

# K-12 Mpox Facts



## Symptoms:

People with Mpox get a rash that may be located on hands, feet, chest, face, mouth, or genitals. You may experience all or only a few of these symptoms. Mpox symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1-4 days later.

Mpox can be spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

Sometimes, people have flu-like symptoms before the rash.

- Some people get a rash first, followed by other symptoms.
- Others only experience a rash. The rash will go through several stages, including scabs, before healing.

The rash can initially look like pimples or blisters and may be painful or itchy.

- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)
- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache



**What should we tell parents or caregivers if there is a case of Mpox?**

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

# What should a parent do if their child was exposed to Mpox?

- Children and adolescents who are exposed to Mpox 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 Mpox, 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.



## Should we allow someone who has been exposed to Mpox in the school setting?

- Children, staff, and volunteers who are exposed to a person with Mpox 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.

## Should someone get tested if they have been exposed to Mpox?

The department of health will provide guidance for people exposed to Mpox on how to monitor for symptoms. Unless a rash develops after exposure, there is not currently a test for Mpox.

If a rash develops, an individual should follow isolation and prevention practices until:

- The rash can be evaluated by a healthcare provider
- Testing is performed, if recommended by the healthcare provider
- Results of testing are available and are negative.

When someone is exposed to Mpox, the department of health decides if the amount of exposure warrants monitoring for Mpox 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 Mpox develops symptoms, whether at home or while in the setting, they should isolate at home, be medically evaluated, and contact the local health department.



# What should you do if you have a case of Mpox in your school?

If someone with Mpox 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 Mpox 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 Mpox, or often in the presence of the person with Mpox.
- **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 Mpox. Clean and sanitize items that may go into the mouth, like utensils and certain toys. Linens or towels that the person with Mpox 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.
- **Support the health department in contact tracing:** Contact tracing can help identify people with exposure to someone with Mpox and may prevent additional cases. Settings serving children and adolescents should contact their health department if a person with confirmed Mpox 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 Mpox to staff members, volunteers, students (when age appropriate), and parents.

## When can someone with Mpox return to the school setting?

- Mpox causes a rash with lesions that eventually scab over. People with Mpox 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 Mpox 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.



## What should a parent do if they have Mpox and cannot isolate from their child?

- Typically, if the caregiver with Mpox 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 Mpox can transmit through close contact, which may include, but is not limited to, sexual activity. Most children who have caregivers with Mpox 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.

