HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte

Interim Guidance for the Public Health Management of Cases and Contacts of mpox – **Chapter 5 (Clades I & II: School & Childcare facilities)**

Please note that this document should be used in tandem with other Interim Management of MPXV documents, see here.

Readers should not rely solely on the information contained within these guidelines. Guidance information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of this guidance. This guidance is under constant review based upon emerging evidence at national and international levels and national policy decisions.

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1.0 Introduction

Mpox is a **viral zoonotic disease** that historically occurred mostly in tropical rainforest areas of Central and West Africa and has spread to other regions. Zoonotic diseases can spread between animals and humans.

The mpox virus is part of the same family of viruses as variola virus which causes **smallpox**. It is a rare viral illness that can become serious. For most people, symptoms will clear up on their own after 2 to 4 weeks.

There are 2 major genetic groups (clades) of mpox, Clade I and Clade II. Clade I (formerly known as Central African or Congo basin clade) has two sub-clades I(a) and Ib. Clade II (formerly known as West African clade) consists of two subclades (IIa and IIb). Clade IIb was the clade (genetic group) circulating in the 2022 global outbreak.

Since 2023, Clade II mpox virus (MPXV) is no longer considered a high consequence infectious disease (**HCID**)[1] within Ireland. MPXV Clade I remains an HCID. Information on the epidemiology of mpox is available **here**.

1.1 Mpox 2024

Historically, clade I mpox was known to circulate in 5 Central African Region countries:

- Cameroon;
- Central African Republic (CAR);
- the Democratic Republic of the Congo (DRC);
- Gabon; and
- the Republic of the Congo.

In 2024, clade I mpox cases were reported from countries in Africa beyond these 5 Central African Region countries. This is likely to be because of multiple factors including waning population immunity from the discontinued smallpox vaccine and changing environmental and social factors, but the full aetiology remains unclear.

[1] **HCID:** High consequence infectious disease (HCID is defined as: an acute infectious disease; typically having a high case-fatality rate; not always having effective prophylaxis or treatment; often difficult to recognise and detect rapidly; able to spread in the community and within healthcare setting; and requiring an enhanced, individual, population, and system response to ensure it is managed effectively, efficiently and safely.

Clade I MPXV has previously been intermittently transmitted from animals to humans, with small mammals and primates acting as hosts. Clade I MPXV can also spread via human-to-human transmission and had previously been associated with close contact. However, in March 2023, infections linked to sexual contact and international travel were reported in the DRC for the first time.

Information of Irish epidemiology is available **here**.

Children less than 15 years of age have accounted for 70 % of cases to date in Africa during the ongoing 2024 outbreak. There are uncertainties regarding the transmission dynamics of mpox and its impact on children. Available data suggest that the disease burden among children varies within and between countries, depending on the circulating virus clade.

The nature of school interactions, including close contact between students during sport, learning and recreational activities - frequently raise public health concerns for any infectious disease, including mpox where studies in affected countries have linked transmission to prolonged exposure and close physical contact with confirmed cases. In addition, through close contact, children can also transmit infections to adults (school staff and households). There is also a higher risk associated with infection in children who are immunocompromised or who have certain skin conditions, which can lead to complications when exposed to the virus.

Therefore, Public Health and school authorities in the context of the current and evolving mpox epidemiology must carefully consider appropriate school interventions to prepare for, prevent or control mpox transmission. This is especially relevant for settings with more medically vulnerable children.

In the multi-sectoral approach to preventing and responding to the mpox epidemic, school intervention may be an important means of reaching a wider population as it indirectly reaches their parents and other household members. However, it is also important to carefully plan measures with communities to avoid causing panic and unintended consequences such as school absences.

Information regarding the global distribution of reported mpox clades and a list of “at risk” countries is available **here**.

2.0 Prevention of mpox in school & childcare facilities

2.1 Engagement with Parents & Caregivers

Parental and caregiver consultation and participation is critical to successfully designing and introducing school interventions for any disease to ensure interventions are culturally appropriate and trusted and avoid negative consequences such as causing panic or declining school attendance.

