

Preventing and managing monkeypox in higher education settings

As the new academic year begins, higher education providers (HEPs) are building on their experience of dealing with the Covid-19 pandemic – including key partnerships with public health – to mitigate possible risks of monkeypox.

This briefing provides principles for the prevention and case management of monkeypox infections in UK higher education settings, with additional information on access to care and vaccination.

It is for professional services staff across UK HEPs, students' unions and third-party providers, particularly those roles dealing with student and staff safety, health and wellbeing. It is especially relevant to staff working in student accommodation or social events.

It has been produced by Universities UK in partnership with the Universities Safety and Health Association (USHA), AMOSSHE, The Student Services Organisation, and the Student Health Association (SHA). It incorporates expert advice from the UK Health Security Agency (UKHSA).

What is monkeypox?

Monkeypox is a rare disease that is caused by the monkeypox virus. There has been a recent increase in cases of monkeypox in the UK, as well as in other parts of the world where it has not been seen before.

The symptoms of monkeypox begin between 5 to 21 days after contact with someone who has a monkeypox infection and include fever, headache, muscle aches, backache, chills and exhaustion.

This is followed by a rash a few days later that may start on the face, groin, or hands, before spreading to the rest of the body. The illness is usually mild, and most people recover within a few weeks without treatment.

Monkeypox spreads between people mainly through direct contact with:

- skin lesions or scabs (including during sexual contact, kissing, cuddling, or holding hands)
- clothing or linens (such as bedding or towels) used by a person with monkeypox
- respiratory droplets during close face to face contact

TAKE A LOOK AT [FURTHER INFORMATION ON MONKEYPOX](#)

Latest information

There is no UKHSA guidance specific to the higher education sector. Higher education institutions and private providers of student accommodation should refer to general UKHSA [guidance on infectious diseases](#) for the latest information on monkeypox.

HEPs and private accommodation providers may want to use general national guidance in partnership with their local public health teams and student health centres to provide accurate information on monkeypox for their students and staff, including how it spreads, symptoms, where to access treatment and vaccination.

Targeted health communications must take care to not stigmatise the at-risk population of gay, bisexual and other men who have sex with men (GBMSM). Transmission is currently primarily within a defined sub-population of GBMSM, connected by sexual networks. However, it is important to emphasise that monkeypox is not a 'gay virus'.

It is essential that students who are worried that they may have symptoms of monkeypox feel confident that when they come forward for diagnosis, treatment and support, this will be provided in an inclusive and non-judgemental way.

Health information will be most effective if co-produced with groups most at risk of infection. HEPs and accommodation providers are strongly advised to work closely with students' unions/guilds and student LGBTQ+ societies and groups to develop effective health information and mobilise it through peer-to-peer networks.

Vaccination

Vaccination is currently being offered in single dose to people at risk to protect them against monkeypox.

The UKHSA has defined at-risk categories¹ to include:

- **Healthcare workers**, including staff in sexual health clinics, in contact with patients with confirmed monkeypox.
- **Gay, bisexual and other men who have sex with men (GBMSM) at highest risk of exposure.** This may include some staff who work in 'sex on premises' venues.
- **People who have had close contact with a patient with confirmed monkeypox.** These people are being offered so-called 'ring vaccination', with a single dose of vaccine offered within 4 to 14 days after contact.

The UKHSA has recently announced that second doses of the vaccine will be offered to people at highest risk. The NHS will call forward those that are eligible for vaccination. Second doses will be offered from around 2 to 3 months after the first dose to maximise protection.

Access to care

Students and staff who have symptoms of monkeypox should be encouraged to seek expert diagnosis and care.

¹ UKHSA (6 September 2022), [Monkeypox: waiting for your vaccination](#).

Although monkeypox is not a sexually transmitted infection, diagnosis and specialist care is currently provided by sexual health services. These can be accessed directly or via GP referral.

[FIND YOUR LOCAL NHS SEXUAL HEALTH CLINIC](#)

[SEE GUIDANCE ON TRANSPORT TO AND FROM HEALTHCARE FACILITIES](#)

Contacting the health protection team

If suspected or confirmed cases are identified, HEPs should contact and work with local health protection teams (HPTs) through the routes established during the Covid-19 pandemic.

Where HPTs are notified of a suspected or confirmed case, they may link with the HEP to ascertain if any further actions are needed.

HEPs are not expected to initiate contact tracing unless advised by the health protection team.

