

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

The CDC maintains an updated FAQ here: <https://www.cdc.gov/poxvirus/monkeypox/faq.html>

CURRENT ISOLATION AND QUARANTINE GUIDANCE

What is the current KDHE guidance for isolation for the general public?

Isolation is a public health tool that separates people who are ill with a disease from people who are not ill. For monkeypox, cases should remain in home isolation for the entire time that they are considered infectious. A person is considered infectious from when symptoms first appear to when the rash/lesions have crusted over, the crusts have fallen off, and a fresh layer of healthy skin appears. This home isolation period can last from 2-4 weeks.

CDC recommends that people with monkeypox remain [isolated at home or at another location](#) for the duration of illness, but that might not be possible in all situations. If a person with monkeypox is unable to remain fully isolated throughout the illness, they should do the following:

- While symptomatic with a fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, remain isolated in the home and away from others unless it is necessary to see a healthcare provider or for an emergency.
- While a rash persists but in the absence of a fever or respiratory symptoms
 - Cover all parts of the rash with clothing, gloves, and/or bandages.
 - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
 - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
 - Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.
 - Avoid crowds and congregate settings.
 - Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

Prioritizing isolation and these source control strategies help prevent transmission while balancing the impact of this infection on the daily lives of people diagnosed with monkeypox. These considerations may change as we learn more from the 2022 global outbreak of monkeypox.

Can you travel if you have monkeypox?

Do not travel if you have monkeypox. CDC recommends that people with monkeypox should isolate at home or in another location until your symptoms are gone and your rash has healed; this means all scabs have fallen off and a fresh layer of skin has formed. If you have monkeypox and must travel, make sure that you do not have fever or respiratory symptoms such as sore throat, nasal congestion, or cough. Also, cover your rash and wear a well-fitting mask.

Is a monkeypox test required at the end of home isolation?

No. At this time, the guidance is to end home isolation once the rash has resolved.

What is the current KDHE guidance for quarantine for the general public?

Quarantine is a public health tool that separates people who have been exposed to a disease from people who have not been exposed to a disease. For monkeypox, at this time, quarantine is not recommended for people who have been exposed to monkeypox and do not have any

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

monkeypox-like symptoms because we do not believe a person becomes infectious to others until they start showing symptoms. If a person who has been exposed to monkeypox begins to show symptoms, they should see a healthcare provider.

GENERAL QUESTIONS

What is monkeypox disease?

Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus is part of the same family of viruses that cause smallpox, although the disease tends to be milder than smallpox and is rarely fatal. It is called monkeypox disease because it was first discovered in monkeys. However, rodents, not monkeys, are believed to be the primary carriers of the virus. Symptoms of monkeypox illness may include fever, chills, swollen lymph nodes, muscle aches, and fatigue for several days followed by a rash; however, not everyone experiences symptoms before rash develops.

At this time, the risk of becoming infected with monkeypox in the United States is believed to be low. Monkeypox does not spread easily between people; however, anyone in close contact with a person with monkeypox can get it and should take steps to protect themselves. Monkeypox can affect anyone regardless of gender identity or sexual orientation. However, currently, data suggests that gay, bisexual, and other men who have sex with men make up the majority of cases in the current monkeypox outbreak.

How does monkeypox spread?

At this time, we think that people who do not have monkeypox symptoms cannot spread the virus to others. Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

The monkeypox virus is spreading mostly through intimate, skin to skin contact with someone who has monkeypox; however, cases have been identified among household contacts. Anyone who has close personal contact with someone who has symptoms of monkeypox can get monkeypox disease.

The virus can spread from person-to-person through direct contact with the infectious rash, scabs, or body fluids. The person touching the infected person does not have to have open sores or broken skin in order to be infected.

The virus can be spread by contact with respiratory secretions.

In addition, pregnant people can spread the virus to their fetus through the placenta.

Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids is another way monkeypox spreads.

