Virginia Department of Health:
What K-12 Schools and Child Care Facilities Need to Know about Monkeypox
August 18, 2022

<table>
<thead>
<tr>
<th>Strategy</th>
<th>What You Need to Know</th>
<th>How You Can Prepare or Help</th>
</tr>
</thead>
</table>
| Stay informed about monkeypox and the current outbreak | • This outbreak is affecting many areas where monkeypox is not usually found. [Virginia cases](https://www.vdh.virginia.gov/monkeypox/) are increasing rapidly and more cases are expected. 
• Monkeypox spreads from person to person through direct contact with sores, scabs, or body fluids; contact with contaminated items, like linens; and respiratory droplets during prolonged face-to-face contact. Monkeypox can spread during intimate contact, including sex. 
• Anyone can get and spread monkeypox. Cases in children have been reported. Most cases are in men who self-identify as gay, bisexual, or other men who have sex with men (MSM). MSM with multiple sex partners are currently at greatest risk. | • Learn key concepts about monkeypox with [VDH’s Fact Sheet](https://www.vdh.virginia.gov/monkeypox/). 
• Guidance is subject to change as we learn more; refer to the [VDH website](https://www.vdh.virginia.gov/) and [CDC website](https://www.cdc.gov/) for the most current information. 
• Information specific to children may be found in [CDC’s Clinical Considerations for Monkeypox in Children and Adolescents](https://www.cdc.gov/). |
| Rapidly identify and report suspected cases | • [VDH’s Monkeypox Information Sheet for Healthcare Providers](https://www.vdh.virginia.gov/monkeypox/) provides key information, including when to suspect monkeypox. Localized rashes in the mouth or around the genitals might be the only symptom and can look like a sexually transmitted infection. 
• School nurses should immediately report suspected cases to their local health department (LHD). | • Share resources with school nurses. 
• Know how to contact your LHD, including after hours. 
• Report suspected cases with [VDH’s Morbidity Report](https://www.vdh.virginia.gov/monkeypox/). |
| Test to identify cases | • Testing is recommended for people with monkeypox symptoms; screening tests for people without symptoms are not needed. 
• VDH encourages using commercial lab testing whenever possible. 
• Free testing at [Virginia’s Division of Consolidated Laboratory Services](https://www.vdh.virginia.gov/monkeypox/) is available if criteria are met. | • Encourage staff and students with suspected monkeypox to be evaluated by their healthcare provider. 
• If people do not have a healthcare provider, then encourage evaluation at a public health clinic (e.g., LHD, Federally Qualified Health Center, STI clinic). |
| Implement infection control | • Personal protective equipment (PPE) is needed for school nurses caring for patients, staff handling laundry of patients, and staff cleaning patient areas. PPE means gown, gloves, eye protection, and NIOSH-approved respirator (healthcare providers) or well-fitting mask or respirator. 
• Nonhealthcare facilities should follow [cleaning and disinfection instructions](https://www.vdh.virginia.gov/monkeypox/). Pay particular attention to handling laundry. | • Provide training to staff about wearing PPE and other infection control precautions. 
• Ensure access to PPE for school nurses and environmental cleaning staff. 
• Ensure access to handwashing supplies, cleaning supplies, and disinfectants. |
| **Isolate people with monkeypox** | - People with monkeypox are contagious from when symptoms start until all sores have healed and a fresh layer of skin has formed. This can take 2–4 weeks.  
  - Staff and students with monkeypox should **isolate at home**, and should not attend school or childcare. | - Develop a plan for how students can attend class remotely if they are able.  
  - Provide [VDH’s Handout for Patients with Monkeypox](#). |
| **Support contact tracing to identify and assess close contacts** | - When a case is identified, the LHD conducts contact tracing to identify, assess, and monitor close contacts.  
  - Close contacts should monitor their health, but do not need to stay home (quarantine). | - Support the LHD’s contact tracing efforts to help identify and monitor close contacts; encourage people to cooperate with the LHD.  
  - Provide [VDH’s Handouts for Close Contacts](#). |
| **Treat patients to minimize severe disease** | - There are no specific treatments approved by FDA for monkeypox, but antivirals available through CDC (e.g., tecovirimat) might help those at risk of severe illness.  
  - Young children, children with eczema and other skin conditions, and children with immunocompromising conditions may be at increased risk of severe disease. | - Encourage patients to talk with their provider about treatment. |
| **Vaccinate close contacts and high-risk groups to prevent infection** | - A 2-dose vaccine for postexposure prophylaxis (PEP) is available for known close contacts and, as supply allows, adults with a high risk of exposure.  
  - The vaccine works best the sooner it is given; ideally, the first dose is given within 4 days of exposure.  
  - Children and adolescents with exposure to people with suspected or confirmed monkeypox may be eligible for PEP with vaccination, immune globulin, or antiviral medication. | - Encourage prompt uptake of PEP if recommended by the LHD. |
| **Communicate the facts** | - Communicate with staff and students about monkeypox and how it spreads through close physical contact.  
  - Stigma is harmful. It can create lost opportunities to detect and address infections in other populations and provide a false sense of security. | - Combat stigma by providing fact-based information. Refer to CDC’s Reducing Stigma website and CDC’s Monkeypox Information for Teens and Young Adults.  
  - Refer to [VDH’s Communication Resources website](#). |
| **Find more information** | - [VDH Monkeypox website](#)  
  - [CDC Monkeypox website](#)  
  - [CDC Clinical Considerations for Monkeypox in Children and Adolescents](#) | |