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Mpox: What You Need to Know

Updates for Faculty and Staff in K-12 Schools and Higher Education

February 2025

In August 2024, the World Health Organization alerted the international public health community of a new outbreak of mpox (formerly called monkeypox) in Central and Eastern Africa, specifically the Republic of the Congo, the Democratic Republic of the Congo, Central African Republic, Rwanda, Burundi, Kenya, Uganda and Zambia. As of February 2025, travel-related cases have been found in other parts of the world, including four cases in the United States, but there is no ongoing transmission.

The outbreak is caused by a new strain (clade) of the virus. The clade I virus causes more severe symptoms, is more transmissible and has a higher mortality rate than the clade II virus circulating in 2022-23. Clade II mpox continues to spread at a low level in many countries around the world. **Both clade I and II are transmitted in the same way and can be prevented using the same methods.**

While the current risk outside of Eastern and Central Africa remains low, the WHO issued its highest level of global alert, calling on governments and international public health authorities for an immediate and coordinated response to prevent a global emergency and expedite vaccine access for affected nations.

On his first day in office, President Trump issued an executive order stating that the U.S. will withdraw from the WHO, removing American expertise and resources from global efforts to stop the spread of mpox and other infectious diseases. Other actions by President Trump will limit the Centers for Disease Control and Prevention's ability to respond, including freezing congressionally appropriated funds, stopping the CDC from communicating with external partners, laying off experienced staff, and a prohibition on staff travel.

Issues for AFT Members

While risk of mpox spreading in the U.S. is low currently, paraprofessionals, school nurses, coaches, teachers, and higher education staff need to be aware of signs and symptoms of mpox in students and for themselves. School administration needs to educate staff, students and parents/guardians to help prevent the spread of infection. Schools also need to address cleaning, isolation protocols, and have a contact tracing program in place.

Symptoms of Mpox

- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body;
- Headache, muscle aches and backache;
- Swollen lymph nodes;
- Chills;
- Exhaustion; and
- Respiratory symptoms (e.g., sore throat, nasal congestion or cough).

The AFT is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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The rash goes through different stages before healing completely. The illness typically lasts two to four weeks. Sometimes people get a rash first, followed by other symptoms. Others only experience a rash. Symptoms usually appear one to two weeks after infection. The rash can be extremely painful, and people might have permanent scarring.

If you have any symptoms of mpox, talk to your healthcare provider, even if you don't think you had contact with someone with mpox. Symptoms usually appear three-17 days after exposure to the virus.

How Is Mpox Spread?

Mpox is transmitted from person to person through **direct contact** with:

- The rash, scabs or body fluids;
- Respiratory secretions during prolonged, face-to-face contact; and
- Clothing, bedding, and other items used by the infected person.
- Mpox can also be transmitted from mother to baby during pregnancy and childbirth.
- Infected people can infect their pets and other animals.

A person with mpox is considered infectious from the time symptoms begin until the rash is fully healed and a fresh layer of skin has formed. In some cases, the infectious period begins one to four days before symptoms start.

Mpox is not a sexually transmitted disease.¹ While mpox can be transmitted during intimate contact, infection in households is just as common. We don't know yet if it is spread through seminal or vaginal fluids, urine or feces. **Anyone can be infected through close, personal contact.**² People at risk of severe outcomes include the elderly, children under age 8, people with weakened immune systems, those with a history of eczema, and people who are pregnant or breastfeeding.

Treatment and Vaccines

Because the mpox and smallpox viruses are genetically similar, vaccines and antiviral medications developed for smallpox have been effective at preventing and treating mpox. Antiviral treatment is critical for people at risk for severe disease.

The Jynneos vaccine prevents mpox infection in people who have been exposed if administered within four days. The vaccine limits the severity of mpox if administered between four and 14 days of exposure. People who were vaccinated against smallpox in the past may have residual immunity, but routine smallpox vaccination ended in 1972 in the U.S. Mandatory smallpox vaccination for healthcare workers ended in 1976.

Prevention for the General Public

- Wash hands frequently with soap and water.
- Avoid close, skin-to-skin contact with people who have a rash that looks like mpox. This includes kissing, embracing and sexual contact.
- Do not handle bedding, towels or clothing of an infected person.
- Do not share eating utensils or cups with an infected person.
- Wear a mask that covers the mouth and nose when around others.
- Clean and disinfect frequently touched surfaces.

