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2022-23 MONKEYPOX GUIDELINES FOR PREVENTION AND CONTROL IN SCHOOL SETTINGS

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Background

At this time, the risk of monkeypox to children and adolescents, both nationally and in Nevada, is low. Monkeypox virus can infect anyone, including children, if they have close, personal, often skin-to-skin contact with someone who has monkeypox. The epidemiological data from this outbreak shows that 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 and eating utensils), fabrics (clothing, bedding, sleeping mats, or towels), and surfaces that have been used by someone with monkeypox. Risk of infection is more likely for household members rather than causal contact in a school setting.

This guidance is based on recommendations from the Centers for Disease Control and Prevention (CDC)[1] and the American Academy of Pediatrics (AAP)[2] and should serve as a guide to help school program administrators support safe learning while managing the spread of monkeypox.

This document will continue to be updated as more is learned about transmission within schools and to align with any further guidance produced by CDC and AAP.

Managing Cases

Schools 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, warm water, and disposable paper towels) 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 may encounter students with infectious diseases.

People with monkeypox usually experience a rash that may be located anywhere on the skin and mucus membrane including on or near the genitals or anus and could be on the hands, feet, chest, face, or mouth. Rash characteristics include:

- Several stages, such as macular, popular, vesicular and scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.

Other symptoms may include:

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

If someone with monkeypox has been in a school while infectious, the school should follow their everyday operational guidance to reduce the transmission of infectious diseases and add enhanced cleaning and disinfection.

[1] https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html
[2] https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

- **Schools should clean and disinfect the classroom/space**: The areas where the person with monkeypox spent time should be cleaned and disinfected before further use. Cleaning activities should 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. Schools should follow the guidance below in the "Cleaning and Disinfecting" section. Children, staff, and volunteers (other than those who are cleaning and disinfecting) should not be allowed to enter the area until cleaning and disinfection is completed.
- **Schools should support the local health authority in contact tracing**: Contact tracing can help identify people with exposure to someone with monkeypox and may prevent additional cases. Settings that serve children and adolescents should contact their local health authority if a person with confirmed, probable, or suspected monkeypox has been identified in their facility and should support efforts to further identify individuals who might have been exposed to the virus. (See local health authority contacts below on page 10)
- **Schools should communicate:** Facility administration should provide information about preventing the spread of monkeypox and other communicable diseases to staff, volunteers, students (when age appropriate), and parents. Messages should be fact-based to avoid introducing stigma. See the "Communication" section below for further details.

Isolation and Exclusion

Isolation is used to separate people with confirmed or suspected monkeypox from those without monkeypox. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should isolate in a room or area separate from other household members and pets when possible, and wear a well-fitting mask and cover lesions when they need to be around others. People in isolation should stay in a specific "sick room" or area and use a separate bathroom if available. Staying away and not sharing things with others will help prevent the spread of monkeypox. It is important to limit the use of spaces, items, and food that are shared with other household members. Do not share dishes and other eating utensils. It is not necessary for the infected person to use separate utensils if properly washed. Soiled dishes and eating utensils should be washed in a dishwasher or by hand with warm water and soap. Additional home disinfection guidance from the CDC can be found here.

Monkeypox can also spread from human to animals, so staying away from pets, livestock, and other animals is also important. The following CDC website outlines the detailed CDC guidelines for isolation at home: https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html.

Isolation and exclusion from the school setting should occur from the first day of symptoms until the monkeypox rash has healed and a new layer of skin has formed. This may take as long as four (4) weeks after symptoms began. Schools should work with their local health authority to decide when the positive person can return to the school setting. Employers should provide flexible, non-punitive sick leave policies for staff members.

Managing Exposures

Students, staff, and volunteers who are/were exposed to a person with monkeypox do not need to quarantine or be excluded from the school setting in most cases. In some cases, if contact tracing is not possible and there was a high degree of exposure, the local health authority may consider limiting an individual's participation in activities. The local health authority will consider the age of the individual and their ability to recognize or communicate symptoms, the types of interactions in the environment, and will assess the risk of spreading infections to others in the setting.

Settings that have children or adolescents in residence, like boarding schools, overnight camps, or other residential environments, should follow the recommendations provided in considerations for congregate settings.

If a child's parent(s) has monkeypox, *ideally,* a caregiver without monkeypox would become the primary caregiver. The child of a monkeypox case can continue attending school, however, the parent should wear a facemask and cover the rashes when interacting with the child. Surfaces, floors, and other shared items/areas should be regularly disinfected.

When a person is exposed to monkeypox, the local health authority helps decide if the extent of exposure warrants monitoring for monkeypox symptoms. Monitoring means that an individual, or a parents or caregiver, watches for development of monkeypox 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 school setting, they should immediately isolate at home, be medically evaluated, and contact the local health authority.

If a child or adolescent was exposed to monkeypox and develops symptoms while at school:

- The child should:
    - Be separated from other children in a private space (such as an office).
    - Wear a well-fitting mask (if able).
    - Be picked up by a caregiver so they can receive medical assessment.
- School 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.
    - Avoid touching the rash, if present, and cover the rash area with clothing if possible.
    - Wear a respirator or 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, launder, or throw away any soiled clothes, gloves, or smocks.

