

What Staff Need to Know About Monkeypox in K-12 and Higher Education Settings

School and higher education faculty and support staff need to be aware of signs and symptoms of monkeypox (MPV) in students and themselves. While MPV is less infectious than COVID-19, it is still important to have plans in place to reduce the risk of an outbreak and to handle cases quickly without stigmatizing students or staff.

It's important to note that transmission of MPV is related to behaviors rather than to communities or identities. This virus is not limited by gender or sexuality and can spread to anyone, anywhere through close, personal, often skin-to-skin contact.

How Is MPV Spread?

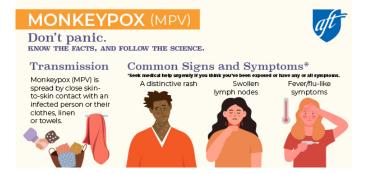
- MPV is spread through **direct skin contact** with a lesion that contains the virus or direct contact with respiratory secretions that contain the virus. It is not yet known if MPV can be spread by contact with urine or feces. Precautionary measures should be used until we have proof that it is not.
- It's also spread through contact with objects, which can include clothing, bedding, dishes and utensils, sports equipment, musical instruments and school supplies.
- MPV is also spread through respiratory droplets (saliva or mucus spray) and may become airborne.
- An infected pregnant person can pass the virus onto the fetus through the placenta.

MPV is rarely fatal, but it is important to help prevent the spread of the disease, which is painful and can cause permanent scarring. Children under age 8, elderly people and those with skin conditions such as eczema, or those with compromised immune systems, and those who are pregnant or breastfeeding are at higher risk of severe outcomes.

What Are the Signs and Symptoms of MPV?

MPV can take four to 21 days to produce illness after someone has been exposed to the virus. People are known to be infectious while they have symptoms. Researchers are determining if MPV can be spread before symptoms appear.

- MPV symptoms usually start with a general, allover feeling of being ill. Some people first develop flu-like symptoms such as fever and muscle aches.
- Lymph nodes become swollen (unlike chickenpox or measles, which can look like MPV).
- Some people develop painful lesions first. (see last page for images). The lesions initially look like blisters or pimples and later look like scabs.
- The lesions may begin on the face and spread elsewhere on the body, and there may be only one lesion.
- MPV infection lasts two to four weeks. Infected people are no longer contagious to others after all their skin lesions crust over and separate from healthy skin formed underneath.



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Education for Staff, Students, and Parents/Guardians

Employers are responsible for ensuring that workers are protected from exposure to MPV and should provide information for everyone to help prevent the spread of infection in schools and reduce panic. Staff should be provided appropriate personal protective equipment (PPE) such as disposable gloves, goggles/face masks and surgical masks when working with known or suspected MPV cases. They should also receive training on how to put these types of PPE on and remove them safely.

Information for staff, students and parents/guardians should emphasize:

- Staying home when feeling sick, which helps reduce the risk of MPV, as well as COVID-19 and other infections. Schools should have flexible, nonpunitive, and supportive leave policies and practices for those who are sick or caring for family members. Schools should provide excused absences for students, avoid incentivizing coming to school while sick, and support at-home learning for students who are sick.
- Washing hands frequently or using alcohol-based hand sanitizer.
- Avoiding skin-to-skin contact with someone with a rash that looks like MPV. This includes hugging, as well as sexual or intimate contact. Students should be taught not to touch rashes.
- Teaching students **not to share objects** that could be infected, such as clothing, sports equipment, cups or bottles, or musical instruments.

Areas of Concern in K-12 and Higher Education Settings

Direct skin-to-skin contact is more than enough to propel the spread of MPV. Workers should pay close attention in crowded conditions if MPV is spreading in the community. This includes settings such as:

K-12: During bus transportation, in lunchrooms where students stand close together waiting for meals or sit at crowded tables; during sporting events and other extracurricular activities where students and/or staff spend extended time in close proximity with one another; and for staff performing tasks, such as toileting or diapering of students and when cleaning objects and surfaces.

Higher Education: In addition to the above, workers in contact with linens and other items in dormitory settings need to keep on alert and have access to appropriate PPE if required to handle these types of items.

Note: Cleaning frequently touched surfaces regularly will deactivate the virus. Ordinary cleaning products/disinfectants will work. Products should be applied according to the manufacturer's instructions, including allowing time for the product to work before wiping dry. Objects like shared sports equipment, lunch trays, electronic equipment, and other shared items should be cleaned according to manufacturer's instructions between uses.

Isolation and Contact Tracing in Educational Settings

School districts and institutions of higher education should establish isolation protocols for staff or students who develop MPV-like symptoms during school or extracurricular activities. Higher education institutions should have a plan to isolate students who have monkeypox, keeping them away from congregate settings until they are fully recovered. No one should be stigmatized for being infected, and their privacy must be respected. Schools should already have a system for contact tracing in place for COVID-19—the same system can be used for MPV.

Information for School Nurses

<u>School nurses</u> will be asked to evaluate many students with rashes, but they will not have access to tests to diagnose MPV. If this changes and testing kits become available to school nurses, they will be obligated to report cases to the local or state public health authority. In addition, reporting sexual abuse may be necessary if young students have lesions on intimate body parts.

If a student presents with a painful rash that appears consistent with MPV or with flu-like symptoms that include swollen lymph nodes:

- Implement standard precautions for the school setting. Don an N95 respirator (if available) or a surgical mask, eye protection, gown and gloves.
- Isolate the student. Provide a mask for source control and cover the lesions with a bandage.
- Follow regular procedures for notifying the student's parents/guardians with instructions to obtain testing from the primary care provider or public health clinic. Follow up with the parents or guardians to find out the test results in order to initiate contact tracing.

• Follow infection control procedures for bagging up the student's possessions and for cleaning and disinfecting the area.

For more information, contact the AFT Health and Safety Team at <u>4healthandsafety@aft.org</u>. [Aug. 18, 2022]

MPV Images: CDC Signs and Symptoms

For More Information, see: Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents

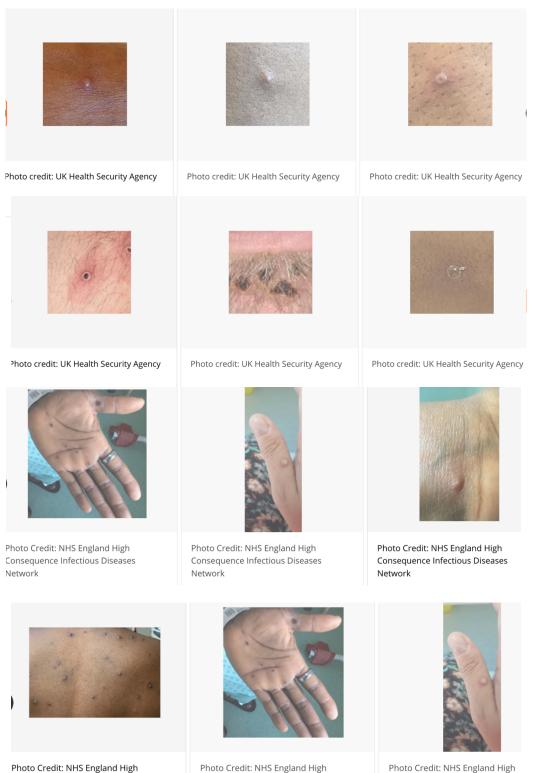


Photo Credit: NHS England High Consequence Infectious Diseases Network

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