



Monkeypox

Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents

Updated August 19, 2022

At this time, the risk of monkeypox to children and adolescents in the United States is low. However, this page answers frequently asked questions about monkeypox for administrators and staff of K-12 schools, early care and education (ECE) programs, camps, and other community settings serving children or adolescents (for example, sports leagues and after-school programs). ECE programs may include center-based childcare, family childcare, Head Start, or other early learning, early intervention and preschool/pre-kindergarten programs delivered in schools, homes, or other community settings. This information may also be helpful to parents who have questions about monkeypox.

Institutions of higher education (IHE) can prepare by understanding the guidance on [congregate settings](#) and by being sure their student health center is aware of the guidance for [healthcare professionals](#).

A general overview and further information on monkeypox can be found on the [Monkeypox Frequently Asked Questions](#) page. [Signs and symptoms](#) of monkeypox are also described.

Should settings serving children or adolescents worry about monkeypox?

At this time, the risk of monkeypox to children and adolescents in the United States is low. Monkeypox virus can infect anyone – including children – if they have close, personal, often skin-to-skin [contact](#) with someone who has monkeypox. In this outbreak, most cases of monkeypox have been associated with sexual contact. Although less common in the current outbreak, monkeypox 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 monkeypox.

How should settings serving children or adolescents prepare for possible monkeypox exposures?

Settings should follow their everyday operational guidance that reduces the transmission of infectious diseases. This includes children, staff, and volunteers staying home when sick, ensuring access to adequate handwashing supplies, including soap and water, maintaining routine cleaning and disinfection practices, identifying private spaces for assessment of an ill child away from others, and providing personal protective equipment (PPE) for staff who care for students with infectious diseases. If there is a monkeypox exposure, the department of health will help in considering appropriate actions to prevent the spread of the virus.

Information for teens and young adults is available through a factsheet on [What You Need to Know about Monkeypox if You are a Teen or Young Adult](#).

Should students, teachers, staff, and volunteers get vaccinated for monkeypox?

At this time, CDC recommends [vaccination](#) for people who have been exposed to monkeypox and people who may be more likely to get monkeypox, including:

- People who have been identified by public health officials as a contact of someone with monkeypox
- People who know one of their sexual partners in the past 2 weeks has been diagnosed with monkeypox
- People who had multiple sexual partners in the past 2 weeks in an area with known monkeypox

At this time, there is no need for widespread vaccination for monkeypox among children or staff at K-12 schools or early childhood settings. For more information on vaccination against monkeypox, see these answers to [frequently asked questions about vaccination](#).

Should a parent, teacher, or student with a rash get tested for monkeypox?

Currently, the risk of monkeypox to children and adolescents is low. Several illnesses can cause a rash and fever in children, such as hand-foot-mouth disease and chickenpox (varicella). For a child without a known exposure to monkeypox, a fever and rash should be evaluated by a medical professional and settings should follow their standard illness policies for these situations. A healthcare provider can determine what treatment or testing the child needs. It is important to avoid stigma and fear-based exclusion of children and adolescents. If a child has a known exposure to monkeypox (i.e., is being monitored for monkeypox) and develops symptoms, follow information found in [“What should we do if a person who has been exposed to monkeypox develops symptoms while in our setting?”](#)

There are also multiple potential causes of rashes in adults. Parents, teachers, and staff members should understand the [symptoms of monkeypox](#) and see a healthcare provider if they remain concerned. Adults with symptoms of monkeypox should also:

- Avoid close contact, including sex or being intimate with anyone, until they have been checked out by a healthcare provider.
- Visit a public health clinic near them if they don't have a provider or health insurance.
- Wear a well-fitting mask when they see a healthcare provider and remind them that this virus is circulating in the area.

If a child, parent, or teacher is being monitored for monkeypox due to an exposure, refer to [“What should we do if someone being monitored for monkeypox develops symptoms?”](#) for what to do in these situations.

Should I get tested if I have been exposed to someone with monkeypox?

The department of health will provide guidance for people exposed to monkeypox on how to monitor for symptoms. Unless a rash develops after exposure, there is not currently a test for monkeypox. If a rash develops, an individual should follow [isolation and prevention practices](#) until (1) the rash can be evaluated by a healthcare provider, (2) testing is performed, if recommended by the healthcare provider, and (3) results of testing are available and are negative.

What do we do if there is a case of monkeypox in our setting?

If someone with monkeypox has been in a school, ECE, or other setting serving children or adolescents, the setting should follow their everyday operational guidance to reduce the transmission of infectious diseases and add enhanced cleaning and disinfection.

- **Clean the classroom/space:** 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. Follow the 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. [Caring for our Children 4.9.0.11](#)  and [Caring for Our Children 3.3.0.2](#)  provide information on how to clean and sanitize items that may go into the mouth, like utensils and certain toys. Linens or towels that the person with monkeypox used should be laundered. 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. General guidance on cleaning, sanitizing, and disinfecting can be found in [Caring for Our Children](#) .