A child presenting with symptoms such as a fever and rash with no known exposure to monkeypox should be evaluated by a medical professional and schools should follow their standard illness policies for these situations.

Development of rash, signs, or symptoms[3]

During the 21-day monitoring period:

- If a rash occurs:
    - 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 their healthcare provider, and (3) results of testing are available and are negative.
- If other signs or symptoms are present, but there is no rash:
    - An individual should follow isolation and prevention practices for 5 days after the development of any new sign or symptom, even if this 5-day period extends beyond the original 21-day monitoring period. If 5 days have passed without the development of any new sign or symptom and a thorough skin and oral examination reveals no new skin changes such as rashes or lesions, isolation, and then prevention practices for monkeypox can be discontinued.
    - If a new sign or symptom develops at any point during the 21-day monitoring period (including during a 5-day isolation if applicable), then a new 5-day period should begin where the individual follows isolation and prevention practices.

Isolation and prevention practices can be ended prior to 5 days if a healthcare provider or public health authority believes the rash, signs, or symptoms are not due to monkeypox and there is a clear alternative diagnosis of an illness or

[3] https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html#anchor_1660156380597

condition that doesn't require isolation. The decision on when to end symptom monitoring and home isolation, either during the 21-day monitoring period or any 5-day extension, should be made with input from public health authorities.

Exposure risk assessment[4]

Monkeypox typically spreads through prolonged close, skin-to-skin contact with a person who has monkeypox, or contact with their contaminated materials (e.g., clothing, bed sheets). Transmission during quick interactions between people in close proximity (e.g., brief conversation) has not been reported for any persons with monkeypox. Each exposure risk category in the table below is intended to highlight the exposure characteristics and the need for monitoring. The local health authority will determine the degree of exposure and corresponding public health actions based upon the results of their disease investigation and contact tracing efforts.

Table 1: Exposure Risk Assessment and Monitoring Recommendation in Individuals Exposed to Monkeypox Virus in a Community Setting

Degree of Exposure: Higher
Recommendation for monitoring: Yes
Post-exposure Prophylaxis: Recommended
Exposure Characteristics: • Contact between an exposed individual's broken skin or mucous membranes with the skin lesions or bodily fluids from a person with monkeypox -OR- • Any sexual or intimate contact involving mucous membranes (e.g., kissing, oral-genital, oral-anal, vaginal, or anal sex (insertive or receptive)) with a person with monkeypox -OR- • Contact between an exposed individual's broken skin or mucous membranes with materials (e.g., linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with monkeypox (e.g., sharing food, handling, or sharing of linens used by a person with monkeypox without having been disinfected or laundered)
Degree of Exposure: Intermediate
Recommendation for monitoring: Yes
Post-exposure Prophylaxis: Informed clinical decision making recommended on an individual basis to determine if the benefits of Post-exposure Prophylaxis outweigh the risks.
Exposure Characteristics: • Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with monkeypox without wearing a surgical mask or respirator -OR- • Contact between an exposed individual's intact skin with the skin lesions or bodily fluids from a person with monkeypox -OR- • Contact between an exposed individual's intact skin with materials (e.g., linens, clothing, sex toys) that have contacted the skin lesions or bodily fluids from a person with monkeypox without having been disinfected or laundered -OR- • Contact between an exposed individual's clothing with the person with monkeypox's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., during turning, bathing, or assisting with transfer)

[4] https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html#anchor_1660156380597:~:text=members%2C%20young%20children).-,Exposure%20risk%20assessment%20for%20community%20settings,-Each%20risk%20level

Degree of Exposure: Lower
Recommendation for monitoring: Yes
Post-exposure Prophylaxis: None
Exposure Characteristics: • Entry into the living space of a person with monkeypox (regardless of whether the person with monkeypox is present) and in the absence of any exposures above
Degree of Exposure: No Risk
Recommendation for monitoring: No
Post-exposure Prophylaxis: None
Exposure Characteristics: • No contact with the person with monkeypox, their potentially infectious contaminated materials, nor entry into their living space.

Reference:https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html#anchor_1660156669458

Vaccinations

Currently, there is no need for widespread vaccination for monkeypox among children or staff at K-12 schools.[5] CDC recommends vaccination for people who have been exposed to monkeypox and people who are at greater risk of contracting monkeypox,[6] 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 an area with known monkeypox

If someone believes they are eligible for a monkeypox vaccination, their healthcare provider or local health authority should be contacted to help determine vaccination eligibility.

Stay Home When Sick

Students, teachers, staff, and volunteers who have symptoms of monkeypox should stay home and seek testing. Schools should have flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level. Schools should also provide excused absences for students who are sick. Employers must ensure that workers are aware of and understand these policies. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school.

