

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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TO: School Superintendents, School Nurses, and Child Care Providers
FROM: Lynn Sosa, MD, Acting State Epidemiologist
DATE: August 26, 2022
SUBJECT: Monkeypox Information

While the risk for monkeypox among children and adolescents in the United States is low, we want to provide you with information about monkeypox and the precautions that you can take to protect your community and athletic programs.

As of August 23, 2022, there have been 84 confirmed cases of monkeypox in Connecticut. To date, monkeypox has been rare in children nationwide; in Connecticut, most people with monkeypox have been 20-50 years old.

Monkeypox is a disease caused by infection with the monkeypox virus. Disease can spread through close contact including:

- Direct skin-to-skin contact with monkeypox rash or scabs.
- Body fluids from a person with monkeypox.
- Sexual or intimate contact including kissing a person infected with monkeypox.
- Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.
- Exposure to respiratory secretions during prolonged face-to-face contact with a person infected with monkeypox.

Illness usually begins about 6-13 days after exposure, and can include: fever, chills, headache, muscle aches, swollen lymph nodes and fatigue. Within 1-5 days of illness, a rash develops progressing from red bumps to fluid filled sores (vesicles) and pustules. There may only be a few sores, or the sores may be widespread. The rash may be located on or near the genitals or anus but could also be on other areas like the hands, feet, chest, face, or mouth. Infected individuals can have the rash without any other symptoms.

The Centers for Disease Control and Prevention (CDC) recently released monkeypox [FAQs](#) for schools. Schools and child care settings can be prepared for possible monkeypox exposures by continuing to follow protocols that reduce transmission of infectious diseases generally. This includes students and staff staying home when they are



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sick, continuing routine cleaning and disinfection practices, ensuring spaces are available for persons to be isolated and evaluated and making sure staff have the appropriate personal protective equipment. Schools, school districts and child care providers should work with their local health departments on planning for possible monkeypox cases in their settings.

If a student/child or staff person has a **new or unexplained rash or symptoms** consistent with monkeypox, they should seek medical care from a healthcare provider. Schools and child care settings should follow their standard illness policies for students/children and staff with fever or rash without a known exposure to monkeypox. Rash illnesses such as hand, foot and mouth disease and chickenpox are much more likely to affect children than monkeypox. The CDC recommends [monkeypox vaccinations](#) for people who have been exposed to monkeypox and for those who are more likely to contract monkeypox. Given that children and adolescents are at lower risk of exposure to monkeypox, there is no need for widespread monkeypox vaccination among children or staff in K-12 schools or early child care settings at this time. Asymptomatic students/children, staff, and volunteers who are exposed to a person with monkeypox do not need to be excluded from school, child care or athletic settings in most cases.

The CDC's [What You Need to Know about Monkeypox if You are a Teen or Young Adult](#) is a good resource to educate your communities about monkeypox. Please visit www.ct.gov/dph/monkeypox for additional monkeypox information. Thank you for your efforts to support a healthy learning environment.