Monkeypox Guidance for Colleges and Universities

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CDC has created a resource page for Institutions of Higher Education. Please check this site for updates.

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 the rash develops.

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.
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids is another way monkeypox spreads.
- Contact with respiratory secretions.
- In addition, pregnant people can spread the virus to their fetus through the placenta.
- 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.

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.

Is the risk of monkeypox transmission high on college and university campuses?

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, recent data suggest that gay, bisexual, and other men who have sex with men make up more than 90% of cases in the current monkeypox outbreak.

This guidance document outlines recommendations for strategies to reduce the spread of monkeypox on college and university campuses. Each setting is unique and not all strategies will always be applicable for every setting. This guidance is provided to outline options that colleges and universities may implement where feasible.

- Priority 1: Educate the student, faculty and staff populations on behaviors that reduce, and conversely those behaviors that increase, the risk of becoming infected with monkeypox and infecting others.
- Priority 2: Stay up-to-date with the most current knowledge about the symptoms of monkeypox disease.
- Priority 3: Make sure that your campus health center is ready to test symptomatic students, faculty and staff.
- Priority 4: Understand the current KDHE guidance for isolation of cases and current recommendations for close contacts.
- Priority 5: Plan for facilities to house people under isolation.
- Priority 6: Understand your role in helping to identify cases and close contacts.
- Priority 7: Understand the availability and recommendations for vaccine and antiviral treatments.
- Priority 8: Have a communications plan

Priority 1: Promoting Behaviors that Reduce the Spread of Disease

Educate the student, faculty and staff populations on behaviors that reduce, and conversely those behaviors that increase, the risk of becoming infected with monkeypox and infecting others.

Parties and Gatherings

- If you feel sick or have a rash, do not attend any gatherings, and see a healthcare provider.
- Festivals, events, and concerts where attendees are fully clothed and unlikely to share skin-to-skin contact are safer. However, attendees should be mindful of activities (like kissing and sharing food/drinks) that might spread monkeypox.
- A rave, party, or club where there is minimal clothing and where there is direct, personal, often skin-to-skin contact has some risk. Avoid contact with any rash you see on others and consider minimizing skin-to-skin contact.

Hand Hygiene and Respiratory Etiquette

- Recommend and reinforce handwashing with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage students, faculty, staff to cover coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.

Adequate Supplies

- Support healthy hygiene behaviors by providing adequate supplies, including:
    - soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, and no-touch/foot pedal trash cans.
    - Provide an adequate number of hand sanitizing stations in areas where people eat including any temporary or expanded break areas.

Understanding Risky Behavior

- Education works! Impact of Monkeypox Outbreak on Select Behaviors
- Educate on What You Need to Know about Monkeypox if You are a Teen or Young Adult
    - What is monkeypox?
    - How do you get monkeypox?
    - What can I do to protect myself?
    - What should I do if I think I have monkeypox?
- Educate on Monkeypox Prevention Steps
    - Avoiding close, skin-to-skin contact with people who have a rash that looks like monkeypox.
    - Avoiding contact with objects or materials that a person with monkeypox has used.
- Educate on Safer Sex, Social Gatherings, and Monkeypox
    - Getting vaccinated if you think you have been exposed or think you may be exposed.
    - Exchanging contact information with new partners.
    - Talking to your partner about monkeypox symptoms.

Priority 2: Understanding Symptoms

Symptoms of monkeypox can include:

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes

- Chills
- Exhaustion
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.
    - The rash may be limited to one or two lesions.
    - The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks.
    - Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash. Some people have lesions in areas that are difficult to visualize, such as in the back of the throat or in the rectal area and may present with pain and/or bleeding.

Priority 3: Be Prepared to Test

Make sure that your campus health center is ready to test students, faculty and staff.

