

## CIRCULAR NO. S24 OF 2022: INFORMATION ON MONKEYPOX FOR SCHOOLS AND SCHOOL COMMUNITIES



### basic education

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

Private Bag X895, Pretoria, 0001, Sol Plaatje House, 222 Struben Street, Pretoria, 0002 South Africa,  
Tel: (012) 357 3000, Fax (012) 323 0601, [www.education.gov.za](http://www.education.gov.za)

Enquiries: Dr F Kumalo  
Tel: 012 357 3431  
Email: [Kumalo.F@dbe.gov.za](mailto:Kumalo.F@dbe.gov.za)

**TO: HEADS OF PROVINCIAL DEPARTMENTS  
DISTRICT DIRECTORS  
CIRCUIT MANAGERS  
SCHOOL PRINCIPALS  
SCHOOL GOVERNING BODIES  
TEACHER UNIONS  
SCHOOL GOVERNING BODY ASSOCIATIONS**

## CIRCULAR NO. S24 OF 2022: INFORMATION ON MONKEYPOX FOR SCHOOLS AND SCHOOL COMMUNITIES

1. Monkeypox is a viral infection that is related to the smallpox and cowpox viruses. From May 2022, multiple cases of Monkeypox have been identified in several countries across the globe which are not usually affected by Monkeypox. In the past, there have been sporadic cases of Monkeypox outside West and Central Africa, but these have always been related to travel to areas where Monkeypox is known to occur.
2. Typical symptoms include high temperature (fever that is more than 38.5 degrees Celsius), headache, muscle aches, backache, lack of energy, swollen lymph nodes (glands) and a skin rash or lesions. The rash tends to appear two to three days after the onset of the fever. It is important to note that fever should be accompanied by rash, as fever alone (without other symptoms) could indicate another illness.
3. **Most people recover fully without treatment**, but in some cases, people can get seriously ill. Newborn babies, children, pregnant women and people with underlying immune deficiencies (such as uncontrolled diabetes, active cancer treatment and chronic kidney failure), may be at risk of more serious symptoms and illness.

## **CIRCULAR NO. S24 OF 2022: INFORMATION ON MONKEYPOX FOR SCHOOLS AND SCHOOL COMMUNITIES**

4. The virus is transmitted by **close physical contact** with the skin lesions, body fluids and contaminated materials such as bedding, clothing, towels or objects. Ulcers, lesions or sores may also occur in the mouth and can be infectious.
5. A person with Monkeypox **remains infectious while they have symptoms**, normally between two and four weeks. People who closely interact with someone who is infectious, such as healthcare workers, household members and sexual partners are at the greatest risk of infection.
6. As at 02 August 2022, only 3 laboratory diagnosed cases have been identified in the country. At present, the risk of Monkeypox to the general public in South Africa is considered to be low.

### **The Global Situation**

7. Between January 2022 up to 02 August 2022, 23 351 laboratory-confirmed Monkeypox cases and eight deaths have been reported from 83 countries across the world. The majority of the cases have been reported from the WHO European Region (59.7%).
8. The current outbreaks and community transmission are unusual and different from previous travel-related outbreaks. It is not yet clear why the apparent transmission of the virus has changed or has continued to spread rapidly.
9. Noting that cases have since been reported in all six (6) regions of the World Health Organization (WHO) across the world, and observing the clear risk of further rapid international spread and the need for a coordinated international response, the WHO declared Monkeypox a Public Health Emergency of International Concern (PHEIC) on 23 July 2022. This compels countries to develop national surveillance systems and testing capacity, and to provide reports to the WHO on all newly diagnosed cases.
10. Effective vaccines already exist for Monkeypox, albeit in very limited quantities. The WHO does not support widespread vaccination at present.

## **CIRCULAR NO. S24 OF 2022: INFORMATION ON MONKEYPOX FOR SCHOOLS AND SCHOOL COMMUNITIES**

### **Advice to School Principals, Staff, Learners and Parents**

11. It should be stressed that the risk to school communities is currently very low. This is not a COVID-19 situation: The virus ***does not*** spread easily between people, is not thought to be airborne, and cases are still rare.
12. Schools should, however, be vigilant for any suspected cases. If there is a suspected case in a school, the individual should be isolated, sent home and advised to contact their health care provider. The Principal should also contact the nearest health facility or the provincial Integrated School Health Programme coordinator for advice following a suspected or confirmed case of Monkeypox. The case must be reported to the District office immediately.
13. **The person infected must remain off school and in isolation until all the skin lesions have crusted, the scabs have fallen off and a fresh layer of intact skin has formed.**
14. Should a case be identified, parents/caregivers, learners and school staff should be informed of the case, without identifying the person infected, so that others can be watchful for symptoms.

### **Prevention Measures**

15. Good hand hygiene remains important. Schools are reminded to encourage regular washing of hands using soap and water. Where water or soap is not available, schools may use hand sanitisers on a regular basis.
16. Surfaces that are touched frequently should be cleaned thoroughly and often with household bleach using a wet cloth. Sharing of clothing items amongst learners should be discouraged.
17. Always seek out information from trusted sources like the health department, the Department of Basic Education ([www.education.gov.za](http://www.education.gov.za)), the National Institute of Communicable Diseases ([www.nicd.ac.za/diseases-a-z-index/monkeypox/](http://www.nicd.ac.za/diseases-a-z-index/monkeypox/)) and the WHO ([www.who.int](http://www.who.int)). Avoid sharing unconfirmed information from social medial platforms.

## CIRCULAR NO. S24 OF 2022: INFORMATION ON MONKEYPOX FOR SCHOOLS AND SCHOOL COMMUNITIES

18. **If you feel sick or have a rash, do not attend any gathering, and see a health care provider.**
19. **Avoid any rash you see on others and consider minimising skin-to-skin contact.**
20. Consider how much close, personal, skin-to-skin contact is likely to occur at any event you plan to host or attend. Outdoor events where attendees are unlikely to have close skin-to-skin contact are safest.

### **Conclusion**

21. It must be stressed that **anyone can be infected or pass on Monkeypox through close contact**. Schools must ensure that staff and learners are not stigmatised or discriminated against, through inappropriate reactions to the virus.
22. Please bring the contents of this circular to the attention of all schools. Let us continue working together to keep our schools safe spaces for all staff, learners, parents and visitors.

Sincerely,



MR HM MWELI  
DIRECTOR-GENERAL  
DATE: [19/08/2022](#)