




Considerations for Reducing Monkeypox Transmission in Congregate Living Settings

Updated August 22, 2022

Summary of Recent Changes


Updates as of 7-26-2022 

- Updated language around isolation for people in congregate living settings to align with updated general isolation recommendations.

Monkeypox is a disease that can cause flu-like symptoms and a rash. Human-to-human transmission of monkeypox virus occurs by direct contact with lesions or infected body fluids, or from exposure to respiratory secretions during prolonged face-to-face contact. A person is considered to be infectious until there is full healing of the rash with formation of a fresh layer of skin.

If a staff member, volunteer, or resident of a congregate living setting has a monkeypox virus infection, transmission could occur within the setting. For the purposes of this document, congregate living settings are facilities or other housing where people who are not related reside in close proximity and share at least one common room (e.g., sleeping room, kitchen, bathroom, living room). Congregate living settings can include correctional and detention facilities, homeless shelters, group homes, dormitories at institutes of higher education, seasonal worker housing, residential substance use treatment facilities, and other similar settings. These settings may provide personal care services but are not traditional healthcare settings (e.g. hospitals). If healthcare services are provided on site, they are usually provided in specific healthcare areas or by outside healthcare personnel (e.g., home health care workers). In these circumstances, healthcare personnel should follow recommendations in [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#).

If a monkeypox case has been identified in a congregate living facility, consider the following actions:

- **Communicate with staff, volunteers, and residents**—Provide clear information to staff, volunteers and residents about monkeypox [prevention](#), including the potential for transmission through close, sustained physical contact, including sexual activity. Provide prevention guidance including considerations for [safer sex](#)  [119 KB, 2 pages]. Keep messages fact-based to [avoid introducing stigma](#) when communicating about monkeypox.
- **Respond to cases**—Consider the following actions to respond to cases in the facility:
 - Test and medically evaluate staff, volunteers, or residents who are suspected to have monkeypox. Ideally, people identified to have monkeypox will remain isolated away from others until there is full healing of the rash with formation of a fresh layer of skin, which typically takes two to four weeks.
 - Consult your state, tribal, local or territorial health department before discontinuing isolation.
 - Ensure that residents with monkeypox wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, bandages, or a sheet or gown if they need to leave the isolation area or if isolation areas are not yet available.
 - Some congregate living facilities may be able to provide isolation on-site while others may need to move residents off site to isolate. Resident isolation spaces should have a door that can be closed and a dedicated

bathroom that other residents do not use. Multiple residents who test positive for monkeypox can stay in the same room.

- Isolate staff or volunteers who have monkeypox away from congregate settings until they are fully recovered. Flexible, non-punitive sick leave policies for staff members are critical to prevent spread of monkeypox.
- Reduce the number of staff who are entering the isolation areas to staff who are essential to isolation area operations.
- Manage waste from isolation areas (i.e., handling, storage, treatment, and disposal of soiled PPE, patient dressings, etc.) in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR; 49 CFR, Parts 171-180.). Required waste management practices and category designation can differ depending on the Monkeypox virus clade (strain) the patient has. Cases in the current outbreak have been identified to be Clade IIb , and waste from these patients is classified as regulated medical waste (Category B). See the [DOT website](#) for more information. Facilities should also comply with [state and local regulations](#) for handling, storage, treatment, and disposal of waste.
- **Identify people who might have been exposed to monkeypox**—Facilities should work with their state, tribal, local, or territorial health department to identify and [monitor](#) the health of any staff, volunteers, or residents who might have had close contact with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases. However, this might not be feasible in all settings.
 - Use [exposure risk assessment recommendations](#) to identify people who had high degree of exposure to someone with monkeypox, where possible. The state, tribal, local, or territorial health department can provide [post-exposure vaccination](#) for people with high degree exposures.
 - In facilities where contact tracing is not feasible, staff, volunteers, and residents who spent time in the same area as someone with monkeypox should be considered to have intermediate or low degree of exposure, depending on the characteristics of the setting (e.g. level of crowding). [Post-exposure vaccination](#) is not necessary for low or intermediate degree exposures unless deemed appropriate by the state or local health department.
- **Ensure access to handwashing**—Soap and water or hand sanitizer with at least 60% alcohol should be available at all times and at no cost to all staff, volunteers, and residents. Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should [wash their hands](#) immediately.
- **Clean and disinfect the areas where people with monkeypox spent time**—Avoid activities that could spread dried material from lesions (e.g., use of fans, dry dusting, sweeping, or vacuuming) in these areas. Perform disinfection using an EPA-registered disinfectant with an [Emerging Viral Pathogens](#) claim, which may be found on EPA's [List Q](#) . Follow the manufacturer's directions for concentration, contact time, and care and handling. Linens can be laundered using regular detergent and warm water. Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material. Covering mattresses in isolation areas (e.g. with sheets, blankets, or a plastic cover) can facilitate easier laundering.
- **Provide appropriate personal protective equipment (PPE) for staff, volunteers, and residents**—Employers are responsible for ensuring that workers are protected from exposure to *Monkeypox virus* and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection. PPE should be worn by staff, volunteers, or residents in these circumstances:
 - **Entering isolation areas**—Staff who enter isolation areas should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher.
 - **Laundry**—When handling dirty laundry from people with known or suspected monkeypox infection, staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator. PPE is not necessary after the wash cycle is completed.
 - **Cleaning and disinfection**—Staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator when cleaning areas where people with monkeypox spent time.

Employers must comply with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), PPE ([29 CFR 1910.132](#)), Respiratory Protection ([29 CFR 1910.134](#)), and other requirements, including those established by state plans, whenever such requirements apply.