It is also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by eating meat or using products from an infected animal. For more information, see CDC's page on [Monkeypox in Animals](#).

Are there certain occupations at higher risk of exposure to the monkeypox virus?

CDC considers the following occupations to have an increased occupational risk for exposure and recommends vaccine as a pre-exposure prophylaxis for these groups:

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

- Clinical laboratory personnel who perform testing to diagnose uses, including those who use polymerase chain reaction (PCR) assays for diagnosis of orthopoxviruses, including monkeypox virus
- Research laboratory workers who directly handle cultures or animals contaminated or infected with orthopoxviruses that infect humans, including Monkeypox virus, replication-competent Vaccinia virus, or recombinant Vaccinia viruses derived from replication-competent Vaccinia virus strains
- Certain healthcare and public health response team members designated by public health authorities to be vaccinated for preparedness purposes

Healthcare workers who wear appropriate Personal Protective Equipment (PPE), including gloves, eye protection and appropriate respiratory protection are not considered exposed when working with a monkeypox patient. Similarly, any other types of support staff like housekeeping staff would not be considered exposed if they wore appropriate PPE when in contact with potentially contaminated items like bed linens.

How long does it take to develop disease after an exposure?

Monkeypox has a long incubation period. That means it can take anywhere from 3 days up to 17 days from when someone was exposed to the monkeypox virus to develop symptoms. Most people usually develop symptoms between 5-13 days from when they were exposed. At this time, we think that people who do not have monkeypox symptoms cannot spread the virus to others. People exposed to monkeypox virus that do not have symptoms are not able to spread monkeypox to others.

What are the symptoms of monkeypox disease?

Monkeypox virus can cause a range of symptoms including, fever, headache, swollen lymph nodes, followed by a rash that can appear anywhere on the body. Some people may not have any symptoms before the start of the rash. In the current outbreak, many infected people have lesions on the genitals or in the anal area. Some people have initially had pain in the anal region, with or without other symptoms such as fever and headache.

Usually, the rash will turn into raised bumps, which then fill with fluid. The rash eventually scabs over, and the scabs fall off. Typically, the rash is mostly on the face, arms, legs, and hands. However, if a person was infected during sexual contact, the rash might only be on the genitals or anal region.

Persons that have immunocompromising conditions may be at risk of severe or prolonged monkeypox disease.

What happens if I develop symptoms consistent with monkeypox during my incubation period?

If you develop symptoms within 21 days of your exposure, you should contact a healthcare provider and talk to them about your exposure. A healthcare provider will evaluate your symptoms. If they suspect monkeypox disease, they will notify KDHE. They will also take samples from your rash/lesion and either send the samples to the state laboratory in Topeka for testing, or to a private laboratory. If a person who has been exposed to monkeypox begins to show symptoms, they should see a health care provider and begin isolation while waiting for a confirmation of positive test results.

If you have general questions, contact your local county health department, or KDHE at

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

877- 427-7317.

Do I need to be in isolation if I am waiting for test results?

Yes. You should remain in home isolation, avoid touching your rash, and limit your contact with other people and animals while you wait for your test results. If you are being tested through the state laboratory, typically, the provider that ordered your test will have results back in 24-48 hours.

Possible outcomes of the test result include:

- If the test result is positive, then the person becomes a case and must remain in isolation, or
- If the test result is negative and the person has a known exposure then the person is released from home isolation but should continue monitoring themselves during the incubation period, or
- If the test result is negative and there was no known exposure, then the person is released from home isolation.

What treatments are available if I am diagnosed with monkeypox disease?

