



Emerging Considerations for Addressing MPV in Higher Education Settings: Isolation and Housing

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Since the eradication of smallpox in 1980 and the subsequent end of routine smallpox vaccination, monkeypox virus (MPV) has emerged as the most concerning orthopoxvirus for public health. MPV was first identified in humans in 1970 in the Democratic Republic of Congo. The first U.S. case was reported in 2003 and resulted in more than 70 cases. The virus re-emerged in the U.S. in July 2021, and since then, there have been [thousands of confirmed MPV cases](#) across the country. In response to this increase in cases, the U.S. Department of Health and Human Services declared MPV a public health emergency on August 4, 2022.

MPV is generally a self-limited infection that resolves without specific treatment, but the following factors contribute to concern about the virus:

- Spread of the virus through close, skin-to-skin contact, including during intimate sexual contact
- Spread of the virus through fomites, defined as objects or materials which can carry infection (e.g., towels, sheets, and clothing)
- Stigma associated with visibility of skin lesions
- Oppressive systems that create stigma as well as barriers to prevention and care – specifically racism, heterosexism, and cissexism
- Pain associated with lesions
- Relative scarcity of vaccine and treatment
- Duration of prodrome and illness duration (approximately 2-4 weeks)
- Broad differential diagnosis (e.g., herpesviruses, chickenpox)
- Reduced inventory of quarantine and isolation housing on many campuses

This ACHA series, "[Emerging Considerations for Addressing MPV in Higher Education Settings](#)," aims to supplement available CDC guidance to support college health clinical and health promotion professionals.

*A note on nomenclature: ACHA is referring to the virus as MPV to align with the nomenclature for other commonly transmitted infections in the college setting – e.g., Epstein-Barr virus (EBV), human papillomavirus (HPV) – that include virus in the acronym. This also aligns with the naming convention currently used by the American Academy of Family Physicians (AAFP).

Sources:

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>

<https://www.cdc.gov/smallpox/vaccine-basics/index.html>

<https://jamanetwork.com/journals/jama/fullarticle/2793516>

Purpose of this Brief

The purpose of this brief is to offer **considerations and resources** on housing and isolation, including how to support individuals in isolation, to assist college health professionals and administrators with decision-making as the science of MPV and the current outbreak evolve.

Considerations for Isolation

Precautions Regarding Work, School, and Public Places

Individuals should not go to work or school or use public transportation until cleared by their medical provider and/or public health department. They may leave their residence to obtain food and medical attention. However, skin lesions must be covered with a dressing before affected persons leave their residence, and they should limit the time they spend in public settings. CDC offers further guidance on travel [here](#).

Ending Isolation

For a patient to be able to end their isolation, all scabs must have fallen off and a fresh layer of skin should be formed over all prior lesions. This can take up to 2-4 weeks. Individuals with MPV will need to be cleared by their medical provider and/or public health department. For unique cases such as persistent symptoms after skin lesions have healed, clearance to return to usual activities will need to be done on a more individualized basis, most likely in consultation with the local health department.

Supporting Individuals in Isolation

While MPV is usually a self-limiting illness and the skin will heal, the prolonged isolation can take a toll on an individual. Like the required isolation for COVID-19, individuals with MPV may require assistance from the IHE support community (e.g., counseling and psychological services, accommodations to attend classes virtually or work from home).

Of note, because of the long isolation period associated with MPV (compared to COVID), there is risk of inadvertently sharing personal information regarding a student's social identities and/or personal health information. Added precautions should be taken by IHE staff, faculty, and fellow students to ensure privacy.

As stated in ACHA's [Promoting Health Equity and Reducing Stigma](#) brief, we must not let our prevention efforts hinder our ability to support students who are diagnosed with MPV. Anti-stigma messaging and campaigns can be very powerful tools, and it is important that we also provide students, staff, and faculty with tangible ways they can support their fellow campus community members.

Here are some general sentiments that are important to communicate throughout campus for reducing stigma and enhancing support:

- Being diagnosed with MPV does not mean someone is "dirty," immoral, irresponsible, or unworthy of being treated with dignity and respect.
- Being diagnosed with MPV does not indicate a person's sexual orientation.
- Being diagnosed with MPV does not indicate that it was acquired from sexual contact.

As of this writing, the [CDC's Isolation and Prevention Practices for People with Monkeypox](#) states that the isolation period can be 2-4+ weeks. That is a much longer time than was required with COVID, and campuses have undoubtedly learned many lessons about how to support students in quarantine or isolation that can be applied to the current MPV outbreak.

Given the differences between what we know about COVID and MPV, the following are some questions to consider around providing support to students diagnosed with MPV — particularly while they are isolating:

- While certainly not every student diagnosed with MPV will be queer or trans, how will your campus policies and procedures prevent “outing” them (to their peers, parents/guardians, professors, academic advisors, etc.)?
- If a student is “outed,” how do you plan to reduce harm?
- How will you ensure students diagnosed with MPV will experience the least disruption to their academics as possible?
- How will you help students manage the intense physical pain that MPV often brings?
- How will you provide mental health support?
- How will you enhance and reiterate any existing campus protections against hate, bias, and discrimination?
- How will you train resident advisors to raise awareness and facilitate conversations about MPV stigma and provide support to peers diagnosed with MPV?
- How will you help ensure that the campus community will not be afraid to be in the same room with queer and trans people?

