



San Francisco Department of Public Health

Considerations to prevent and mitigate monkeypox for schools, childcare, and youth programs

Issued August 15, 2022

This document was developed by the San Francisco Department of Public Health (SFPDH) for local use. It will be posted at <https://sf.gov/resource/2022/monkeypox-guidance-schools-childcare-and-youth-programs>.

Please note that information is evolving, and this document will be updated as we learn more about this virus.

AUDIENCE: Administrators of TK-12 schools and operators of childcare and youth programs.

PURPOSE: To help school administrators, childcare providers, and youth program operators understand the health and safety practices needed to identify and prevent spread of monkeypox in their settings.

BACKGROUND: Monkeypox virus is part of the same family of viruses that causes smallpox but with milder symptoms and is rarely fatal. SFPDH is closely monitoring monkeypox transmission patterns in San Francisco.

The risk of monkeypox to the general public is currently very low based on the information available. While monkeypox can infect anyone and we continue to learn more about this disease, almost all of the recent cases in 2022 have occurred among adults. The risk of monkeypox in schools, childcare and youth programs is currently low, and it is much more likely that children will have rashes due to other causes.

However, to alleviate anxiety, this document was developed to educate providers and provide general recommendations to help reduce transmission of all infectious diseases. Fortunately, monkeypox is killed very easily with household disinfectants, so current best practices to reduce the risk of monkeypox include routine cleaning in addition to avoiding direct contact with lesions.

Transmission

Monkeypox spreads primarily through **direct contact with infectious sores or body fluids**, through **prolonged, close, face-to-face or skin-to-skin contact** during cuddling, kissing or other similar activities. It can also spread through **handling materials such as bedding or sharing a bed** with someone infected with monkeypox.

Monkeypox is NOT known to be spread through:

- Casual brief conversations,
- Walking by someone with monkeypox, like in a grocery store or in the hallway, or
- Simply being seated near someone without touching them.

Monkeypox is much less contagious than COVID-19 and does not spread the same way. However, standard infection control policies and procedures should be maintained including **making sure sick children and staff stay home until they are feeling better** (or have been cleared by a medical provider to return) and **routine cleaning with disinfecting cleaners** (e.g., Lysol and Clorox).

It is important to educate your staff and families about monkeypox so they can remain vigilant about their own symptoms and risk factors. Visit <http://sf.gov/monkeypox> for more information.

Symptoms

Monkeypox might start with symptoms like the flu with:

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| <ul style="list-style-type: none">• Fever• Headache• Muscle aches and backache• Respiratory symptoms (e.g., sore throat, nasal congestion, or cough) | <ul style="list-style-type: none">• Chills• Exhaustion• Swollen lymph nodes• A rash that may be located on hands, feet, chest, face, or mouth (as well as genitals and butt area for adults) |
|---|---|

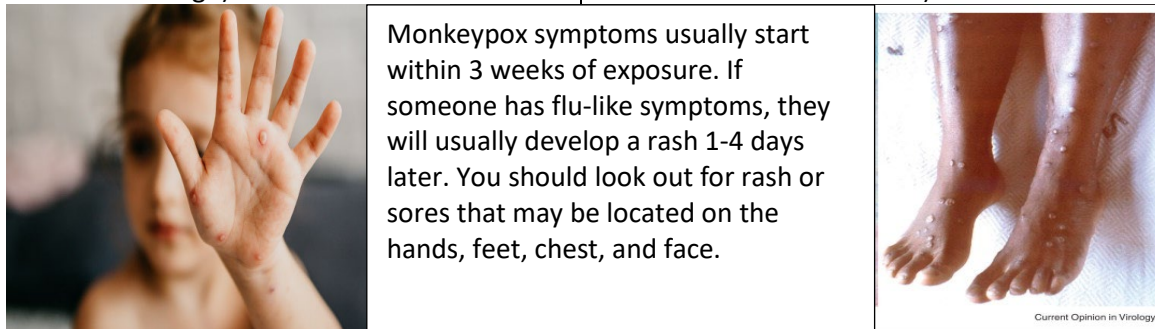


Photo credit: [left photo](#) and [right photo](#).

Please note that monkeypox rash can be confused with other rash illnesses that are much more common in children, including chickenpox; hand, foot, and mouth; scabies; allergic skin rashes; drug interactions, as well as other conditions. Per standard infection control policies in programs that serve youth, any child with any concerning rashes should be sent home for evaluation by a medical provider.

Prevention

Ways to stop the spread of monkeypox

Unlike COVID-19, monkeypox is not spread by simply being near someone who is infected. Our current understanding is that infection requires close, prolonged contact--more contact than would generally happen in an educational setting. However, schools, childcare and youth programs should continue with the best practices learned during COVID-19 and routine infectious disease control measures to reduce transmission of all diseases including, but not limited to:

- Avoid sharing bedding, mats, towels, and clothing (including items such as dress up costumes).
- Practice frequent hand washing (with soap and water, if available; hand sanitizers can be used if not), especially before and after using restroom or eating.
- Continue standard cleaning protocols with disinfectants, which is sufficient to kill the monkeypox virus.
- Minimize sharing of food, drinks, or utensils.

If you have a confirmed case of monkeypox in your classroom

Reach out to SFDPH immediately and report the case by emailing monkeypox@sfdph.org. SFDPH will work with schools, childcare, and youth programs on next steps, including communication to families. For more information on how to disinfect your space, see [How to clean and disinfect](#) instructions.

If you suspect someone in your school, childcare or youth program has monkeypox

- Wear a well-fitting mask and gloves if you must have close contact with the person suspected of having monkeypox.
- Isolate the person from others and if possible, have them wear a mask, and keep the area of rash covered with clothing or a bandage that completely covers the rash.
- Call to have someone pick up the child or if it is a staff person, have the staff go home.
- Take care when handling soiled laundry (e.g., bedding, towels, personal clothing). Soiled laundry should be gently and promptly contained by bundling into an appropriate, non-porous laundry bag and using care not to shake or handle material in a manner that may disperse any particles. After bundling, the bag should go home with the child/staff person.
- Perform hand hygiene using soap and water or an alcohol-based hand sanitizer with at least 60% alcohol after handling soiled laundry.

If a child is diagnosed with monkeypox, the rash typically lasts 2-4 weeks. Your student should stay home until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed. This can take up to 4 weeks or until a health care provider says they are safe to return to school, childcare or youth program.

Resources

San Francisco Department of Public Health (SFDPH)

- <http://sf.gov/monkeypox>
 - FAQs: <https://sf.gov/information/monkeypox-faq>

California Department of Public Health (CDPH)

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>
 - FAQs: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Questions-and-Answers.aspx>

Centers for Disease Control and Prevention (CDC)

- <http://cdc.gov/monkeypox>
- Isolation and infection control at home:
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>
- Clinical considerations in monkeypox in children and adolescents:
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pediatric.html>