2.2 Standard precautions and basic hygiene

These are always good practices and will minimise transmission of infectious diseases, including mpox:

- Promote good hand hygiene practices;
- Provide clear information about the routes of transmission of mpox using language and images suitable for children as well as adults;
- Ensure regular reminders to all staff and students and to respect normal hand and respiratory hygiene advice using all channels including demonstrations and posters in prominent areas;
- If required, isolation and restriction of movement: persons with suspected or confirmed mpox should remain isolated at home, leaving only to seek medical care, if they attend the school or childcare facility, considerations around isolation on the premises while they are awaiting collection by parents or care-givers will be needed;
- Hygiene Practices: emphasise rigorous hand hygiene, including handwashing with soap and water or using alcohol-based hand sanitisers, especially after contact with potentially contaminated surfaces or materials;
- Respiratory hygiene: is an effective way to reduce the spread of germs when coughing and sneezing. Everyone should be encouraged to turn away when sneezing or coughing. Everyone should cover their mouth with a tissue (or their sleeve if there are no tissues available) when they cough or sneeze and wash their hand afterwards. Everyone should put their used tissues in a bin and wash their hands after contact with respiratory secretions. In addition: Older children should be encouraged to keep a box of disposable paper tissues in their schoolbags for use as needed. For younger children, or where this is impractical, a plentiful supply of disposable paper tissues should be available in classrooms. Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.
- Lesion management: skin lesions should be covered as much as possible (e.g., wearing long sleeves and trousers) to minimise contact transmission risk. Disposable

gloves should be worn when touching lesions, and gloves should be disposed of after each use.[2]

- Environmental cleaning: **toys, tables, laundry, plates, cups, and surfaces contaminated by the suspected or confirmed case should be cleaned with hot water, detergent, and disinfectants before these are used again**. Wet cleaning methods should be preferred to avoid aerosolising viral particles. Additional information can be found in **National HCID IPC Guidance**.

2.3 Readiness for managing students or staff who may have mpox

- Ensure that the school policy on mpox prevention and control is added to list of infectious diseases, that are commonly seen in children attending schools and childcare facilities, and has been clearly discussed and communicated with staff, students and caregivers, and that there is a channel for questions, suggestions and feedback to be shared and acted upon.
    - Provide information to staff on signs and symptoms of mpox, preventative measures to be implemented at the school and at home, transmission dynamics, treatment and vaccination strategies (if applicable). Further information on mpox can be obtained **here**.
- Support staff to communicate accurately about how mpox is spread to mitigate stigma risks.
- Establish options for providing counselling support, or referrals to counselling services, to staff or students affected by mpox.
- Advise staff to avoid physical contact with a child who may have mpox.
- Establish a room or other covered space where suspected cases can be isolated while waiting for input for next steps. Make this as comfortable and unthreatening as possible, remembering that affected children may be scared and upset.
- Provide as necessary to the staff and parents/guardians of students the necessary utilities to support respiratory hygiene e.g. tissues, foot-operated waste disposal, handwash sink, soap and drying towels.

[2] **Lesion management should not fall within the remit of school or childcare facilities**, but the administration of schools and childcare facilities should be aware of the appropriate mitigation measures to protect other students and staff if there are symptomatic suspected case(s) on the premises.

2.4 When a case of mpox is suspected

When a student or school staff member suspects that they have contracted mpox, the administration, in collaboration with regional Department of Public Health and local healthcare professionals should:

- Immediately contact parent(s)/caregiver(s) of a student, is there is suspicion that they might be a probable case and recommend that the child is taken to a healthcare professional for clinical assessment promptly.[3] And in the interim:
    - Physically separate the person from others while waiting for collection of student(s) by parent/caregiver. This can either be in a separate well-ventilated room, or other designated well-designated area that is clearly visible to staff (i.e. with a vision panel in the door). Equipment in the room/area where the confirmed/probable mpox case is being managed should be kept to a minimum.
    - Ensure children are supported in isolation, and not left alone, and that the process of investigation, including how long they need to wait and what will happen when parent/caregiver arrive, is clearly explained to them. If tolerated, the suspected case in a student should be provided with a mask. Staff supporting a child in isolation should wear appropriate personal protective equipment[4] (PPE), and be familiar with correct donning and doffing of PPE, in addition to correct hand hygiene should contact be required.[5] Ideally, staff who are pregnant or immunosuppressed should not be allocated to support children in isolation.
- Where **suspected case(s) are children (i.e. under 16 years of age),** attend school or childcare facilities, there will be need to link with relevant Paediatric Healthcare Services (i.e. General Practitioner or Emergency Department at closest hospital), and if required additional consultation with Paediatric Infectious Diseases in Children's Health Ireland (CHI) may be considered. Depending on the mpox clade, clinical assessment will be undertaken in accordance with **relevant pathways** developed for ambulance service, community, acute and HIV/STI, maternity, and paediatric settings.
- Where **suspected case(s) are over 16 years of age** (i.e. for both student or staff), attend/work at school or childcare facilities, there will be need to link with relevant

