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Clinical Considerations for Monkeypox in Children and Adolescents

The Centers for Disease Control and Prevention (CDC) has released considerations for the clinical management of monkeypox in children and adolescents younger than 18 years old. These considerations are intended to help U.S. clinicians and health systems develop a plan for managing children and adolescents with exposure to monkeypox, suspected monkeypox, or confirmed monkeypox.

Key Points:

- Monkeypox should be considered when children or adolescents present with [a rash that could be consistent](#) with the disease, especially if [epidemiologic criteria](#) are present.
- Young children, children with eczema and other skin conditions, and children with immunocompromising conditions may be at increased risk of severe disease when they contract monkeypox.
- Treatment should be considered on a case-by-case basis for children and adolescents with suspected or confirmed monkeypox who are at [risk of severe disease](#) or who develop complications of monkeypox. Tecovirimat is the first-line medication to treat monkeypox, including in children and adolescents.
- Children and adolescents with exposure to people with suspected or confirmed monkeypox may be eligible for post-exposure prophylaxis (PEP) with vaccination, immune globulin, or antiviral medication.

For more information, visit CDC's [Clinical Considerations for Monkeypox in Children and Adolescents](#).

Continue to visit [Information for Healthcare Professionals](#) for the latest CDC monkeypox guidance.

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Centers for Disease Control and Prevention

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