



## basic education

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

### 1. Attention:

To: All Provincial Heads of Education Departments  
CC: All Provincial and District Human Resource Managers  
All Provincial and District Labour Relations Managers  
All District Directors  
All Circuit Managers  
All School Principals

### HR Circular No. 1 of 2022

## LEAVE ARRANGEMENTS FOR EDUCATORS PERTAINING TO INCIDENCES OF MONKEYPOX INFECTION

### 2. Introduction:

- 2.1 The World Health Organization (WHO) defines the Monkeypox virus as an orthopoxvirus that causes a disease with symptoms similar, but less severe, to smallpox. Human-to-human transmission is limited, with the longest documented chain of transmission being six (6) generations, meaning that the last person to be infected in this chain was six (6) links away from the original sick person. It can be transmitted through contact with bodily fluids, lesions on the skin or internal mucosal surfaces, such as in the mouth or throat, respiratory droplets, and contaminated objects.
- 2.2 Monkeypox is known to be rife (endemic) in West and Central Africa.
- 2.3 In May-June 2022, multiple cases of Monkeypox were identified in several non-endemic countries. This was not typical of past patterns of spread.
- 2.4 Because of its atypical rapid spread across the world, the WHO declared Monkeypox a Public Health Emergency of International Concern (PHEIC) on 23 July 2022. This means that countries are obliged to develop testing capacity and to report all cases to the WHO. The risk of monkeypox to the general South African public and schools is presently very low; however, the sharing of accurate information and vigilance for suspected cases is advised. The virus is not thought to be airborne and cases are still rare.

### **3. Purpose of the circular:**

3.1 HR Circular No.1 of 2022 seeks to provide:

3.1.1 General information on Monkeypox;

3.1.2 Guidance or arrangements for a leave dispensation for employees with Monkeypox; and

3.1.3 Guidance to schools on the management of suspected or confirmed cases of Monkeypox.

### **4. Scope**

This circular applies to all employees appointed in terms of the Employment of Educators Act, No 76 of 1998.

### **5. Known symptoms of Monkeypox**

Monkeypox symptoms typically last between 2 to 4 weeks and go away on their own without treatment. The following are the common symptoms:

5.1 Headache;

5.2 Fever (temperature >38.5 C);

5.3 Lymphadenopathy (swollen lymph nodes);

5.4 Myalgia (muscle pain/ body aches);

5.5 Lethargy (Low energy/ tiredness)

5.6 A skin rash or skin lesions; and

5.7 Backache.

The fever typically precedes the skin lesions by up to 3 days. A person with monkeypox remains infectious while they have symptoms.

### **6. Prevention measures**

6.1 Avoid skin-to-skin, face-to-face, mouth-to-skin, and sexual contact with someone with symptoms;

6.2 Avoid crowds and contact with people that may have symptoms;

6.3 Wash hands with soap and water regularly;

6.4 People who closely interact with someone infectious, such as healthcare workers, household members and sexual partners should use appropriate protective materials and measures.

## **7. Risk of severe disease**

- 7.1 Newborns, children, pregnant women, and people with underlying immune deficiencies may be at risk of more serious symptoms, illness, or death from Monkeypox.
- 7.2 Immunocompromised individuals include–
  - 7.2.1 Those with uncontrolled diabetes;
  - 7.2.2 Persons on active cancer treatment;
  - 7.2.3 People who are HIV positive and not on antiretroviral treatment (ART);  
and
  - 7.2.4 Those with chronic kidney failure.

## **8. Monkeypox Case Management**

- 8.1 Should an educator be diagnosed with the Monkeypox virus, a maximum of 21-day symptoms monitoring period should be observed.
- 8.2 Confirmation of a positive case should be done by a practicing medical doctor, who also needs to certify the period of isolation and evidence to this effect should be provided.

## **9. Nature of leave applicable for confirmed cases of Monkeypox infection**

- 9.1 The provisions of the Personnel Administrative Measures (PAM), 2016 are deemed sufficient and applicable, should an educator contract the Monkeypox virus.
- 9.2 In this case, normal sick leave, as provided for in Section H.5.2 will apply if an educator shows any signs of Monkeypox before visiting a Medical Practitioner.
- 9.3 However, should a Medical Practitioner certify that an educator has contracted Monkeypox, he/she must be isolated to prevent the spread of Monkeypox for up to 21 days and as certified by the Medical Practitioner. The provisions in the PAM, Section H.7, Special Leave for Quarantine Purposes, will apply.
- 9.4 The employee would need to:
  - 9.4.1 Inform his/her Manager of the circumstances as soon as possible after being diagnosed;
  - 9.4.2 Provide evidence that s/he was diagnosed with Monkeypox;
  - 9.4.3 Produce a certificate from a medical practitioner stating the period of isolation as well as the reasons necessitating such leave; and

- 9.4.4 Complete the leave application (Z1a) indicating special leave together with all evidence and submit it to his/her Manager/Supervisor/Manager.
- 9.5 The employee that is granted special leave for Monkeypox as a precautionary measure is required to –
  - 9.5.1 Remain at home and follow the advice of their medical practitioner; and
  - 9.5.2 Avoid contact with other people to help prevent the spread of Monkeypox both in their homes and community.

In most cases, the symptoms of Monkeypox go away on their own within a few weeks, but in some individuals, it can lead to medical complications. Therefore, individuals must protect themselves from Monkeypox by avoiding close contact with someone with symptoms.

Kindly bring the contents of this circular to the attention of all employees.



MR HM MWELI

DIRECTOR-GENERAL

DATE: [27/08/2022](#)