

Mpox: Guidance for Institutions of Higher Education (IHEs)

This document provides guidance for how DC Institutions for Higher Education (e.g., colleges, universities) can prevent and respond to mpox (formerly called monkeypox). This guidance may also be used for boarding schools and other settings where teens or young adults are in residence. For additional information about mpox, please visit dchealth.dc.gov/page/mpox.

MPOX BASICS:

- **What is mpox?** Mpox is a virus related to the smallpox virus. The hallmark of mpox is a **rash**¹. Additional symptoms can include fever, chills, swollen glands, headache, muscle aches, exhaustion, and respiratory symptoms like cough, nasal congestion, and sore throat. Until this year mpox was mostly found in several African countries. Currently there is a global outbreak of mpox which is impacting the District of Columbia².
- **How dangerous is mpox?** Mpox is rarely life threatening and most people recover completely. However, symptoms can be unpleasant and painful.
- **How do you catch mpox?** The main way mpox spreads is through close skin to skin contact with mpox sores. Less common ways it can spread are through respiratory droplets after prolonged face-to-face contact, and by touching contaminated objects (such as utensils, sex toys, or personal care items) or fabrics (such as bedding or clothing). Sexual contact (i.e., any contact with the genitals, oral, anal, or vaginal sex) has been the most common way mpox has been spreading during this outbreak, but it can also spread from kissing, cuddling, a massage, or close contact sports. Mpox is **less contagious** than COVID-19 which spreads easily from person to person through casual contact.
- **Are teens and young adults at risk for mpox?** Anyone can catch mpox if they are exposed to it. In general, teens and young adults have similar risk of getting mpox as older adults. Risk may be higher for those living in dormitories or shared congregate settings due to larger numbers of people living close together and frequent social interactions. The overwhelming majority of mpox cases so far have been in **adult men, (particularly those who have sex with other men)**. **One of the best ways to prevent a person from getting mpox is to get vaccinated if they are eligible for the vaccine (see below)**.
- **Are there treatments and vaccines for mpox?** Yes. Since mpox and smallpox are so closely related, treatments and vaccines for smallpox are being used to prevent and treat mpox.
- **Who should get vaccinated for mpox?** At this time, DC Health recommends mpox vaccination for people who have had a high-risk exposure to mpox and people who may be more likely to get mpox including people who have multiple sexual partners, people who work in settings where sexual activity occurs (such as sex clubs or bathhouses) and laboratory workers who process mpox tests. **There is currently no need for mass vaccination of IHE students or staff.**
 - **Find out more about mpox vaccine eligibility criteria and how to sign up for a mpox vaccine at dchealth.dc.gov/page/mpox.**
- **What should I do if I have a new rash?** If you develop a new and concerning rash, stay home and consult with your healthcare provider, who can assess whether you should get tested for mpox. Many other illnesses besides mpox can cause rashes in teens and young adults, including varicella-zoster virus (VZV) infection (chickenpox and shingles), molluscum contagiosum, herpes, scabies, insect bites, and bacterial skin infections. Mpox testing can only be done on people who have a rash.
- **What should I do if I have been in contact with a person who has mpox?** Reach out to your healthcare provider to discuss the details of your exposure. They may recommend that

¹ For pictures of mpox rash, see cdc.gov/poxvirus/monkeypox/resources/graphics.html.

² For weekly District of Columbia mpox data see: mpox numbers, see dchealth.dc.gov/page/mpox-data.

you get the mpox vaccine. You will also be contacted by DC Health if a person with mpox identifies you as a close contact. People exposed to mpox **do not need to quarantine**. They can continue to engage in their normal activities but should monitor themselves for development of mpox symptoms for 21 days.

PREVENTING MPOX:

- **Stay at home when sick:**
 - Staying at your home or residence when you are sick or have a new and concerning rash is the best way to avoid spreading mpox.
 - Contact your health provider if you develop a new suspicious rash.

