Children have many different illnesses that can cause a rash (i.e., varicella (chickenpox); hand, foot, and mouth disease; measles; scabies, etc), schools should continue their normal mitigation strategies for children who show up to school with an unknown rash.

**Monkeypox in Children**

- In Clark County, the risk is low for a child to catch monkeypox. Higher risk for a child is if someone else in their family or a close contact is a confirmed case.
- Monkeypox is not common in children in areas where the disease is not endemic.
- Monkeypox can spread through contact with the fluids (e.g., lesion exudates and respiratory secretions) of people or animals with monkeypox or through contact with fomites (e.g., shared clothing, towels, toiletries, and bedding).

**Risk Factors**

Within 21 days of illness onset:

- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR
- Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) OR
- Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

**Contagious Period:** Monkeypox typically lasts 2-4 weeks. An individual is considered contagious until the whole rash has scabbed up and new skin has formed.

**Vaccination:** Is only available for close contacts of confirmed cases right now in Ohio.

**Signs and Symptoms**

- Similar to infections in adults, the most common sign of monkeypox in children and adolescents is a rash that progresses from maculopapular lesions to vesicles, pustules, and finally scabs.
- If a child has not had any contact with a confirmed case and has none of the risk factors, but has a rash, please consider other diagnoses such as be varicella (chickenpox); hand, foot, and mouth disease; measles; scabies; molluscum contagiosum; herpes; syphilis (including congenital syphilis); allergic skin rashes; and drug eruptions.
  - A doctor should be consulted to determine the cause of the rash.

For any other questions, please call CCCHD at 937-390-5600 and ask for someone on the CD Team.