

Mpox: What Parents Need to Know

What is mpox?

Mpox is a disease that causes fever and rash. It is caused by the monkeypox virus. Mpox infections have been reported in several countries, including the United States.

The rash from mpox can look like one caused by other viral illnesses, such as chickenpox (varicella); herpes simplex virus; allergic skin rashes; hand, foot and mouth disease caused by enteroviruses; or molluscum.

There are two types of mpox, clade I and clade II. According to the Centers for Disease Control and Prevention (CDC), mpox clade I usually causes more severe illness and death in people compared to mpox clade II.

Some people may be at higher risk for severe illness with mpox. This includes babies and young children under age 1 year; children with eczema, certain skin conditions or other immune conditions; and pregnant and breastfeeding people.

Is mpox circulating?

Mpox caused a global outbreak in 2022. It is still circulating at low levels in the U.S., mostly in small clusters. Since the start of the 2022 outbreak, the U.S. has reported more than 33,000 mpox cases and 60 deaths. Very few of these cases were in children or adolescents, and U.S. cases have largely fallen off.

In August 2024, a public health emergency of international concern was declared by the World Health Organization. This was after a surge of mpox infections in Congo and surrounding countries in Africa.

A new clade of mpox has been detected there, but has not yet been detected in the U.S. It is more severe and has led to more deaths than the mpox clade that caused the 2022 epidemic. A major portion of the cases in this region, including deaths, are in children.

The Centers for Disease Control and Prevention (CDC) has determined that the risk posed by the latest outbreak to the general U.S. population is very low because of the low number of travelers from the affected countries in Africa.

How does a person get mpox?

Anyone can get mpox. The most common way that people spread mpox to other people is through physical contact with the rash or with an object or material (such as blankets, furniture, clothes, etc.) that was in contact with the rash.

Mpox can also spread through large respiratory droplets from infected people during prolonged face-to-face contact. This is more of a risk for household members and close contacts of an infected person. Many of the children infected in 2024 in Africa reportedly had contact with infected animals. Mpox is not spread through casual conversations with an infected person or walking past an infected person in a grocery store.

A person is contagious from the time symptoms develop until after scabs from the rash fall off and the skin has completely healed with a new layer of skin formed.

Anyone who has been in close contact, including sexual contact, with someone who has mpox can get the illness. Infections also can spread between people and their pets.

Should I be worried about mpox in school or child care?

The risk of mpox to children and adolescents in the United States is very low. There have not been many infections in U.S. children and teens, and so far, they have been mild.

Children or staff who get exposed to mpox do not need to be excluded from school or child care in most cases. The health department may limit a person's participation in activities if contact tracing is not possible and if there was a

high degree of exposure that increased the risk of infection. The health department also will consider the person's age and ability to recognize or communicate symptoms and the risk to others.

The CDC recommends that babies stay in a separate room and not have direct contact with parents or caregivers who are infected with mpox. Breastfeeding should be delayed during the infectious period, and breastmilk should be pumped and dumped.

If your child or adolescent had close personal contact with someone with a known or probable case of mpox, they should be monitored for symptoms for 21 days. Steps may include:

- Checking your child's temperature daily
- Performing daily full-body skin checks for a new rash
- Inspecting the inside of your child's mouth for sores or ulcers
- Helping the older child or teen with inspection of the mouth and exposed skin areas that may be difficult to see (back of neck, arms and legs)
- Reminding your older child or teen to be aware of any rash or pain in areas covered by clothing, including genitals. They should inspect those areas for rash and let you know if they notice any changes in their skin or feel any pain in those areas.

Some children and adolescents exposed to mpox may need to take medication to prevent them from developing an infection. Read more about treatment for mpox below.

What are the symptoms of mpox?

The telltale sign of mpox virus is how the rash looks and how the spots change over time.

What does the mpox rash look like?

When the mpox rash first appears, it looks like flat spots. Classically, all the spots change at the same time, becoming raised bumps and then fluid-filled blisters that become pus-filled white/yellow sores. However, in the current outbreak some patients have had skin lesions that did not follow the usual pattern, appearing in differing stages of development and resolution or on a single part of the body.

Signs & symptoms before the rash appears

Before the mpox rash appears, or together with the appearance of the rash, early signs may include:

- fever
- swollen lymph nodes
- headache
- sore throat
- cough

What if my child or teen develops symptoms of mpox?

If a child or teen develops symptoms while at home, the parent should contact their pediatrician and the local health department. If they develop symptoms at school or child care, they should:

- Be separated from other children or adolescents in a private space (such as an office).
- Wear a well-fitting face mask (if the child is at least 2 years old).
- Be picked up by a caregiver so they can be examined by a pediatrician or other health care professional.

Should my child be tested for mpox?

Anyone with symptoms of mpox should talk to their pediatrician or other health care clinician—even if they do not think they had contact with someone who has mpox.

Your child may need to be tested for mpox if they have a suspicious rash and:

- were in close, personal contact with someone with a confirmed or probable case, or
- traveled somewhere that put them at risk of infection.

If your pediatrician suspects mpox based on the appearance of rash and your child's history, they will take a skin swab and do a lab test.

Is there any treatment for mpox for children?

Most people recover in two to four weeks even without medicines. Medicine for pain or itch relief may be needed.

Your child may need treatment with a medicine that works against the virus if they have complications or severe disease or are at high risk for severe disease. Treatment may also be advised if they have lesions on certain parts of their body (for example, eyes, mouth, genitals or anus). Your pediatrician or health care provider will determine if such treatment is needed, sometimes in consultation with the health department.

Mpox remains contagious until the rash is completely gone—after all scabs have fallen off and new skin has formed.

Parents and caregivers of children with mpox should:

- Cover the child's skin rash.
- Remind their child to avoid scratching or touching the rash or eyes.
- Keep other people and pets away from the child. If possible, one person should provide all care for the child with mpox.
- Have the child wear a well-fitting mask if they are 2 years old or older when others are taking care of them. The caregiver should wear a respirator or well-fitting mask and gloves when touching the child and handling bandages or clothing.
- Keep the child isolated and home from school or other activities until they are no longer contagious.

Is there an mpox vaccine?

The CDC recommends vaccination for some people, including children and teens, if they may have been exposed to someone with mpox. The vaccine also may be given to people who work in a laboratory with the virus or provide medical care to infected patients.

At this time, there is no need for widespread vaccination of children or most adults. When mpox vaccine is indicated, it can be given on the same day as most other vaccines, including influenza vaccine. Anyone who has received the mpox vaccine (JYNNEOS) might consider waiting 4 weeks before they get an mRNA COVID vaccine, especially teen or young adult males who may be at higher risk of myocarditis.

When can someone with mpox return to school or child care?

The CDC recommends that anyone with mpox should isolate until all scabs from the rash have fallen off, and a fresh layer of healthy skin has formed. This may take as long as 4 weeks after symptoms first started. Caregivers should follow recommendations of their doctor and health department on return to the educational setting.

Should my family worry about mpox?

Mpox sounds scary, but it is much more difficult to transmit or acquire than viruses like COVID. It is always good to be aware of health risks. In the rare event that someone in your household develops mpox, share this information with your pediatrician and discuss what you can do to protect your child from infection.

Visit www.HealthyChildren.org and Centers for Disease Control and Prevention www.cdc.gov/poxvirus/monkeypox for the latest updates.

Adapted from the HealthyChildren.org article *What Is Mpox?* by David W. Kimberlin, MD, FAAP and Kristina A. Bryant, MD, FAAP (8/16/24).

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