers get vaccinated for MPX?

At this time, there is no need for widespread vaccination for MPX among staff or children. The CDC recommends vaccination to those who have been exposed and those who are currently eligible for vaccination in Long Beach.

What should we tell parents and caregivers if there is a case of MPX in our setting

- Anyone can catch MPX if they have close, personal contact with an infected person. However, at this time, the risk in these settings is low and much less common among children. Infections have rarely been life-threatening.
- If you child has been exposed, let the school or ECE know, and reach out to your doctor and health department.
- If there is a case of MPX identified, the health department will be involved with contact tracing.
- There is no need for widespread vaccination for MPX among staff or children under 18. However, a vaccine is available that can help prevent MPX in people who have been identified as having high or intermediate exposure if it is given soon after exposure. Vaccination should be considered on an individual basis in consultation with the health department.
- Most children can continue to attend school and other activities even if they had close contact with someone who has MPX.

When can someone with MPX return to our setting?

Persons with MPX should not return to the setting until all skin lesions have healed (i.e., scabs have fallen off and a fresh layer of skin has formed at the lesion sites) and any other symptoms have been resolved. This may take up to 4 weeks after symptoms began. Caregivers should work with the child's doctor and health department to decide when they can return to the educational setting. Staff or volunteers who have MPX should isolate and be restricted from the workplace. Follow the MPX Home Isolation Guidance for the General Public for more information on when to discontinue isolation and return to work.

What should we do if a person who has been exposed to MPX develop symptoms while in our setting?

If a staff member or volunteer under monitoring for MPX develops symptoms, they should isolate at home and be medically evaluated.

If a child or adolescent develops symptoms while in the setting the child should:

- Be separated from others 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 receive medical assessment

Staff who are monitoring a 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)
- Wear a respirator or a well-fitting mask
- If close contact is required, 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
- Clean and disinfect any surfaces or items the child touched

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Children should be monitored for symptoms for 21 days. It is important to check the child’s temperature daily. Perform daily full-body skin checks for a new rash and inspect the inside of the mouth for any sores or ulcers on young children. In older children and adolescents, parents can help with inspection of the mouth and exposed skin areas that may be difficult for the child or adolescent to see. Remind the child or adolescent to be aware of any rash or pain in areas covered by clothing, and let the parent know if they notice any changes in their skin or feel any pain in those areas.

If a child or adolescent develops symptoms while at home, the parent or caregiver should contact the local health department and their healthcare provider. The child should not return to the educational setting until medically assessed.

Ideally, another adult in the household without MPX should serve as primary caregiver. If it is not possible to be separated, the parent or caregiver should continue to care for the child based on the physical and emotional needs of the child.

Cover rashes with clothing, gloves, or bandages, wear a well-fitting mask, and follow other prevention practices. The child or adolescent, if 2 years of age or older, should also wear a well-fitting mask or respirator during interactions.

Refer to the guidance: Disinfecting the Home and Other Non-Healthcare Settings to clean and disinfect surfaces and shared items.

The parent should work with their doctor and health department for guidance on the child’s activities outside the home.

It is also important to discuss vaccination for exposed children with the health department. A vaccine is available that can help prevent MPX in people who have been exposed if it is given soon after exposure.

For more information:

(562) 570-7907  longbeach.gov/mpx