With COVID-19, the need for testing and symptom monitoring caused the health information of both employees and students to be much more intertwined with their professional and academic lives. The fact that sexual contact is the most common route of MPV transmission in the current outbreak creates a layer of stigma and concern that has not been present in campuses’ efforts to respond to COVID-19. As such, it is imperative that explicit attention be given to addressing such layers.

In addition to reviewing the “Addressing Confidentiality” section of [ACHA’s Best Practices in Sexual Health Promotion and Clinical Care in College Health Settings](#), it is recommended that campuses consult with their campus legal counsel about the intersections of FERPA and HIPAA to protect our students’ health information and prevent stigma.

Please refer to the [Promoting Health Equity and Reducing Stigma](#) brief for more guidance on supporting students.

Housing

While transmission of MPV is primarily through direct and prolonged contact with the rash, scabs, lesions, body fluids, or respiratory secretions of an individual with active MPV infection, transmission can occur through contaminated objects (e.g., towels, bedding, clothing, cups), otherwise known as fomites. Individuals and pets living in the same household/residence may share commonly used items and surfaces. Thus, individuals with MPV should try to limit interactions with other members of their residence, including pets. Avoid close interactions, cover all lesions, and wear a well-fitting mask when interacting with members of the same residence.

As the epidemiology of MPV evolves and more data is available, updates will be provided.

Cleaning and Disinfection

How should homes be cleaned to prevent the spread of MPV?

Routine household cleaning should help reduce viruses in the home. If an individual in a household has MPV, it is recommended to wear disposable gloves and use household cleaning products effective against enveloped viruses (e.g., MPV) to help reduce viral burden in the home. Disinfectants such as Lysol All Purpose Cleaner are effective against enveloped viruses. The effectiveness of disinfectants against MPV can be checked at the CDC page [“Disinfectants for Emerging Viral Pathogens \(EVPs\): List Q | US EPA.”](#)

What precautions should be taken if sharing a bedroom with someone who has MPV or with someone awaiting test results for MPV?

While spread of MPV is primarily through close, direct skin-to-skin contact, non-infected close contacts should also not share personal items such as bedding, towels, and clothes (due to potential for fomite-mediated transmission) with someone who has MPV. Wipe living spaces often to help keep high touch surfaces (e.g., light switches) clean. Wearing masks and limiting conversation when in close proximity may reduce transmission of the virus. The person with MPV should cover all skin lesions and use a dedicated, lined trash can to dispose of used products or wound/dressing supplies.

What precautions should be taken if sharing a bathroom with someone who has MPV?

As in situations involving other viruses such as norovirus, SARS-CoV-2, and flu, bathrooms should be cleaned after each use by the person with MPV. The focus of the cleaning should be on high-touch surfaces that are often touched with the bare skin, such as faucets, light switches, and toilet seats. When possible, an individual with MPV should use a private bathroom. When this is not possible, all individuals using the shared bathroom should avoid using the same towels and wash their hands after using the bathroom.

What precautions should be taken regarding laundering for individuals with MPV?

Soiled laundry should be placed in a laundry bag. Clothing should not be shaken or handled roughly. Potentially contaminated clothing should be placed in an impermeable container or bag that can be disinfected afterwards. If a fabric laundry bag is used, it can be laundered along with the soiled items. Clothing and other items should not be mixed with others when washing. Use regular detergent and warm water for clothing that may be infected with MPV. After the clothes are washed, the clothes are considered clean. No additional cleaning of the washing machine is required after a washing cycle. See additional guidance on the CDC's webpage "[Congregate Living Settings](#)."

Are special precautions needed for communal washing of team gear and towels in the athletics department or for recreational sports?

If there are known or suspected cases of MPV on a team, staff should use personal protective equipment (PPE) such as masks, gowns, eye protection, and gloves when handling soiled clothes, gear, and other objects. The skin (e.g., arms, legs) should not be exposed to potentially contaminated gear or towels. PPE is not needed after the clothes are washed. See additional guidance on the CDC's webpage "[Congregate Living Settings](#)."

A Work in Progress

As the MPV outbreak evolves, so will this guidance document. Please consult with fellow college health professionals and share your campus' MPV efforts and resources on the [ACHA Connect discussion board](#), and get involved in one of the many ACHA [sections](#) and [coalitions](#).

These briefs were developed by the MPV Working Group with representatives from ACHA's Sexual Health Coalition, LGBTQ+ Health Coalition, Vaccine-Preventable Diseases Advisory Committee, and Emerging Public Health Threats and Emergency Response Coalition: Theyv S. Chai, MD; Blake Flaughner, MPH, CHES; and Lindsey Mortenson, MD.



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