¹ <https://www.glaad.org/blog/factsheet-reporters-Mpox-and-lgbtq-community>

² <https://www.hrc.org/resources/Mpox-and-what-you-need-to-know>

Prevention in Education Settings

Education administrators should provide information for everyone to help prevent the spread of mpox (and other infections) in schools and reduce panic. Training should emphasize:

- Staying home when feeling sick. Schools should have flexible, non-punitive, and supportive leave policies and practices for those who are sick or caring for family members. Schools should provide excused absences for students, avoid incentivizing coming to school while sick, and support at-home learning for students who are sick.
- Washing hands frequently or using alcohol-based hand sanitizer.
- Avoiding skin-to-skin contact with someone with a rash that looks like mpox. This includes hugging, as well as sexual or intimate contact. Students should be taught not to touch rashes.
- Teaching students not to share objects that could be infected, such as clothing, sports equipment, cups or bottles, or musical instruments.

Information for School Staff

- Paraprofessional staff who assist students with toileting or diapering or provide other close contact assistance should wear the following personal protective equipment during these activities if mpox is spreading in the community: disposable gloves, surgical masks, and face shields or goggles. They should receive training on how to put them on and remove them safely.
- Cleaning of frequently touched surfaces regularly will deactivate the virus. Ordinary cleaning products/disinfectants will work. Products should be applied according to the manufacturer's instructions, including allowing time for the product to work before wiping dry.
- Objects like shared sports equipment should be cleaned according to manufacturer's instructions in between uses.
- Wear gloves, a surgical mask and facial shield if handling contaminated clothing, uniforms, towels or other laundry. The virus will be deactivated by the normal washing machine cycle.

Isolation and Contact Tracing in Schools and Higher Education Settings

Administrators need to make a plan to swiftly and humanely initiate isolation for staff or students who develop symptoms that may be mpox during school or on campus. No one should be stigmatized for being infected, and their privacy must be respected.

Staff who may be infected should:

- Put on a mask and cover any lesions with a bandage.
- Go home and seek medical attention in order to be tested.
- If positive, notify management so that contact tracing can be implemented.
- If staff know or believe they have been exposed to mpox, the Jynneos vaccine can prevent infection if administered within four days. The vaccine can reduce the severity of infection if administered by 14 days.

If a student develops symptoms that may be mpox during school or on campus:

- Give the student a mask and send them to the school nurse if available.
- If the school nurse is not available, the staff person assisting the student should put on a surgical mask or N95 respirator and disposable gloves.
- Isolate the student in the health suite or in an unoccupied room.
- Give the student a mask and cover any lesions with a bandage. If a bandage is not available, a clean towel is an alternative. Lesions should at minimum be covered by clothing.

- Contact the student's parents/guardians with instructions to seek medical care through their primary care provider or a public health clinic.
- College students must isolate while infectious, either at home or in temporary student housing.
- Gently place the student's possessions in a plastic bag and seal it. Do not push air out of the bag before sealing.
- Clean and disinfect the surfaces touched by the student after their departure. Normal cleaning products will deactivate the virus.

Information for school nurses

School nurses will be asked to evaluate many students with rashes, but they will not have access to tests to diagnose mpox. If this changes and testing kits become available to school nurses, they will be obligated to report cases to the local or state public health authority. In addition, sexual abuse reporting may be necessary if young students have lesions on intimate body parts.

If a student presents with a painful rash that appears consistent with mpox or with flu-like symptoms that include swollen lymph nodes:

- Implement standard precautions for the school setting. Don an N95 respirator (if available) or a surgical mask, eye protection, gown and gloves.
- Isolate the student. Provide a mask for source control, and cover the lesions with a bandage.
- Follow regular procedures for notifying the student's parents/guardians with instructions to obtain testing from the primary care provider or public health clinic. Follow up with the parents or guardians to find out the test results in order to initiate contact tracing.
- Follow infection control procedures for bagging up student's possessions and for cleaning and disinfecting the area.

Adapted from the Centers for Disease Control and Prevention [Mpox | Mpox | CDC](#). Updated Feb. 14, 2025.

For more information, contact the AFT Health and Safety Team at 4healthandsafety@aft.org.