- **Isolation (for people with symptoms of or confirmed mpox)**
 - **Most people can isolate safely at their home or residence.**
 - Do not go to work, attend in person classes, or use public transportation until cleared by your healthcare provider.
 - Avoid leaving isolation except for medical appointments, emergencies, or other essential activities (such as getting food when delivery is not possible).
 - If you are **unable** to remain in isolation:
 - Avoid close or physical contact with other people or animals.
 - Wear a well-fitting mask, cover all parts of the rash with clothing, gloves, and/or bandages.
 - For more information about home isolation, see cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html.
 - If you are isolating in a dormitory, residence hall, or other congregate type setting:
 - Isolation spaces should have a door that can be closed and a dedicated bathroom that other students/residents do not use.
 - Multiple students/residents that test positive for mpox can stay in the same room.
 - For more information about isolation in congregate settings, see cdc.gov/poxvirus/monkeypox/community/congregate.html
 - **People with confirmed mpox should isolate and are considered infectious from the onset of symptoms until all sores have healed, scabs have fallen off, and a fresh layer of skin has formed. This can take up to 4 weeks.**
 - People with a rash suspicious for mpox should isolate and may leave isolation if they test negative for mpox.
 - IHEs should provide flexible leave and absence policies for staff and students who need to isolate.

- **Hand hygiene**
 - Ensure access to adequate handwashing supplies, including soap and water.

WHAT TO DO IF A CASE OF MPOX OCCURS

- Report to DC Health.
 - **IHEs should report suspected and confirmed cases of mpox to DC Health immediately**
 - Submit a Notifiable Disease and Condition Case Report Form online using DCRC: at dccovid.force.com/provider/s/login/
- Clean and disinfect the areas where a person with mpox spent time.
 - Focus on cleaning and disinfecting items that were in direct contact with the person's skin or used frequently by the person.
 - Avoid activities that could spread dried material from lesions (e.g., use of fans,

- dry dusting, sweeping, or vacuuming) in these areas.
- Use an EPA-registered disinfectant with an [Emerging Viral Pathogens](#) claim, which may be found on EPA's [List Q](#).
 - ❖ For more information on cleaning and disinfecting surfaces, floors, and shared items, follow CDC guidance for *Disinfecting Home and other Non-Healthcare Settings* at cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html.
 - Linens or towels that the person with mpox used should be laundered separately.
 - Items that cannot be cleaned, disinfected, or laundered should be thrown away.
 - Personal protective equipment (PPE) is required if cleaning or laundry is performed by someone other than the person with mpox.
 - The person should wear clothing that fully covers the skin, disposable medical gloves, eye protection and a respirator or well-fitting mask.
 - PPE is not necessary when handling laundry after the wash cycle is complete.
 - Nobody (besides cleaning staff) should enter the area the person with mpox was in until cleaning and disinfection is completed.
 - Contact identification and communication:
 - When a case of mpox is identified, DC Health will conduct contact tracing to identify individuals who had a high-risk exposure and give them guidance.
 - IHEs should communicate with staff and students/residents when a case of mpox is identified. Provide fact-based information.
 - The privacy of individuals and families should be protected.
 - Avoid stigmatizing staff or students/residents affected by mpox
 - If a staff member or student/resident develops a new rash suspicious for mpox, they should be sent to their home, residence, or another appropriate location to isolate.
 - IHEs should have processes and resources in place to support students/residents during their isolation period. Needed support may include:
 - Accommodations to attend classes virtually
 - Food delivery
 - Transportation for medical appointments
 - Access to tele-health visits
 - Alternative accommodations for isolation
 - Counseling or psychological services

ADDITIONAL RESOURCES

- CDC Infographics:
 - [What You Need to Know about Mpox if You are a Teen or Young Adult](#)
 - [Mpox and Safer Sex](#)
 - [Social Gatherings: Know Before You Go](#)
- American College Health Association:
 - [Promoting Health Equity and Reducing Stigma](#)

The guidelines above will continue to be updated as the District's mpox response evolves.