- Testing should focus on people who have a suspicious rash because samples will be collected from the rash/lesions themselves. Currently, there is no way to test asymptomatic people regardless of whether they are part of a community currently experiencing increased incidence of monkeypox disease or have travelled to/from a country with monkeypox activity.
- The preferred test for diagnostic purposes is a PCR test; antibody tests are not considered diagnostic tests. Currently, all tests must be run at the Kansas Health and Environmental Laboratories (KHEL) or one of five currently authorized commercial labs (Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare) and there is no point of care or over the counter option for monkeypox testing.
- The health center should have an established contract with at least one reference lab that will provide testing supplies and will analyze samples, or the health center should plan to send samples to the Kansas Health and Environmental Laboratories (KHEL). Currently, testing through KHEL requires KDHE Epidemiology approval prior to sending in samples.
    - For more information on the criteria to test through KHEL, see Monkeypox Disease: Information for Providers.
    - If you plan to test through KHEL, you can order supplies by filling out the Requisition for Laboratory Specimen Kits and Supplies.
        - See Appendix A at the end of this document for instructions.
- Currently, the turnaround time at KHEL is 24-48 hours for samples delivered to KHEL during the week. KHEL is not currently processing samples over the weekend.
- Make sure to have testing supplies on hand which include the correct type of swab that the reference lab prefers, the correct sterile tubes, ice packs, and coolers.
- Make sure to pre-identify a single person room in your health center for

evaluation and sampling.

- The health center should have adequate PPE for staff that will collect samples. This includes gowns, gloves, and fit-tested N95 respirators with adequate eye protection.
- Ensure that health center clinic staff are trained and comfortable with collecting swabs from a rash/lesion.
    - Testing Patients for Monkeypox
    - Tips for Adequate Collection of a Lesion Specimen from a Suspect Monkeypox Virus Case
- If the campus does not have a health center, for example a community college campus, then plan for testing of students, faculty and staff off campus.
- Anyone with private health insurance can seek testing through a primary care physician or at an urgent care clinic, but they are advised to call ahead to ensure the provider has adequate testing supplies on hand or if not, to get a referral to another provider.
- The local health department may be able to provide testing for underinsured or uninsured students, faculty and staff. Work with your local health department to determine their capacity for testing.

Priority 4: Understand Isolation Recommendations and Recommendations for Close Contacts

It is important that colleges and universities understand the current CDC and KDHE guidance for isolation and quarantine. When colleges and universities are on the same page about the expectations for isolation and quarantine, then all partners can work together to make sure this basic public health practice to control the spread of disease is implemented successfully.

Quarantine of Close Contacts – Currently Not Recommended

- A close contact is someone who has had direct contact with an individual with monkeypox disease during the prodromal period or direct contact with the infectious rash, scabs, or body fluids from that individual.
    - Individuals with monkeypox disease are considered infectious from when their symptoms first start to when their rash has crusted over, the scabs have fallen off, and a fresh layer of skin appears (about 2-4 weeks).
- For monkeypox, quarantine is **not** recommended for close contacts. However, close contacts are evaluated by Public Health, in partnership with providers, for the use of vaccine as post-exposure prophylaxis (PEP) and the use of antivirals. Close contacts are also monitored for symptoms by Public Health for 21 days during their incubation period.

Travel-related Quarantine – Currently Not Recommended

- At this time, CDC and KDHE do not recommend any travel-related quarantine for people who may have travelled to or from locations with monkeypox activity.

Isolation of a Person Under Investigation

- A Person Under Investigation (PUI) is suspected of having monkeypox disease. A person who is being tested for monkeypox is required to be in isolation until test results are received.
- Possible outcomes of the test result include:
    - If the test result is positive, then the person becomes a case and remains in isolation, or
    - If the test result is negative and the person has a known exposure, then the person is released from isolation and will continue monitoring during their 21-day incubation period, or
    - If the test result is negative and there was no known exposure, then the person is released from isolation.

Isolation of a Case

- A case should remain in home isolation, away from others, until their rash/lesions have crusted over, the scabs have fallen off, and a fresh layer of skin appears (about 2-4 weeks).
- Students, teachers and staff should NOT attend in-person classes during their home isolation period.
- During home isolation, every effort should be made not to share a room, bathroom, or other common areas.
- If a person does need to leave home isolation, to seek medical care for example, they should follow Isolation and Prevention Practices for People with Monkeypox | Monkeypox | Poxvirus | CDC which includes covering all parts of the rash with clothing, gloves and/or bandages and wearing a well-fitting mask.

