



# Mpox

Mpox Home



CDC is updating webpages with the term "mpox" to reduce stigma and other issues associated with prior terminology. This change is aligned with the recent [World Health Organization](#) decision.

## Mpox Toolkit for Correctional and Detention Facilities

Updated December 8, 2022

**Who can use this toolkit?** People living or working in correctional or detention facilities; administrators and healthcare providers in correctional or detention facilities; families of people who are incarcerated.

**What is this toolkit about?** This toolkit provides information about preventing mpox spread in correctional and detention settings.

**How can I use this toolkit?** Correctional and detention facilities and healthcare providers operating within them can use this toolkit to support identification of mpox cases and support prevention among residents and staff. People who are incarcerated can use the toolkit to learn about signs and symptoms of mpox and ways they can protect themselves.

Based on currently available data, people living or working in correctional or detention facilities are not believed to be at higher risk of being infected with mpox virus than people in the general population. However, some types of contact that are common in these settings – including sleeping in the same room as other people, sharing clothing or linens, and sharing personal items or eating utensils – have been linked to mpox virus transmission. In addition, access to hygiene and sanitation supplies might be limited, and stigma associated with mpox might prevent people who are incarcerated from reporting symptoms or high-risk contact. The resources below address these unique concerns.

### For People who are Incarcerated

CDC has developed an [informational poster about mpox](#) [185 KB, 1 page] that is tailored for people who are incarcerated. The poster includes information about how mpox spreads, its symptoms, how people can protect themselves from mpox, what to do if they experience symptoms, and what to expect if they test positive while they are incarcerated.

### For Correctional and Detention Facilities

See CDC's [considerations for congregate settings](#) for general infection prevention and control guidance for mpox that can be applied to correctional and detention facilities including information on hand hygiene, personal protective equipment (PPE), laundry, and waste management.


Review a report from an mpox case investigation that CDC conducted in a jail setting in July-August 2022: [Mpox Case Investigation — Cook County Jail, Chicago, Illinois, July–August 2022 \(cdc.gov\)](#). This report includes a box detailing key public health messages for correctional and detention facilities, including the following topics:

- Medical isolation for people with mpox, including the importance of supporting patients' mental health and ensuring regular access to hygiene supplies, showers, and clean clothing and bedding
- Cleaning and disinfection in spaces where a person with mpox has spent time, including [Safe and Proper Use of Disinfectants to Reduce Viral Surface Contamination in Correctional Facilities](#)
- Mpox vaccination for post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP)

- mpox vaccination for [post-exposure prophylaxis \(PEP\)](#) and [preexposure prophylaxis \(PrEP\)](#)
- Recommended follow-up for people who have been exposed to someone with mpox (including symptom monitoring and PEP)
- Ensuring access to information and hygiene and cleaning supplies to allow residents to protect themselves

### Increase the Likelihood of Detecting Cases of Mpox

Identifying cases quickly is important for preventing transmission. Residents might not know the symptoms of mpox or might be hesitant to report them in correctional settings because of fear of stigma or to avoid isolation. To increase the likelihood of detecting cases in correctional and detention facilities, use multiple approaches:

- **Increase awareness of mpox symptoms.** Provide information on [signs and symptoms](#) of mpox to residents at intake, to residents in the existing population, and to staff. Remind people who have been exposed about the signs and symptoms of mpox at the beginning of their symptom monitoring period.
- **Consider screening for mpox at intake.** Questions can include whether an incoming resident has a new onset [rash or lesions](#)  (ensure medical evaluation; medically isolate and [test](#) if indicated), has had close contact with someone who has mpox (monitor for [symptoms](#) and evaluate for PEP eligibility; medically isolate if symptomatic), has been diagnosed with mpox (medically isolate and evaluate for testing to confirm), or has high potential for exposure inside the facility or after release (offer [vaccination](#) for PrEP if eligible).
- **Increase ease of reporting mpox symptoms or [close contact with someone who has mpox](#).** As much as possible, use private spaces during intake screening, exposure notification, and when offering PEP or PrEP. Ensuring privacy can increase acceptance of PEP and PrEP and encourage disclosure of sensitive information related to high-risk contact, symptoms, or an existing mpox diagnosis.
- **Communicate about mpox in ways that [reduce stigma](#).**
- **Increase access to and timeliness of care for people with mpox symptoms.** As much as possible, remove potential barriers to care within the facility, such as copays for evaluation of mpox symptoms.

### Follow-up after Exposure to Someone with Mpox

- Refer to the CDC [exposure risk assessment tool](#) to determine the degree of exposure and recommendations for symptom monitoring and PEP. If the degree of exposure cannot be determined with certainty, follow recommendations for the highest plausible degree of exposure.
- Allowing residents to self-monitor for symptoms (rather than assigning healthcare personnel to actively monitor their symptoms) may be sufficient in some circumstances. Refer to the [exposure risk assessment tool](#) for more details about active-monitoring versus self-monitoring approaches.
- As long as people who are exposed remain asymptomatic, quarantine or exclusion from work after exposure is not necessary.



### Isolation and Treatment for People with Mpox

- Ensure that medical isolation for mpox is operationally distinct from administrative or disciplinary segregation, even if the same housing spaces are used for both purposes. For example, as much as possible, provide similar access to radio, TV, reading materials, telephone calls, personal property, commissary items, showers, and other resources as would be available in a person's regular housing unit.
- Healthcare providers should refer to [CDC Clinical Guidance for the Treatment of Mpox](#) and [Clinical Considerations for Treatment and Prophylaxis of Mpox Virus Infection in People with HIV](#).

## For Families of People who are Incarcerated

Families and friends of people who are incarcerated may have concerns about mpox. Based on currently available data, people living or working in correctional or detention facilities are not believed to be at higher risk of being infected with mpox virus than people in the general population. If you have someone coming home from a correctional or detention facility who might have been exposed to mpox, be aware of public health recommendations for the person to [self-monitor](#) for [signs and symptoms](#).

### Additional Resources

- › [Poster – Mpox Informational Poster for Correctional and Detention Facilities](#)  [185 KB, 1 page]
- › [Mpox Case Investigation — Cook County Jail, Chicago, Illinois, July–August 2022 \(cdc.gov\)](#) 
- › [Frequently Asked Questions](#)
- › [Clinical Recognition](#)
- › [Reducing Stigma in Mpox Communication and Community Engagement](#)

Last Reviewed: December 8, 2022