

# The CDC minimizes the danger of monkeypox among children as students begin returning to school

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*This Saturday, August 27, the Educators Rank-and-File Safety Committee (US) is hosting an online meeting to discuss the dangers facing students and educators from monkeypox and COVID-19 and organize opposition to the unsafe reopening of schools. Register to attend and share this widely on social media!*

The United States has assumed a commanding lead as the global epicenter of the monkeypox pandemic, far outpacing other countries in Europe and the Americas. As of August 25, 2022, the US has reported over 16,500 monkeypox infections out of almost 46,000 such cases worldwide. Every state in the country has reported cases, with New York and California leading. The seven-day average of new cases has consistently been over 1,100 in August.

Early during the global outbreak the World Health Network (WHN), concerned about the dangers posed by the growing outbreak, declared monkeypox a pandemic on June 22, 2022, ahead of the first emergency committee meeting held by the World Health Organization (WHO). It would be more than a month later and under extraordinary circumstances that Director-General Tedros Adhanom Ghebreyesus overruled the committee's opinion at its second reconvening and declared the outbreak a Public Health Emergency of International Concern (PHEIC).

Back in June the WHN had warned that though the disease was so far found predominantly among men who have sex with men, inaction on the part of governments and federal public health agencies would lead to the expansion of the outbreak among vulnerable populations, such as children, pregnant women and immunocompromised individuals.

Historically, the case fatality rate with Clade I of the monkeypox virus (also known as the West African clade) has been around 1 percent but higher among those with HIV and the youngest. The WHO has said there have been 12 deaths confirmed so far during the present outbreak.

Indeed, concerns over the spread of monkeypox among the pediatric population is mounting. According to the tracking website Tableau Public, 44 pediatric cases have been reported so far in the US. Florida, where the fascistic Governor Ron

DeSantis has repeatedly dismissed the dangers of the pandemic, has recorded the most with 18 of the state's 1,669 confirmed cases among children. Notably, Florida's K-12 schools opened on August 10. California has reported six pediatric cases, Texas five, and Virginia four.

There is much that remains unknown about the way monkeypox transmits, duration of contact needed, how the virus enters the host's cells, and the course of the disease. This includes the risk of asymptomatic transmission during the incubation period and after all lesions have healed. The route of transmission has been speculated to be predominantly through close contact with lesions on the skin, though indirect contact through contaminated clothing or bedding of an infected person and airborne transmission have been found.

Previously, experts on monkeypox had recommended PCR testing on respiratory mucosa to prove the disease is cleared after lesions had healed, before allowing infected individuals to leave isolation. Though quarantine as a result of close exposure has not been recommended by the public health officials, a quarantine period under medical observation ensures attention can be provided immediately and prevents others from inadvertently being infected.

The precautionary principle requires an earnest and transparent approach given the limits of our understanding of the disease. This means employing appropriate measures until researchers can test these critical questions and analyze the data.

However, the US Centers for Disease Control and Prevention (CDC) continues to play fast and loose with its guidelines, recalling CDC Director Rochelle Walensky's criticisms of the agency in its response to the COVID-19 pandemic. It is not a failing of the CDC's medical and research functions but a demonstration of its role in doing the state's bidding. In this regard, current CDC guidance on monkeypox for schools is analogous to its previous guidelines on COVID-19: enforcing the reopening of schools by downplaying the dangers posed by monkeypox's entry into pediatric populations.

As an example, in the instructions posted as Frequently Asked Questions, the CDC claims that "at this time, there is no

need for widespread vaccination for monkeypox among children or staff at K-12 schools or early childhood settings.” It added, “children, staff, and volunteers who are exposed to a person with monkeypox do not need to be excluded from an educational setting in most cases.” It also noted, “Individuals exposed to monkeypox virus can continue their routine daily activities (e.g., go to work or school) as long as they do not have signs or symptoms consistent with monkeypox.”

Even if not fatal, the course of the disease can be quite debilitating, with as many as 13 percent of those infected needing hospitalization. Besides suffering from high fevers, malaise, headaches and very tender and enlarged lymph nodes, patients find the lesions quite painful and possibly prone to infection. Involvement of eyes is not uncommon, and even blindness can result, although it is rare. Some patients have developed painful groin and rectal lesions and mouth sores that have been described as incapacitating. Yet the CDC has not requested the current vaccines be authorized for children as post-exposure prophylaxis. For them to be effective they should be given as soon as possible, within four days of exposure.

The shift of the virus into the pediatric population has also been confirmed by Brazilian health officials, who have reported 77 such cases. According to a report in the Center for Infectious Disease Research and Policy (CIDRAP) published August 23, more than 25 percent of Brazilian pediatric cases were in children under five.

So far, a large majority of confirmed cases in the US and UK have come from men who have sex with men. However, as the social network for monkeypox continues to grow, the demand for vaccines will outstrip availability. There is already a national and global shortage of the Jynneos Bavarian Nordic smallpox vaccine, a problem that is very far from being remedied.

The White House’s response continues to focus on the LGBTQ+ community through a vaccine-only approach. Experience with COVID-19 has demonstrated the failure of this approach, which ignores the tenets of public health: contact tracing, testing, case detection and confirmation, isolation and ring vaccination. Additionally, frequent and open communication about the status of the outbreak with communities is critical to gain their trust and cooperation.

Scientists, doctors, educators and parents have expressed alarm on social media in response to the CDC guidelines. The handling of the COVID-19 pandemic by the Trump and Biden administrations has been widely seen as disastrous. Increasingly it is being recognized that the public health guidelines are being shaped by political policy aimed at maintaining private profits at all costs over human life.

The distrusted and discredited CDC and the entire political establishment in the United States are once again pushing children back into underfunded and poorly ventilated schools after another summer of doing little or nothing at all to improve the safety conditions for children, teachers and support staff.

The National Education Association estimates that there are 300,000 teacher and staff vacancies in the US after two years of mass resignations and early retirements. Under these conditions how can children be properly supervised? How can undetected cases of monkeypox and COVID-19 be avoided?

It is also worth noting that there are incalculable dangers posed by the unfettered spread of two global pandemics at the same time. Post COVID-19 studies have shown that the virus can cause damage to nearly every organ system in the body, including the neurological and immune systems. It has affected young and old patients alike, in both severe and mild cases of the disease. The consequences can be considerable in light of the rise of large outbreaks of new pathogens in rapid succession. In just the last two decades we have faced SARS, MERS, Swine Flu, Ebola, SARS-CoV-2, monkeypox and polio.

At the same time, environmental destruction causes other species of animals to seek out new habitats and come into more frequent contact with humans, increasing the likelihood of the emergence of new zoonotic diseases in the human population, posing new risks. The possibility of other pandemics emerging is a looming threat the world over.

The response of governments across the globe to these threats is to do whatever is possible to continue the accumulation of profits for the ruling class, regardless of the danger to public health and destruction of the natural environment. The capitalist class is hostile to anything that stands in the way of the naked accumulation of private profit, including the health and well-being of the working class. The ruling class in the US and its two major political parties, both Democratic and Republican, view workers as disposable and replaceable. It is the working class itself who must defend public health and has an interest in doing so as a matter of life and death.

The Educators Rank-and-File Safety Committee (US), in conjunction with the Socialist Equality Party (US), is hosting a public meeting on Saturday, August 27, at 2:00 p.m. Eastern Time to organize opposition to the unsafe reopening of schools and deepening austerity. All concerned parents, educators, students and school staff are strongly urged to attend.



To contact the WSWs and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**