Monkeypox disease is generally mild and self-limiting. Most individuals with monkeypox infection will recover within 2-4 weeks without the need for medical treatment. The following persons may benefit from treatment:

- With severe monkeypox disease such as:
 - bleeding or infected lesions/rash
 - lesions that have merged into larger lesions
 - any other conditions that require hospitalization
- With immunocompromised conditions (such as HIV that is not virally suppressed, leukemia, lymphoma, persons undergoing chemotherapy, organ transplantation, or autoimmune diseases)
- With rash or lesions in areas such as the eyes, mouth, throat, genitals, and anus (butthole) that are at risk for severe disease in both the short-term (pain, swelling, abscesses etc.) and the long-term (scarring, etc.)
- With an active disease or condition that affects the skin (such as atopic dermatitis, eczema, psoriasis, impetigo, severe acne, herpes, or burns)
- Who are children, particularly those under 8 years old
- Who are pregnant or breastfeeding

Anti-viral for infected patients: The anti-viral medication tecovirimat (also known as TPOXX) is available in limited quantities for patients with severe monkeypox disease or those who are infected and at risk for severe disease. TPOXX is available through the Strategic National Stockpile and has been pre-positioned in many jurisdictions. All clinicians and health care facility pharmacists requesting TPOXX should contact their state/territorial health department. For urgent clinical consultations after hours related to TPOXX, providers may contact CDC's Emergency Operations Center (770-488-7100) to discuss the case with a clinician, but locally pre-positioned TPOXX is likely the quickest means to obtaining treatment.

KDHE currently has a very limited supply of TPOXX oral tablets. When KDHE is notified of a positive lab result, the State Health Officer may reach out to the ordering provider to discuss

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

indications for deployment of the TPOXX doses held at KDHE.

What kind of cleaning products work against MPX?

The U.S. Environmental Protection Agency (EPA) has a list of approved cleaning solutions, or disinfectants for MPX. The list includes popular products that many people already use, such as Lysol and Clorox. In addition, the EPA has approved special product labeling for cleaning solutions to prevent MPX. The list of approved products can be found on the [EPA website](#).

According to the CDC, if you have MPX you should clean and disinfect the spaces you are in regularly to prevent the spread of MPX to your family or household when you are staying home and staying away from others. This includes washing your bedding and towels. Do not shake them out.

Once you have gotten well from MPX and new skin has grown over all your monkeypox sores or spots, you should wipe down and clean your home as thoroughly as you can. The virus can live on surfaces such as bedding for as long as 15 days. More information and tips about cleaning during and after MPX can be found [here](#).

Is there a vaccine available that I can take after I am exposed to monkeypox disease?

Vaccine for people who have been exposed or are likely to be exposed: The JYNNEOS vaccine is currently available in limited quantities through KDHE for use as post exposure prophylaxis (PEP). If a provider is evaluating a patient that they feel meets any of the following criteria, they should discuss administration of JYNNEOS with their patient. If the patient/provider decide on administration of JYNNEOS, the provider can call the KDHE Epidemiology Hotline at 1-877-427-7317 option 5 for help locating the closest JYNNEOS doses.

- PEP strategy (JYNNEOS is recommended for):
 - Known contacts who are identified by public health via case investigation, contact tracing, and risk exposure assessments
 - People who have had skin-to-skin or sexual contact with a person who was diagnosed with Monkeypox in the past 14 days.
 - CDC recommends that the vaccine be given within 4 days from the date of exposure for the best chance to prevent onset of the disease. If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- PEP++ strategy (JYNNEOS is recommended for):
 - Men who have sex with men, or transgender, gender non-conforming, or gender non-binary individuals who report any of the following in the last 21 days:
 - Having multiple or anonymous sex partners
 - Having met recent sex partners through online applications or social media platforms (e.g., Grindr, Tinder, Scruff) or at clubs, raves, sex parties, saunas, or other large gatherings
 - Being diagnosed with a sexually transmitted infection
- PEP+++ strategy (JYNNEOS is recommended for):
 - Men who have sex with men, or transgender, gender non-conforming, or gender non-binary individuals, or men or women who engage in commercial sex work, who, in the next 6 months:
 - May have multiple or anonymous sex partners, or

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

- May meet sex partners through online applications or social media platforms (e.g., Grindr, Tinder, Scruff) or at clubs, raves, sex parties, saunas, or other large gatherings, or
- May be diagnosed with a sexually transmitted infection

What is the cost of the vaccine?

