



Human Monkeypox (MPX) Interim Guidance for Childcare Centers

MPX is an illness that can cause a rash, and (in some patients) flu-like symptoms. MPX spreads between people through direct contact with an infectious rash, body fluids, touching objects, fabrics, and surfaces that have been used by someone with MPX, or from exposure to respiratory droplets (such as mucus, spittle, snot, etc.) during prolonged face-to-face contact. A person is contagious until the rash/lesions have completely healed and a new layer of skin has formed. The illness typically lasts 2-4 weeks. The virus can survive on surfaces/objects in the environment for as long as a month without proper cleaning and disinfection.

Preventing the Spread of Infection

Childcare staff should be on the lookout for MPX among staff and students, and implement the following strategies to prevent spread within childcare settings:

- **Monitor staff and children for the presence of new, unexplained rash or lesions¹** (other than acne or other chronic skin conditions such as eczema²). Instruct them to seek medical care and return with a doctor's note including alternative diagnosis (e.g., hand, foot, and mouth).
- **Encourage staff and children to stay home if ill.** Maintain supportive sick leave policies for staff and enforce exclusion criteria for sick children. Other symptoms of MPX may include fever, headaches, muscle aches, swollen lymph nodes, chills, exhaustion, and respiratory symptoms (e.g., sore throat, nasal congestion, or cough).
- **Ensure access to handwashing.** Soap and water or hand sanitizer with at least 60% alcohol should be available and its use monitored, especially before food handling, and after using or assisting in the bathroom or changing a diaper. Place visual cues such as [posters](#), [fact sheets](#), and [stickers](#) in highly visible areas throughout the center for both staff and children.
- **Limit sharing of personal items.**
 - Do not share eating utensils or cups.
 - Do not share bedding, towels, or clothing.
- **Clean and disinfect** surfaces at least once a day to reduce the risk of spreading germs. Additionally, childcare settings should follow recommended procedures for cleaning, sanitizing, and disinfection, such as after diapering, feeding, and exposure to bodily fluids. Standard sanitizing procedures are acceptable. Toys that are frequently put in mouths should be washed with soap and water rather than U.S. Environmental Protection Agency (EPA)-listed disinfectants.

Exclusion Criteria for Staff and Children

When exclusion is determined to be necessary to prevent further spread of illness, childcare attendees and staff should remain at home until it is determined to be a safe time for them to return.

- **Exclude** from childcare any persons with MPX until symptoms have gone away, the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed (typically 2-4 weeks). A provider letter stating that the person is approved/okay to return is recommended.
- **Identify people who might have been exposed to MPX** in collaboration with the local health department. Staff from the local health department will contact those identified as close contacts and provide guidance

¹ Monkeypox rash photos: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

² Eczema rash photo: <https://phil.cdc.gov/Details.aspx?pid=16526>

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on [monitoring](#) for symptoms. People who have been exposed but are not experiencing any symptoms are not recommended to be excluded.

Managing Potential Exposure

If a staff member, volunteer, or child has a MPX infection, transmission could occur within the childcare setting.

- **Contact your local health department³** to discuss managing spread within the center.
- **Communicate with staff, volunteers, and parents.** Provide information about the potential exposure, guidance of monitoring for symptoms, and suggest medical attention (including testing) if symptoms develop.
- **Watch for new symptoms in staff or children that were exposed.** Consider requesting daily confirmation from staff and parents that staff and children are free from symptoms and rashes.
- **Ensure access to handwashing.** Soap and water or hand sanitizer with at least 60% alcohol should be always available to staff with supervised use by children. Anyone who touches rash/lesions or clothing, linens, or surfaces that may have had contact with rash/lesions should [wash their hands](#) or use hand sanitizer immediately.
- **Clean and disinfect the areas where people with MPX spent time.** Avoid activities that could spread fluid, drainage, or material from rash/lesions (e.g., use of fans, sweeping, shaking of blankets, or vacuuming). Use an [EPA-registered](#) disinfectant, in accordance with the manufacturer's instructions. Follow all manufacturer directions for use, including concentration, contact time, and care and handling. When choosing a disinfectant, it is important to consider any potential health hazards, and do not mix disinfectants or add other chemicals. Linens can be laundered using regular detergent and warm water. However, soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may spread infectious material.
- **Provide appropriate personal protective equipment (PPE) for staff, volunteers, and children.** Employers are responsible for ensuring workers are protected from exposure to MPX and workers are not exposed to harmful levels of chemicals used for cleaning and disinfection⁴. PPE should be worn by staff, volunteers, or residents in these circumstances:
 - **Laundry**— When handling dirty laundry from people with known or suspected MPX infection, staff should wear a disposable or launderable gown, disposable gloves, eye protection, and a well-fitting mask. PPE is not necessary after the wash cycle is completed.
 - **Cleaning and disinfection**— Staff should wear a disposable or launderable gown, disposable gloves, eye protection, and a well-fitting mask when cleaning areas where people with MPX spent time.
 - **Waste Disposal**— Any gloves, bandages, or other waste and disposable items that have been in direct contact with skin should be placed in a sealed plastic bag, then thrown away in a dedicated trash can. Gloves should be used when removing garbage bags and handling and disposing of trash.

Learn More

- CDC MPX Page: <https://www.cdc.gov/poxvirus/monkeypox/index.html>
- Disinfection: <https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html>
- Prevention at Home: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>
- Additional resources: <https://www.health.state.mn.us/people/handhygiene/schools/daycaremanual.html>

³ See list of local and regional health departments here: [Local and Regional Health Departments \(tn.gov\)](#)

⁴ Employers must comply with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), PPE ([29 CFR 1910.132](#)), Respiratory Protection ([29 CFR 1910.134](#)), and other requirements, including those established by state plans, whenever such requirements apply.