Priority 5: Plan for Alternate Housing

Work with your local health department and county emergency manager to plan for facilities to house people under isolation. Students, faculty and staff that live in congregate housing situations will need alternate housing while placed under isolation.

- It is not recommended that confirmed cases be housed together in the same room. With monkeypox, there is high risk of touching infectious material from one person and passing to another which may cause more rash/lesions to develop. In fact, a person can spread infectious material themselves (self-inoculation) when they touch or scratch the rash/lesions and then touch other body parts, such as their eyes.
    - It is acceptable to house confirmed cases together on a single floor of a dormitory.
- Confirmed cases in isolation should have their own room and bathroom. Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers. Provide information on how to

properly wash hands. Hand sanitizer could also be made available. Make sure trash cans are emptied regularly.
- Encourage limiting the use of shared spaces as much as possible, such as kitchens and common areas. Encourage use of masks when entering shared spaces.

In addition to the Congregate Living Settings | Monkeypox | Poxvirus | CDC guidance, consider these in your planning:

Televisit

- At least one time per day, as scheduled, the clinician should make contact with the patient via phone or video (depending on the technology possessed by patient) and inquire about any new symptoms or concerns.
- Information about how to contact a clinician should be given to each person and posted in each alternate hosting facility.
- People should be told to contact a clinician if symptoms worsen, or new symptoms appear.
- Staff should wear fit tested respiratory protection and eye protection (i.e., goggles or face shield) when interacting with confirmed patients within 6 feet.
- Limit staff entering the rooms of confirmed cases unless it is necessary.

Cleaning

- When cleaning and disinfecting rooms or surfaces potentially exposed to monkeypox virus:
    - Perform adequate hand hygiene immediately before and after removing gloves, and after any contact with potentially infected fluids or contaminated surfaces. Hand sanitizer (at least 60% alcohol) or soap and water are both valid options. When hands are visibly soiled always wash with soap and water.
    - Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash, laundry and wastes.
    - Additional personal protective equipment (PPE) such as respiratory and eye protection might be required based on the cleaning/disinfectant products being used.
    - Disposable PPE should be treated as potentially infectious material (as regulated medical waste, not considered category A waste).
    - PPE should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Share guidance on Disinfecting Home and Other Non-Healthcare Settings

- Bathrooms should be cleaned regularly using Disinfectants for Emerging Viral Pathogens (EVPs): List Q | US EPA at least twice per day.
- Any shared spaces should be cleaned regularly using Disinfectants for Emerging Viral Pathogens (EVPs): List Q | US EPA at least twice per day.

Priority 6: Understand Your Role in the Public Health Response

- If there is a student, faculty or staff member that tests positive in a college or university setting, Public Health can share information about the case with the school if the information is needed to help manage the health of the case, or if the information is needed to help control the spread of disease on campus.
- The expectation is that the school will work with KDHE to help with identifying close contacts if there are close contacts related to the school. KDHE will interview the case and ask about close contacts during their infectious period. If the case has no close contacts or can name all their close contacts and give contact information (phone numbers), then the school may not be involved much with contact tracing.
- A more likely scenario is that students can tell Public Health which classes or activities they went to but cannot identify the names of everyone they came into contact with. In that scenario, the school should come up with the list of close contacts and phone numbers to share with Public Health for monitoring.

Priority 7: Understand the Availability and Recommendations for Vaccine and Anti-Viral Treatment

- 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. Some people, like those with weakened immune systems, those younger than eight years old, or individuals with genital/rectal or ophthalmic lesions/rashes may need treatment. Individuals should talk with their doctor to discuss the available treatment options.
- *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 indications for deployment of the TPOXX doses held at KDHE.