There is no cost for the vaccine. However, your provider may bill insurance for administering the vaccine. Your provider cannot refuse to administer vaccine if you are uninsured and unable to pay the vaccine administration fee.

If I am a provider, where can I get information about pre-ordering vaccine to keep in storage?

Since the start of the outbreak, the U.S. Department of Health and Human Services has distributed JYNNEOS vaccines to states and jurisdictions from the Strategic National Stockpile (SNS). Providers that do not have vaccine on hand who have a patient who meets criteria for PEP, PEP++, or PEP+++ should call the KDHE Epidemiology Hotline (877-427-7317) to get information on where to send the patient to receive the vaccine.

If I am a provider, where can I get information about ordering second doses for my patients that have already received their first dose of vaccine?

At this time there is no information available on ordering for providers. KDHE will continue to allocate doses.

Who has the authority to issue and enforce isolation orders?

Each county's Local Health Officer, as well as the State Health Officer, has the authority to issue isolation and quarantine orders. For the most part, people will isolate themselves without written orders. However, if someone violates isolation or quarantine, a written order may be needed. Local law enforcement may be enlisted to help enforce an isolation or quarantine order.

65-101. Health supervision; investigation of causes of disease, sickness and death; sanitation inspections; prevention of spread of disease; outreach services; rules and regulations; injunction. (a) The secretary of health and environment shall exercise general supervision of the health of the people of the state and may:

- (1) Where authorized by any other statute, require reports from appropriate persons relating to the health of the people of the state so a determination of the causes of sickness and death among the people of the state may be made through the use of these reports and other records;
- (2) investigate the causes of disease, including especially, epidemics and endemics, the causes of mortality and effects of locality, employments, conditions, food, water supply, habits and other circumstances affecting the health of the people of this state and the causes of sickness and death;
- (3) advise other offices and agencies of government concerning location, drainage, water supply, disposal of excreta and heating and ventilation of public buildings;
- (4) make sanitary inspection and survey of such places and localities as the secretary deems advisable;
- (5) take action to prevent the introduction of infectious or contagious disease into this state and to prevent the spread of infectious or contagious disease within this state;

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

(6) provide public health outreach services to the people of the state including educational and other activities designed to increase the individual's awareness and appropriate use of public and other preventive health services.

(b) The secretary of health and environment may adopt rules and regulations necessary to carry out the provisions of paragraphs (1) through (6), inclusive, of subsection (a). In addition to other remedies provided by law, the secretary is authorized to apply to the district court, and such court shall have jurisdiction upon a hearing and for cause shown to grant a temporary or permanent injunction to compel compliance with such rules and regulations.

65-119. Duties and powers of local health officers; contagious diseases; confidentiality of information; disclosure, when. (a) Any county or joint board of health or local health officer having knowledge of any infectious or contagious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance, **seeing that all such cases are properly cared for and that the provisions of this act as to isolation, restriction of communication, quarantine and disinfection are duly enforced.** The county or joint board of health or local health officer shall communicate without delay all information as to existing conditions to the secretary of health and environment. The local health officer shall confer personally, if practicable, otherwise by letter, with the person in attendance upon the case, as to its future management and control. The county or joint board of health or local health officer is hereby empowered and authorized to prohibit public gatherings when necessary for the control of any and all infectious or contagious disease.

(b) Any disclosure or communication of information relating to infectious or contagious diseases required to be disclosed or communicated under subsection (a) of this section shall be confidential and shall not be disclosed or made public beyond the requirements of subsection

(a) of this section or subsection (a) of K.S.A. 65-118, except as otherwise permitted by subsection (c) of K.S.A. 65-118.

