For Our Patient's Parents...
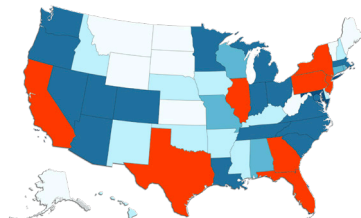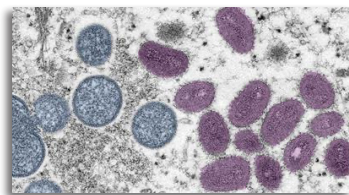
CLARKSTOWN pediatrics

PARENT LETTER

the best parents ever!

Monkeypox: Could my child get it?

by Doug Puder, MD

Monkeypox is a rare disease caused by a virus similar to the *smallpox* virus. *Monkeypox* symptoms are similar to *smallpox* symptoms, but milder, and *monkeypox* is rarely fatal. (*Smallpox* was eradicated globally by 1975.) *Monkeypox* is not related to *chickenpox* (varicella).

As of September, there have been 20,000 cases in the United States with 3,400 in New York State. There have been no deaths and most all cases have been in men. There have been 31 cases in children.

Until recently, *monkeypox* had been seen mostly in people in central or western Africa, or in people who had traveled to those areas. Now it is reported in over 100 places around the world.

Anyone can get *monkeypox,* but it is most often spread by sexual or other prolonged physical contact. It can also be spread from a pregnant mother to her fetus. It also spreads by touching objects, fabrics (clothing, bedding or towels) and surfaces that have been used by someone with *monkeypox.*

Symptoms can include fever, body aches, respiratory symptoms, and a rash that looks like pimples or blisters. It lasts about 2-4 weeks and is contagious to touch during that entire time.

Avoid close (skin-to-skin) contact with anyone who has *monkeypox.* Wash your hands frequently. Children with *monkeypox* should cover their blisters. Try not to scratch them or touch eyes. Facemask and gloves are recommended, and children must be out of school until the rash is all scabbed with no new blisters.

Two vaccines for *smallpox* can offer protection against *monkeypox.* Right now, these vaccines are approved for people over 18. If there is a known exposure to someone under age 18, our NY Department of Health may recommend vaccine. There may be some protection for older adults who received *smallpox* vaccine (given up to 1972). There is no treatment although high risk patients may receive an investigational use drug protocol (such as *Tecovirimat*).

Is it here to stay? We hope it will not persist in our area but it may. At this time there is little risk for children and vaccine is not needed. But if we start to see more cases in children we expect approval and availability of vaccine. **Bottom Line:** Keep an eye on this but don't worry! The risk is low...

Visit us at **www.clarkstownpeds.com**