[3] Differential diagnoses should be considered within these settings: **VZV (chickenpox/shingles), HSV, Enterovirus (Coxsackie/Hand Foot & Mouth), Influenza-like illness (ILI), EBV, CMV should be considered in this setting**, with appropriate precautions to protect suspected case(s) from infecting others should be primary objective.

[4] **PPE should include**: surgical mask, gloves, and apron.

[5] Details on how to putting on and taking off PPE is illustrated in posters are available **here**.

healthcare services (i.e. General Practitioner or Emergency Department at closest hospital). Depending on the mpox clade suspected, clinical assessment will be undertaken in accordance with **relevant pathways** developed for ambulance service, community, acute and HIV/STI, maternity, and paediatric settings.

- Provide information (in collaboration with **regional Department of Public Health**) on potential exposure, advice on symptom monitoring and seeking medical attention. Suggested template letters can be found in **Appendix A** and **Appendix B**. The school or childcare facility should support regional Department of Public Health to quickly identify and assess all persons who may have been exposed to mpox during the investigation.
- Communicate with unaffected staff and parents to avoid rumour and misinformation and be careful to respect case and contact confidentiality in public communications.

The Regional Department of Public Health will:

- Advise students or staff with mpox to stay out of school while under case management until the symptoms have resolved, including the rash healed (all crusts have fallen, and a new layer of skin has formed).
- Initiate contact tracing for exposed persons for 21 days from the date of last contact with the case, which will require contacts (i.e. both staff and students) to self-monitor for the detection symptoms. During this time, they will be allowed to attend school or childcare facility once they remain asymptomatic; **but if they develop any symptoms, they are to immediately self-isolate and link with their healthcare provider** to arrange to evaluate for mpox diagnosis and/or care as needed.

2.5 Care and Recovery

Mpox disease ranges from mild to severe. In most cases, affected individuals with mild illness can be cared at home with the focus on ensuring skin is protected against other infections and can heal well. Symptoms usually go away on their own or with some supportive care such as medication for pain or fever and prevention of other infections.

In more severe cases, a person may need hospital care. Most cases of mpox recover fully – meaning all crusts have fallen off and a new layer of skin has formed over all lesions - after 2-4 weeks, though scars may take more time to disappear. As mpox remains transmissible/contagious until lesions are healed, schools should inform staff and students that to prevent further transmission, they should not attend school if:

- They have a confirmed or probable diagnosis of mpox and are not yet fully recovered.

- They have symptoms compatible with mpox, but medical evaluation has not yet ruled out mpox.

2.6 Returning to school

Mpox causes a rash with lesions that eventually scab over. Students or staff with mpox should prioritise isolation and preventative practices until all scabs have fallen off and a fresh layer of healthy skin has formed. This may take as long as four weeks after symptoms began. Caregivers should work with a healthcare provider to decide when the child or student can return to the educational setting. To prevent stigma, bullying or other unpleasant responses to recovered mpox cases, school authorities should **ensure students are fully aware of recovery guidelines, and that staff closely monitor students' behaviour, ensure that all relevant HSE information is available to staff or students affected by mpox**.

Appendix A

TEMPLATE LETTER/EMAIL - STUDENT

Dear Parent or Guardian,

[***INSERT SCHOOL or CHILDCARE FACILITY NAME***] considers the health and well-being of students and staff a priority. A case of mpox has been identified in an individual at [***INSERT SCHOOL or CHILDCARE FACILITY NAME***]. School/Childcare Facility Staff, working in collaboration with the **regional Department of Public Health**, have determined that your child may have been exposed to the individual with mpox on or around [***INSERT MOST RECENT DATE of POSSIBLE EXPOSURE***].

Your child can continue to come to [***INSERT SCHOOL or CHILDCARE FACILITY NAME***], unless they develop symptoms of mpox.