65-122. Schools and child care facilities; non-admissions and exclusions; readmissions, when. **No person afflicted with an infectious or contagious disease dangerous to the public health shall be admitted into any public, parochial or private school or licensed child care facility. It shall be the duty of the parent or guardian, and the principal or other person in charge of any public, parochial, private school or licensed child care facility to exclude therefrom any child or other person affected with a disease suspected of being infectious or contagious until the expiration of the prescribed period of isolation or quarantine for the particular infectious or contagious disease.** If the attending person licensed to practice medicine and surgery or local health officer finds upon examination that the person affected with a disease, suspected of being infectious or contagious is not suffering from an infectious or contagious disease, he or she may submit a certificate to this effect to the person in charge of the public, parochial, private school or licensed child care facility and such person shall be readmitted to school or to the child care facility.

History: L. 1901, ch. 285, § 6; R.S. 1923, 65-122; L. 1953, ch. 283, § 3; L. 1976, ch. 262, § 3; July 1.

65-126. Quarantine of city, township or county. Whenever the county or joint board of health or the local health officer neglects to properly isolate and quarantine infectious or contagious diseases and persons afflicted with or exposed to such diseases as may be necessary to prevent the spread thereof, **the secretary of health and environment may quarantine any area in which any of these diseases may show a tendency to become epidemic.**

65-127. Penalty provision. Any person found guilty of violating any of the provisions of K.S.A.

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

65-118, 65-119, 65-122, 65-123 and 65-126, and any amendments thereto, or failing to comply with any requirements thereof shall be fined, upon conviction, not less than twenty-five dollars (\$25) nor more than one hundred dollars (\$100) for each offense.

65-129b. Infections or contagious diseases; authority of local health officer or secretary; evaluation or treatment orders, isolation or quarantine orders; enforcement. (a)

Notwithstanding the provisions of K.S.A. [65-119](#), [65-122](#), [65-123](#), [65-126](#) and [65-128](#), and amendments thereto, and any rules or regulations adopted thereunder, in investigating actual or potential exposures to an infectious or contagious disease that is potentially life-threatening, the local health officer or the secretary:

(1) (A) May issue an order requiring an individual who the local health officer or the secretary has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment;

(B) when the local health officer or the secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease, may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public;

(C) if a competent individual of 18 years of age or older or an emancipated minor refuses vaccination, medical examination, treatment or testing under this section, may require the individual to go to and remain in a place of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and

(D) if, on behalf of a minor child or ward, a parent or guardian refuses vaccination, medical examination, treatment or testing under this section, may require the minor child or ward to go to and remain in a place of isolation or quarantine and must allow the parent or guardian to accompany the minor child or ward until the local health officer or the secretary determines that the minor child or ward no longer poses a substantial risk of transmitting the disease or condition to the public; and

(2) may order any sheriff, deputy sheriff or other law enforcement officer of the state or any subdivision to assist in the execution or enforcement of any order issued under this section.

History: L. 2005, ch. 122, § 2; April 21.

65-129c. Same; orders for isolation or quarantine; form and content; notice; hearing in district court; application and effect; procedure; orders for relief; emergency rules of procedure. (a) If the local health officer or the secretary requires an individual or a group of individuals to go to and remain in places of isolation or quarantine under K.S.A. [65-129b](#), and amendments thereto, the local health officer or the secretary shall issue an order to the individual or group of individuals.

(b) The order shall specify:

(1) The identity of the individual or group of individuals subject to isolation or quarantine;

(2) the premises subject to isolation or quarantine;