Managing people with monkeypox

People who have been diagnosed with monkeypox and have not been admitted to hospital should follow the [guidance for people who are isolating at home](#).

If possible, they should isolate in a single room, ideally with separate bathroom facilities, until:

- they have not had a high temperature for at least 72 hours
- they have had no new lesions in the previous 48 hours
- all lesions have scabbed over
- they have no lesions in their mouth
- any lesions on the face, arms and hands have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath

- they have been advised by their medical team they can stop isolating

The person with monkeypox will have been provided with details of the medical team providing their care, who can be contacted if they have any concerns. Prompt medical attention is needed if illness starts to worsen.

In an emergency, dial 999 and inform the call handler or operator that the individual has monkeypox infection.

Managing contacts

People who live in the same household as someone with monkeypox and who have had sexual, intimate, or close skin to skin contact with them (for example frequent touching or cuddling), or who have shared bedding, clothes or towels, are at the highest risk of becoming infected themselves. Staff and other residents should reduce contact with the person with monkeypox as much as possible.

Local HPTs will follow up with any contacts that are identified and provide them with advice on symptoms and how to reduce their risk to other people.

Cleaning, disinfection, and waste disposal

Where possible, individuals with monkeypox should manage their own cleaning, washing up, laundry and disposal of waste. They should regularly clean surfaces that are frequently touched, such as door handles and light switches. Single person items should be used, and individuals should not share items with others in the accommodation. [Guidance on cleaning, disinfection and waste disposal for households](#) should be followed.

If students living in student accommodation are unable to wash their own cutlery and crockery, this should be collected by staff wearing appropriate personal protective equipment (PPE).² Staff should transfer items to a dishwasher and then thoroughly wash their hands after removing PPE.

² Appropriate PPE: a fluid repellent surgical mask, non-sterile disposable gloves, and a disposable apron.

If it is necessary for an individual with monkeypox to access communal areas, they should cover lesions and clean any surfaces and touch points they have had contact with before leaving the area.

If staff undertake cleaning on premises, they should wear PPE when cleaning an area where there has been a confirmed case of monkeypox. They should leave areas where there has been a confirmed case of monkeypox until last on the cleaning schedule. If this is not possible, then staff should change any PPE and cleaning products they have used prior to cleaning another area.

If staff are using a vacuum, they should wear PPE when emptying vacuum into waste and sealing this in a plastic bag. A HEPA filter vacuum should be used if available.

Frequent cleaning of the environment and surfaces that might be in contact with people's skin should be undertaken – for example, benches, chairs, and walls. Soft furnishings can be steam cleaned after vacuuming. Usual household cleaning products, like detergents and dilute bleach, can be used (in accordance with manufacturer's instructions). Hands should be cleaned before and after removal of PPE using soap and water. Alcohol-based hand sanitiser can be used as an alternative to soap and water for visibly clean, dry hands.

Once the individual with monkeypox has finished isolating (or has left the residence), then a final clean should be undertaken. Staff should wear PPE and clean all surfaces and touch points using standard cleaning products. Soft furnishings should be steam cleaned using a dry steam machine.

Waste

All waste should be placed in a disposable bag after use, and the bag tied securely. This bag should be placed into the usual waste bag, which should also be tied securely before being disposed of in the domestic waste. Any cloths and mop heads used must be disposed as above. Do not put any waste into recycling bins until the person has recovered and ended isolation.

Laundry

Individuals with monkeypox should keep laundry items separate from the rest of the accommodation and wash this using their usual detergent, following manufacturer's instructions at the hottest temperature items can withstand. Shorter (economy) cycles which reduce water should be avoided at this time.

If you are concerned, run two wash cycles or dry clean clothes in tumble-dryer to provide additional reassurance. Where a residence has off-site laundry facilities, the requirements for safe pre-laundering storage, transfer, and processing of contaminated laundry should be agreed.

Transport

Essential transport to healthcare facilities for emergencies should be via private transport where possible. If there is unavoidable travel in a car or taxi, the individual with monkeypox should wear a well-fitting surgical face mask or double-layered face covering while in the car and any lesions should be covered.

The car owner or driver should wipe down all hard surfaces after the journey using a standard detergent or detergent wipes while wearing disposable gloves and surgical face mask or face covering. Once they have removed their gloves and mask, they should wash their hands thoroughly.

The individual with monkeypox should cover any lesions and wear a face mask to reduce risk of transmission when accessing communal areas, such as corridors.