- *Vaccine for people who have been exposed or likely to be exposed*:
  - 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 are age 18 or older 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 (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
      - 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.
      - May be diagnosed with a sexually transmitted infection

Priority 8: Have a Communications Plan

- When framing your communications plan, keep in mind that most of the transmission in the current US outbreak has occurred through close, skin-to-skin contact with someone who has monkeypox disease.
    - The risk of transmission in Kansas is very low
    - When a positive case is identified, public health authorities will interview the person and determine who they came into close contact with while they were infectious. Close contacts will be notified and monitored for symptoms by public health.
    - If the person with monkeypox cannot identify all of their close contacts and there is a possibility that they attended a gathering/class/etc. while infectious AND came into close, skin-to-skin contact with others, KDHE will work with the college/university to gather a list of potential close contacts.
- Keep messages fact-based and aimed at Reducing Stigma in Monkeypox Communication.
- While developing resources and messages, use CDC's Health Equity Guiding Principles for Inclusive Communication.
- Emphasize that although monkeypox is currently spreading among men who have sex with men, *anyone* can get monkeypox and promote it as a public health concern for all. Focusing on cases among gay and bisexual men may inadvertently stigmatize this population and create a false sense of safety among those who are not gay and bisexual men.
- It's important to reach any disproportionately affected community with non-alarmist, fact-based messaging about monkeypox that provides people with tools they can use to protect themselves and others.
- Educate faculty and staff about respecting student privacy and discouraging requiring "proof" of disease when a student cannot attend class in-person.

Additional References

Monkeypox | Poxvirus | CDC

Monkeypox | KDHE, KS

Monkeypox Disease: Information for Providers

Clinical Recognition | Monkeypox | Poxvirus | CDC

Reducing Stigma in Monkeypox Communication and Community Engagement | Monkeypox | Poxvirus | CDC

Monkeypox Guidance for Colleges and Universities

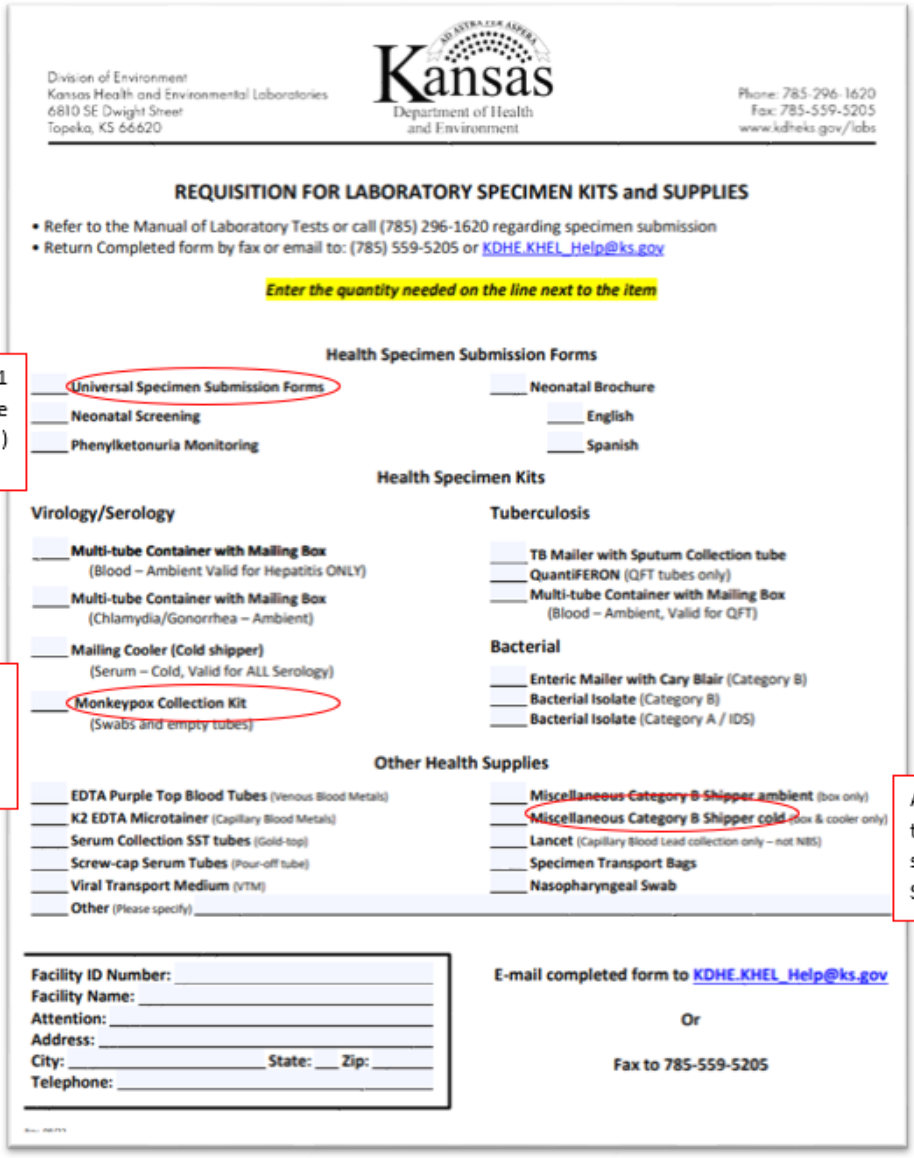
Safer Sex, Social Gatherings, and Monkeypox | Monkeypox | Poxvirus | CDC