Hand Washing and Respiratory Etiquette

[5] https://www.cdc.gov/poxvirus/monkeypox/community/school-faq.html#:~:text=At%20this%20time%2C%20CDC,questions%20about%20vaccination.

[6] https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html#:~:text=Monkeypox%20Vaccination%20Basics

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to prevent getting and spreading infectious illnesses, including monkeypox. Schools should monitor and reinforce these behaviors especially during key times of the day (before and after eating and after recess) as well as provide adequate handwashing supplies, including soap, warm water, and single use paper towels.

- Teach and reinforce handwashing with soap and water for at least 20 seconds and use disposable paper towels for drying hands.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer).
- Hand sanitizers should be stored up, away, and out of sight of young children and should only be used with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and other students and between students and staff. Shared items must be disinfected frequently.

Cleaning and Disinfecting

Monkeypox spreads between people through direct contact with an infectious rash, body fluids, or by respiratory secretions during prolonged, face-to-face contact. Transmission of *Monkeypox virus* is possible from the onset of the first symptoms until the scabs have separated and the skin has fully healed.

During the infectious period, body fluids, respiratory secretions, and lesions from people with monkeypox can contaminate the environment. Poxviruses can survive in linens, clothing and on environmental surfaces. In one study, investigators found live virus 15 days after a patient's home was left unoccupied. Studies show that other closely related Orthopoxviruses can survive in environments, similar to households, for weeks or months. Porous materials such as bedding, clothing, etc. may harbor live virus for longer periods of time than non-porous (plastic, glass, metal) surfaces.

Orthopoxviruses are very sensitive to ultraviolet (UV) light and most disinfectants. Disinfection is recommended for all areas including schools, homes, and vehicles where a person with monkeypox has spent time, as well as, for items considered to be potentially contaminated.

Every Day

Daily cleaning and disinfecting practices are usually enough to sufficiently remove potential viruses that may be on surfaces. Particular attention should be paid to high touch surfaces areas, such as, doorknobs, lockers, gym equipment, desks, drinking faucets, hallway handrails, etc.

When Someone is Sick:

Close off areas used by the individuals with monkeypox to minimize potential exposures to respiratory droplets. The infected areas must be cleaned and disinfected using wet cleaning methods before being used again.

Cleaning staff must clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing on frequently touched surfaces (e.g., doorknobs, drinking faucets, keyboards, toys, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

For disinfection, most common EPA-registered household disinfectants will be effective. Use an EPA-registered disinfectant in accordance with the manufacture's directions for use, including concentration, contact time, and care and handling. Follow these steps for safe and effective disinfectant use:

- **Check that your product is EPA-registered:** Find the EPA registration number on the product.
- **Read the directions:** Follow the product's directions. Check "use sites" and "surface types" to make sure this is the right product for your surface. Next, read the "precautionary statements."
- **Pre-clean the surface:** Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty. Dirt can keep the disinfectant from working.
- **Follow the contact time:** Follow the instructions: The surface must remain wet for the amount of time indicated to ensure the product is effective. Reapply if necessary.
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water**.
- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

If the person with monkeypox had direct skin contact and/or excessive drainage of fluids from rashes onto soft upholstered furniture, carpet, and/or rugs the area must be steam cleaned. Activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, vacuuming) should be avoided.

Linens or towels that the person with monkeypox used must be laundered separately. Items that cannot be cleaned, disinfected, or laundered should be thrown away. Staff cleaning soiled items, should wear long sleeves, long pants, and tight- fitting N95 mask, a face shield or goggles and disposable gloves.

Generally, management of waste, including those of people with monkeypox, should continue as normal.

Further information and guidance can be found here:

- https://www.cdc.gov/poxvirus/monkeypox/if-sick/home-disinfection.html
- https://nrckids.org/CFOC/Database/4.9.0.11
- https://nrckids.org/CFOC/Database/3.3.0.2
- https://nrckids.org/CFOC/Database/3.3.0.1

Monkeypox Testing

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 such as schools 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.

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.

Case Investigation, Reporting and Contact Tracing

Students or staff having tested positive for monkeypox must be placed in isolation and reported to the appropriate public health authority immediately:

- Schools within Clark County should report to Southern Nevada Health District (SNHD): (702) 759-1300 (24 hours)
- Schools within Washoe County should report to Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.gov
- Schools within Carson City, Lyon and Douglas counties should report to Carson City Health and Human Services (CCHS): (775)-887-2190 (24 hours)
- Schools within all other Nevada counties should report to Nevada Division of Public and Behavioral Health (DPBH): (775) 400-0333 (24 hours), Fax (775) 684-5999, or DPBHEpi@health.nv.gov

Communication

If there is a case of monkeypox in a school, 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 to catch monkeypox if they have close, personal contact with an infected person. However, currently, the risk in schools 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 know, and reach out to your medical provider and local health authority, 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, a volunteer, a child, or an adolescent, the local health authority will be involved with contact tracing.
- If your child or adolescent was identified as exposed to monkeypox, you will be contacted by the local health authority 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. 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 local health authority will provide specific guidance should an exposure occur.