

### **Mpox Symptoms and Information (formally named Monkeypox)**

The following instructions are provided to assist you in safely caring for yourself or others who are infected or potentially infected with Mpox. For additional information: <https://www.cdc.gov/mpox>

#### **What is Mpox?**

- Mpox is a disease caused by infection with the Mpox virus.
- The source of the disease remains unknown. African rodents and non-human primates (like monkeys) might harbor the virus and infect people.
- The virus can spread from person-to-person through direct contact with the infectious rash/lesions, scabs, or body fluids or by touching items (such as clothing or linens) that previously touched the infectious rash or body fluids. It also can be spread by respiratory secretions during prolonged, face-to-face contact (within a 6-foot radius for >3 hours), or during intimate physical contact, such as kissing, cuddling, or sex.
- Mpox symptoms can range from mild symptoms that resolve without treatment to more severe illness.
- Mpox can be spread to others one to four days before symptoms begin. Contagiousness can last from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed.
- Mpox illness and symptoms typically lasts 2-4 weeks.

#### **What are the symptoms?**

- Early symptoms may include:
  - Fever or chills
  - Swollen lymph nodes
  - Headache, muscle aches, backache
  - Exhaustion
  - Respiratory symptoms (e.g., sore throat, nasal congestion, cough)
- New rash or sores in the mouth or on the face, hands, feet, chest or genitals. The rash can look like pimples or blisters and may be painful or itchy  
**\*\* Some people may get a rash or sores first, followed by other symptoms. Others may only experience a rash/sores.**

#### **What should I do if I was exposed to a person or animal with Mpox or if I have symptoms of Mpox illness?**

- Contact a Healthcare Provider as soon as possible for further instructions.
  - Commonwealth University – Bloomsburg Health Center: 570-389-4451  
Glennon Health Services: 570-484-2276  
Mansfield Campus Clinic: 570-662-4350
  - PA Department of Health: 1-877-724-3258
  - Primary Care Provider (PCP)

#### **Preventing the Spread of Mpox:**

- **If you were exposed to a person or animal with confirmed or probable Mpox, but have no symptoms**
  - You do not need to isolate, but will monitor yourself for symptoms and take your temperature twice daily using the attached Monitoring Log.

- If you develop any new symptoms, self-isolate and contact a healthcare provider as soon as possible for further direction.
- **If you have confirmed or probable Mpox illness, you should isolate away from others until the sores are healed and a fresh layer of skin has formed.**  
**To protect yourself and others:**
  - **Separate yourself from other people**  
As much as possible, you should stay in a specific room and away from other people and animals in your home. Try to stay at least 6 feet away from others at all times. Also, you should use a separate bathroom, if available.
  - **Stay in your house except to get medical care**  
If you have symptoms, you should not go to work, school, or public areas. Avoid using public transportation.
  - **Wear a facemask and cover rash/sores**  
You should wear a facemask (over your nose and mouth) when you are around other people or animals in your home (e.g., sharing a room or vehicle) or pets, and before you enter a health care provider's office. Cover rashes/sores to the extent possible with bandages and/or wear long sleeves and pants
  - **Personal hygiene**  
Avoid the use of contact lenses to prevent infection of the eyes and avoid shaving areas with rash or sores to prevent spread of the virus. Change your own bandages whenever possible; consider wearing gloves.
  - **Avoid sharing household items**  
Do not share dishes, drinking glasses, cups, eating utensils, clothing, towels or bedding with other people or pets. After using these items, they should be washed thoroughly with soap and water.
  - **Routinely clean all high touch surfaces**  
Clean all high touch surfaces including counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables with an EPA-registered (<https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>) household cleaning product following the manufacturer's instructions for safe and effective use. Avoid contaminating upholstered furniture and other porous materials that cannot be laundered.
  - **Clean your hands often**  
Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- **Take the following steps to prevent getting Mpox**
  - Avoid close, skin-to-skin contact with people who have a rash that looks like Mpox.
    - Do not touch the rash or scabs of a person with Mpox.
    - Do not kiss, hug, cuddle or have sex with someone with Mpox.
  - Avoid contact with objects and materials that a person with Mpox has used.
    - Do not share eating utensils or cups with a person with Mpox.
    - Do not handle or touch the bedding, towels, or clothing of a person with Mpox.
  - Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face and after you use the bathroom.

### Symptom management

- Take your temperature daily and if your temperature is above 100.4 F, take acetaminophen (Tylenol) according to the directions. **DO NOT TAKE TYLENOL IF YOU ARE ALLERGIC TO ACETAMINOPHEN (TYLENOL).** Drink plenty of fluids and rest.

- **The Student Health Clinic is not able to provide medical care, 24-hour service, or afterhours on-call service. The local Urgent Care and Emergency Department are available if needed.**
- If you have a medical emergency and need to call 911, notify the dispatch personnel that you have Mpox or symptoms of Mpox. If possible, put on a facemask and cover rash/sores before emergency medical services arrive.

#### **Discontinuing Isolation**

- Students should remain under Isolation as directed by their healthcare provider. The decision to discontinue isolation or quarantine precautions is made on a case-by-case basis, in consultation with health care providers and state and local health departments.

#### **Important Phone Numbers**

##### Commonwealth University

- Bloomsburg Student Health Center: 570-389-4451
- LH Glennon Health Services: 570-484-2276
- MA Campus Clinic: 570-662-4350

**PA Department of Health: 1-877-724-3258**

**Please call to make an appointment at your on-campus Student Health Clinic or with your PCP or go to Urgent Care or the Emergency Department if your concerns do not improve with conservative self-care treatment or if you have worsening symptoms.**

**Please know your health problem and allergies. Information contained in this handout is for educational purposes only. It is not a substitute for evaluation and treatment by a Healthcare professional. As new and updated information becomes available, the content may change. Please contact your Healthcare Provider or the on-campus Student health Services clinic with any questions.**

#### **Monkeypox Symptoms and Information selfcare handout**

Developed 8/2022

Reviewed 1/23,

12/23, 1/25

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1/25

### Mpox Exposure Monitoring Log

**Name (Print):**

**Student ID:**

**Phone Number:**

**Last Exposure Date:**

**If fever > 100.4 or "Yes" to any new symptoms, call your on-campus Student Health Clinic or PA Department of Health 1-877-3258**

**Return the completed log via Secure Message in the student web portal**

**\*\*Other symptoms include headache, muscle aches, backache, exhaustion, and/or respiratory symptoms (e.g., sore throat, nasal congestion, cough)**

Day	Date	Record Temperature		New Skin Rash		New Swollen Glands		Chills		Other Symptoms **	
1		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21		AM	PM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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