What You Need to Know about Monkeypox if You are a Teen or Young Adult

Monkeypox Guidance for Colleges and Universities

Appendix A: Instructions on ordering monkeypox testing supplies through KHEL

1) Obtain a copy of the Requisition for Laboratory Specimen Kits and Supplies form.
2) If you are not already a client with KHEL, also send in a Laboratory Report Delivery form.
3) Fill out the form based on the number of kits you are requesting and return to KHEL.



Division of Environment
Kansas Health and Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620

Kansas Department of Health and Environment

Phone: 785-296-1620
Fax: 785-559-5205
www.kdheks.gov/labs

REQUISITION FOR LABORATORY SPECIMEN KITS and SUPPLIES

- Refer to the Manual of Laboratory Tests or call (785) 296-1620 regarding specimen submission
- Return Completed form by fax or email to: (785) 559-5205 or KDHE.KHEL_Help@ks.gov

Enter the quantity needed on the line next to the item

Health Specimen Submission Forms

____ **Universal Specimen Submission Forms**
____ **Neonatal Screening**
____ **Phenylketonuria Monitoring**
____ **Neonatal Brochure**
____ **English**
____ **Spanish**

Health Specimen Kits

Virology/Serology

____ **Multi-tube Container with Mailing Box** (Blood – Ambient Valid for Hepatitis ONLY)
____ **Multi-tube Container with Mailing Box** (Chlamydia/Gonorrhea – Ambient)
____ **Mailing Cooler (Cold shipper)** (Serum – Cold, Valid for ALL Serology)
____ **Monkeypox Collection Kit** (Swabs and empty tubes)

Tuberculosis

____ **TB Mailer with Sputum Collection tube**
____ **QuantiFERON** (QFT tubes only)
____ **Multi-tube Container with Mailing Box** (Blood – Ambient, Valid for QFT)

Bacterial

____ **Enteric Mailer with Cary Blair** (Category B)
____ **Bacterial Isolate** (Category B)
____ **Bacterial Isolate** (Category A / IDS)

Other Health Supplies

____ **EDTA Purple Top Blood Tubes** (Venous Blood Metals)
____ **K2 EDTA Microtainer** (Capillary Blood Metals)
____ **Serum Collection SST tubes** (Gold-top)
____ **Screw-cap Serum Tubes** (Pour-off tube)
____ **Viral Transport Medium** (VTM)
____ **Other** (Please specify) _____
____ **Miscellaneous Category B Shipper ambient** (box only)
____ **Miscellaneous Category B Shipper cold** (box & cooler only)
____ **Lancet** (Capillary Blood Lead collection only – not NBS)
____ **Specimen Transport Bags**
____ **Nasopharyngeal Swab**

Facility ID Number: _____
Facility Name: _____
Attention: _____
Address: _____
City: _____ **State:** ___ **Zip:** _____
Telephone: _____

E-mail completed form to KDHE.KHEL_Help@ks.gov

Or

Fax to 785-559-5205

1 USSF per lesion (1 form for 2 swabs of the same lesion)

1 kit=1 patient. Will include 4 swabs (2 swabs per lesion), 4 tubes, 2 bags.

All samples being sent to KHEL at once can be sent in the same Shipper.