



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Ashwin Vasani, MD, PhD
Commissioner

August 30, 2022

Dear Colleague,

At this time, we encourage providers to be judicious about considering monkeypox virus testing for pediatric patients, including children and adolescents, with no plausible risk of exposure and for whom there is low suspicion for monkeypox disease.

The decision to test can have a broad impact on the child or adolescent and their family, and should therefore be reserved for situations where there is a known or likely exposure, or a clinical presentation very consistent with monkeypox disease. The testing process may take several days potentially, resulting in missed school, work, or other activities. It can also be stigmatizing and affect their mental health. Further, false-positive test results have been reported, which can happen when testing is performed among people unlikely to have a condition.

The monkeypox outbreak in New York City and elsewhere in the U.S. currently remains concentrated among adults who identify as men, and transmission has primarily occurred during sexual and intimate contact with other men. As described by the [American Academy of Pediatrics \(AAP\)](#), the risk of children getting infected with monkeypox is low. While pediatric cases have been confirmed in the U.S., including in New York, they are rare. The AAP recommends testing patients with suspicious lesions if there is a history of close, personal contact with someone who has monkeypox. This may include living with someone who has monkeypox or intimate or sexual contact for adolescents who are sexually active.

Rashes are common among children and adolescents and are caused by a variety of infectious and non-infectious conditions, including chickenpox, herpes simplex virus, allergic reactions, hand, foot, and mouth disease caused by enteroviruses, acne, and molluscum. While it is important to consider monkeypox in any person with compatible symptoms, a rash alone should not necessarily prompt testing. If a provider decides to test for monkeypox, a plausible risk for exposure should be identified, unless the child or adolescent has one or more lesions that are [highly characteristic](#) of monkeypox.

For more information, including guidance on evaluating and caring for pediatric patients with possible monkeypox, see

- Centers for Disease Control and Prevention: [Clinical Considerations for Monkeypox in Children and Adolescents](#)
- American Academy of Pediatrics: [Monkeypox](#)
- NYC Department of Health and Mental Hygiene: [Monkeypox Provider Page](#)

Sincerely,

Celia Quinn, MD, MPH
Deputy Commissioner, Division of Disease Control