

UC SYSTEMWIDE MONKEYPOX GUIDANCE

The following guidance is based on what is currently known about monkeypox (MPX) and is informed by current [CDC](#) and [CDPH](#) guidance. The MPX outbreak is dynamic and this guidance will be updated as new information emerges. CDC is tracking monkeypox cases [here](#), and CDPH [here](#).

Current as of August 16, 2022

This guidance document is intended for University of California campus locations (including ANR, LBNL and UCOP locations). It is based on MPX-specific factors and characteristics including but not limited to mode of transmission, morbidity and mortality, vaccine availability, and healthcare capacity. University locations should maintain flexibility in their response to MPX and be ready to adjust rapidly to a change in public health conditions.

Guidance and regulations specific to clinical healthcare settings may differ from the strategies identified in this document. Additional or different strategies may be warranted and/or required for employees, students, patients and visitors in those settings.

Coordination with Local Public Health Department

1. UC locations should collaborate and coordinate with the local public health department and issue clear and consistent public health messaging as conditions change. Locations should comply with applicable state and local orders and directives.
2. Locations should be prepared to assist the contact tracing efforts of their local public health department if requested, this may include issuing notifications on behalf of the department.

Campus Health Preparedness and Response

3. Student Health and Employee Health providers should be trained in recognizing MPX signs and symptoms.
4. Locations should have plans in place that include provisions for promoting education and awareness of MPX symptoms, providing referrals and information on clinical testing options for students or employees who exhibit symptoms, and assisting in localized MPX outbreak investigations if requested.
5. Student Health Centers and Employee Health Clinics should coordinate with their local public health department on testing, treatment criteria, and vaccine availability and allocation.
6. In coordination with local public health, locations should develop plans to provide secondary prophylaxis (post-exposure vaccination) and treatment as medically indicated or to refer individuals for these services.

Quarantine¹

Close contacts² of those with MPX are not required to quarantine if they remain asymptomatic. If the requirements for quarantine change, locations should follow local public health recommendations.

7. Close contacts of individuals confirmed to have MPX should self-monitor for symptoms for 21 days after their last exposure, limit close physical contact during this period, and follow guidance provided by the local public health department and their healthcare provider.
8. Close contacts who remain asymptomatic can be permitted to continue routine daily activities (e.g., go to work, school).
9. Those exposed and self-monitoring for symptoms may need resources to support case management and psychological and basic needs support.
10. Close contacts who develop symptoms (fever, chills, lymphadenopathy, rash/skin lesions), should immediately isolate and contact the local resource (e.g., public health department, local health provider or designated campus resource) for further guidance.

Isolation³

Isolation is applicable to those who have symptoms of MPX (fever, chills, lymphadenopathy, rash/skin lesions, not otherwise explained by alternative diagnoses, e.g., COVID-19, influenza) or who have a positive test for MPX. Ideally, individuals should remain in isolation until all rash/skin lesions have healed and a fresh layer of skin has formed. Typically, this takes two to four weeks but some individuals may need to isolate for four weeks or more.

Individuals with MPX, who do not require hospitalization, should follow [CDC guidance](#) regarding isolation of people with MPX in home settings and follow instructions from their local health department and healthcare provider.

11. Locations are not required to provide long-term isolation housing and should work with students to identify the safest options for prolonged isolation.
12. Locations should develop MPX isolation protocols which include provisions for providing temporary isolation space for symptomatic residential students awaiting testing and diagnosis results. All infected individuals must complete public health isolation requirements prior to returning to any location.
13. Locations should be familiar with [CDC guidance](#) for reducing MPX transmission in congregate settings.
14. Students who require prolonged isolation are at risk of educational disruption. These students should be provided with access to personnel who can advise and support them in making decisions through the academic accommodation evaluation process.

¹ Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. (Source: [CDC](#))

² As defined by [CDC guidance](#).

³ Isolation separates sick people with a contagious disease from people who are not sick. (Source: [CDC](#))

15. Employees who require prolonged isolation should work with their supervisor and/or Academic Personnel or HR to determine options available to them, including remote work and the use of existing sick leave balances and disability benefits.

Education and Awareness

16. Locations should create public messaging and outreach resources to educate students, faculty, staff on MPX symptoms, transmission, and vaccination protocols. Materials should include information about prevention, including safer sex practices, detection, and risk factors, as well as information on the availability of resources, including local testing and vaccination options.
17. MPX educational materials and other awareness resources should be available as students arrive to campus for the start of the Fall term.
18. Each location's MPX materials should align with state and local guidance and should be regularly refreshed to account for any new information and updated guidance.

Health and Safety

19. Locations should develop cleaning protocols in accordance with existing guidance and maintain adequate cleaning equipment and supplies, including personal protective equipment (PPE).
20. Planning efforts should assure appropriate training and PPE (including eye protection, N95 mask, gloves, and gowns) for housing staff, environmental services, and other staff members who interact with individuals with MPX infections or who are cleaning spaces occupied by these individuals as appropriate. Should exposure occur, these individuals should be prioritized for vaccination.