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

- (3) the date and time at which isolation or quarantine commences;
 - (4) the suspected infectious or contagious disease causing the outbreak or disease, if known.
 - (5) the basis upon which isolation or quarantine is justified; and
 - (6) the availability of a hearing to contest the order.
- (c) (1) Except as provided in paragraph (2) of subsection (c), the order shall be in writing and given to the individual or group of individuals prior to the individual or group of individuals being required to go to and remain in places of isolation and quarantine.
- (2) (A) If the local health officer or the secretary determines that the notice required under paragraph (1) of subsection (c) is impractical because of the number of individuals or geographical areas affected, the local health officer or the secretary shall ensure that the affected individuals are fully informed of the order using the best possible means available.
- (B) If the order applies to a group of individuals and it is impractical to provide written individual copies under paragraph (1) of subsection (c), the written order may be posted in a conspicuous place in the isolation or quarantine premises.
- (d) (1) An individual or group of individuals isolated or quarantined under this section may request a hearing in district court contesting the isolation or quarantine, as provided in article 15 of chapter 60 of the Kansas Statutes Annotated, but the provisions of this section shall apply to any order issued under K.S.A. [65-129a](#) to [65-129d](#), inclusive, and amendments thereto, notwithstanding any conflicting provisions contained in that article.
- (2) A request for a hearing may not stay or enjoin an isolation or quarantine order.
- (3) Upon receipt of a request under this subsection (d), the court shall conduct a hearing within 72 hours after receipt of the request.
- (4) (A) In any proceedings brought for relief under this subsection (d), the court may extend the time for a hearing upon a showing by the local health officer or the secretary or other designated official that extraordinary circumstances exist that justify the extension.
- (B) In granting or denying an extension, the court shall consider the rights of the affected individual, the protection of the public health, the severity of the health emergency and the availability, if necessary, of witnesses and evidence.
- (C) (i) The court shall grant the request for relief unless the court determines that the isolation or quarantine order is necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease.
- (ii) If feasible, in making a determination under this paragraph (C), the court may consider the means of transmission, the degree of contagion, and, to the extent possible, the degree of public exposure to the disease.
- (5) An order of the court authorizing the isolation or quarantine issued under this section shall:
- (A) Identify the isolated or quarantined individual or group of individuals by name or shared characteristics;
 - (B) specify factual findings warranting isolation or quarantine; and
 - (C) except as provided in paragraph (2) of subsection (c), be in writing and given to the individual or group of individuals.
- (6) If the court determines that the notice required in paragraph (C) of subsection (d)(5) is impractical because of the number of individuals or geographical areas affected, the court shall ensure that the affected individuals are fully informed of the order using the

KDHE Monkeypox FAQ and Guidance for Isolation & Quarantine

Updated August 19, 2022

best possible means available.

(7) An order of the court authorizing isolation or quarantine shall be effective for a period not to exceed 30 days. The court shall base its decision on the standards provided under this section.

(8) In the event that an individual cannot personally appear before the court, proceedings may be conducted:

(A) By an individual's authorized representative; and

(B) through any means that allows other individuals to fully participate.

(9) In any proceedings brought under this section, the court may order the consolidation of individual claims into group claims where:

(A) The number of individuals involved or affected is so large as to render individual participation impractical;

(B) there are questions of law or fact common to the individual claims or rights to be determined;

(C) the group claims or rights to be determined are typical of the affected individual's claims or rights; and

(D) the entire group will be adequately represented in the consolidation.

(10) The court shall appoint counsel to represent individuals or a group of individuals who are not otherwise represented by counsel.

(11) The supreme court of Kansas may develop emergency rules of procedure to facilitate the efficient adjudication of any proceedings brought under this section.

History: L. 2005, ch. 122, § 3; April 21.

Are there any restrictions placed on schools who would need to ensure that a student in 2-4 weeks of home isolation does not attend school in-person?

The CDC's guidance for home isolation during the duration of monkeypox disease is 2-4 weeks, or 80-160 hours of instruction time. [K.S.A. 72-5180](#) puts limits on remote student learning to 40 total hours of remote learning for any student, unless an individual student cannot reasonably attend in person due to illness, medical condition, injury or any other extraordinary circumstance and the local school board authorized the student to temporarily attend through remote learning in excess of 40 hours.

The school and guardian would need to work with the local school board to get approval for the additional hours of remote learning. If the district does not offer remote learning, the absences should be counted as excused.