- **Support the health department in contact tracing:** Contact tracing can help identify people with [exposure](#) to someone with monkeypox and may prevent additional cases. Settings serving children and adolescents should contact their health department if a person with confirmed monkeypox has been in their facility and should support efforts to identify individuals who might have been exposed to the virus.
 - **Communicate:** Provide information about [preventing the spread of monkeypox](#) to staff members, volunteers, students (when age appropriate), and parents. Keep messages fact-based to [avoid introducing stigma](#).
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What should we tell parents and caregivers if there is a case of monkeypox in our setting?

If there is a case of monkeypox in a school, ECE, or other setting, administrators should communicate fact-based information to parents and caregivers, including staff members, and avoid introducing stigma.

Some facts on monkeypox to convey include:

- It is possible for anyone can catch monkeypox if they have close, personal contact with an infected person. However, at this time, the risk in schools and early childhood settings is low.
 - In the current global outbreak, monkeypox has been much less common among children, and infections have rarely been life-threatening.
 - If your child or adolescent is exposed to monkeypox at home or elsewhere, let the school, ECE, or other setting know, and reach out to your medical provider and local health department, so that you and your child's school can take necessary precautions to care for your child.
 - If there is a case of monkeypox identified in a staff member, volunteer, child, or adolescent, the department of health will be involved with contact tracing.
 - If your child or adolescent was identified as exposed to monkeypox, you will be contacted by the health department and given guidance on what to do next, including what [symptoms](#) to look for that require medical attention.
 - There is no need for widespread [vaccination](#) for monkeypox among children or staff at K-12 schools or early childhood settings. However, a vaccine is available that can help prevent monkeypox in people who have been exposed if it is given soon after exposure. Vaccination should be considered on an individual basis in consultation with the health department.
 - Most children can attend school and other school-related activities even if they have had close contact with someone with monkeypox. The health department will provide specific guidance should an exposure occur.
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When can someone with monkeypox return to our setting?

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. Caregivers should work with a healthcare provider and the department of health to decide when the child or adolescent can return to the educational setting.

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.

Should we allow someone in our setting who has been exposed to monkeypox?

- Children, staff, and volunteers who are exposed to a person with monkeypox do not need to be excluded from an educational setting in most cases.
 - In some cases, if contact tracing may not be possible and there was a high degree of [exposure](#), the health department may consider limiting an individual's participation in activities. The health department will consider the age of the individual and their ability to recognize or communicate symptoms, the types of interactions in the environment, and the risk of more severe disease to others in the setting.
 - Settings that have children or adolescents in residence, like boarding schools, overnight camps, or other residential environments, should follow [considerations for congregate settings](#).
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What should we do if a person who has been exposed to monkeypox develops symptoms while in [our setting](#)? 

When someone is exposed to monkeypox, the department of health decides if the amount of exposure warrants [monitoring](#) for monkeypox symptoms. Monitoring means that an individual, or a parent or caregiver, watches for development of [symptoms](#) for 21 days after the exposure.

If a staff member or volunteer under monitoring for monkeypox develops [symptoms](#), whether at home or while in the setting, they should isolate at home, be medically evaluated, and contact the local health department.

If a child or adolescent develops symptoms while in a school, ECE, or other setting:

- 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 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).
 - 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 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.
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What should we do if a parent or caregiver has monkeypox and cannot isolate from their child? 

- Typically, if the caregiver with monkeypox can follow the guidance on [isolating at home](#) and the child can mask during contact with the caregiver, the child should be able to attend the school, ECE, or other setting.
 - It is important to treat the child and family in a non-stigmatizing manner and remember that monkeypox can transmit through close contact, which may include, but is not limited to, sexual activity. Most children who have caregivers with monkeypox should be able to attend school and other programs. Communication with the family should [avoid introducing stigma](#).
 - The educational setting may choose to contact the state or local health department for further guidance, especially if the child or caregiver cannot adhere to the guidance on isolating at home, including masking for the child when in contact with the caregiver.
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What should parents do if their child was exposed to monkeypox? 

- Children and adolescents who are exposed to monkeypox should be monitored for [symptoms](#) for 21 days.
 - Some symptoms in young children may be difficult to recognize promptly. When monitoring a child for illness following exposure to monkeypox, parents and caregivers should check the child's temperature daily. Parents and caregivers should also 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 (back of neck, arms, legs). They can also remind the child and adolescent to be aware of any rash or pain in areas covered by clothing, including the genitals, and to inspect those areas for rash 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.
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What should a parent with monkeypox do if they can't isolate from their children?

- Ideally, another adult in the household without monkeypox should serve as primary caregiver, when possible.
 - If a child cannot be completely separated from the parent or caregiver with monkeypox, the parent or caregiver should continue to care for the child in an age-appropriate manner including regular interaction based on the physical and emotional needs of the child.
 - During interactions, the parent or caregiver should cover their rash 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 wear [a well-fitting mask or respirator](#) during interactions with the parent or caregiver.
 - The guidance for [Disinfecting the Home and Other Non-Healthcare Settings](#) to clean and disinfect surfaces, floors, and shared items used by the person with monkeypox should be followed.
 - The parent should work with their doctor and their health department for further 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 monkeypox in people who have been exposed if it is given soon after exposure.
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