[***INSERT SCHOOL or CHILDCARE FACILITY NAME***] advises you to take the following precautions recommended by Public Health:

- Monitor your child for symptoms of mpox;
- Contact your child's healthcare provider to let them know they may have been exposed to someone with mpox. Your healthcare provider, in consultation with the regional Department of Public Health, can determine if your child may be eligible for vaccination.

Because your child was exposed to mpox, they should be monitored for symptoms for at least 21 days, from date of exposure.

The symptoms of mpox are:

- Rash that may be painful or itchy (may look like pimples or blisters to start);
- Fever;
- Chills;
- Swollen lymph nodes;
- Exhaustion;
- Muscle aches and backache; and
- Headache.

People may experience all or only a few symptoms. Others only experience a rash.

Images of mpox lesions

Some symptoms in young children may be difficult to recognise promptly. When monitoring a child for illness following exposure to mpox, parents and caregivers should check the child's temperature daily. Parents and caregivers should also perform daily full-body skin checks for a new rash and inspect the inside of the mouth for any sores or ulcers on young children.

In older children and adolescents, parents can help with inspection of the mouth and exposed skin areas that may be difficult for the child or adolescent to see (back of neck, arms, legs). They can also remind the child and adolescent to be aware of any rash or pain in areas covered by clothing, including the genitals, and to inspect those areas for rash and let the parent know if they notice any changes in their skin or feel any pain in those areas.

If your child develops symptoms, take the following steps:

- Have your child should stay home and isolate.
- Contact your child's healthcare provider. Let the provider know your child has been exposed to mpox and since has developed symptoms. Ask if your child should be tested for mpox.
- Follow advice from regional Department of Public Health and your child's healthcare provider about when your child can return to [***INSERT SCHOOL or CHILDCARE FACILITY NAME***].

You can visit these websites for fact-based information about mpox:

- HSE website: **https://www2.hse.ie/conditions/mpox/**
- HPSC website: **https://www.hpsc.ie/a-z/zoonotic/monkeypox/**

If you have any questions, feel free to contact you regional Department of Public Health.

Yours sincerely,

[***NAME, TITLE, and CONTACT INFORMATION***]

Appendix B

TEMPLATE LETTER/EMAIL - STAFF

Dear Staff Member,

[***INSERT SCHOOL or CHILDCARE FACILITY NAME***] considers the health and well-being of students and staff a priority. A case of mpox has been identified in an individual at [***INSERT SCHOOL or CHILDCARE FACILITY NAME***]. School/Childcare Facility Staff, working in collaboration with the **regional Department of Public Health**, have determined that you may have been exposed to the individual with mpox on or around [***INSERT MOST RECENT DATE of POSSIBLE EXPOSURE***].

You can continue to come to [***INSERT SCHOOL or CHILDCARE FACILITY NAME***], unless they develop symptoms of mpox.

[***INSERT SCHOOL or CHILDCARE FACILITY NAME***] advises you to take the following precautions recommended by Public Health:

- Monitor yourself for symptoms of mpox;
- Contact your healthcare provider to let them know you may have been exposed to someone with mpox. Your healthcare provider, in consultation with the regional Department of Public Health, can determine if you may be eligible for vaccination.

Because you were exposed to mpox, you should monitor for symptoms for at least 21 days, from date of exposure.

The symptoms of mpox are:

- Rash that may be painful or itchy (may look like pimples or blisters to start);
- Fever;
- Chills;
- Swollen lymph nodes;
- Exhaustion;
- Muscle aches and backache; and
- Headache.

People may experience all or only a few symptoms. Others only experience a rash.

Images of mpox lesions

If you develops symptoms, take the following steps:

- You should stay home and isolate.
- Contact your healthcare provider. Let the provider know you have been exposed to mpox and since has developed symptoms. Ask if you should be tested for mpox.
- Follow advice from regional Department of Public Health and your healthcare provider about when you can return to [***INSERT SCHOOL or CHILDCARE FACILITY NAME***].

You can visit these websites for fact-based information about mpox:

- HSE website: **https://www2.hse.ie/conditions/mpox/**
- HPSC website: **https://www.hpsc.ie/a-z/zoonotic/monkeypox/**

If you have any questions, feel free to contact you regional Department of Public Health.

Yours sincerely,

[***NAME, TITLE, and CONTACT INFORMATION***]