

Mpox Resource for Congregate Living Facilities

This resource was developed as a guide for congregate living facilities to plan and respond to mpox (previously known as monkeypox) infection among residents, staff, or volunteers. 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). Facilities that provide routine health care on-site or have a health care area in the facility should also review and follow infection control and waste disposal guidance for health care facilities.

This document is intended for congregate living facilities, including but not limited to higher education, shelters, correctional settings, chemical dependency treatment programs, board and lodges, supportive housing, domestic violence shelters, and transitional housing.

Planning and Preparation

Stay informed about Mpox and the current outbreak

Mpox emerged as a global concern in spring 2022. The data, and our understanding of transmission and prevention, may change as we learn more from cases and outbreaks.

What you need to know:

- In general, mpox spreads through prolonged contact (>3 hours) or close, skin-to-skin contact with a person who has mpox, or their contaminated personal items (e.g., clothing, bed sheets).
- Most people with mpox in the current outbreak report having close, sustained physical contact with other people who have mpox (e.g., sex, prolonged skin to skin contact).
- The Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) recommend patients with mpox to isolate until they are fully recovered (2-4 weeks).
- A vaccine is available that can be administered to prevent infection either before exposure (pre-exposure prophylaxis or PrEP) or after exposure (post-exposure prophylaxis or PEP if received within 4 days).

How you can prepare:

- Learn key concepts about mpox by visiting [About Mpox \(www.health.state.mn.us/diseases/mpox/basics.html\)](http://www.health.state.mn.us/diseases/mpox/basics.html).
- Refer to [Mpox Case Data \(www.health.state.mn.us/diseases/mpox/stats/index.html\)](http://www.health.state.mn.us/diseases/mpox/stats/index.html) for the most current information on cases.
- Refer to the [Mpox \(www.health.state.mn.us/diseases/mpox/index.html\)](http://www.health.state.mn.us/diseases/mpox/index.html) and [CDC: Mpox \(www.cdc.gov/poxvirus/mpox/index.html\)](http://www.cdc.gov/poxvirus/mpox/index.html) for other information and resources.

Identify local health care resources for testing, treatment, and post-exposure prophylaxis

Some congregate living facilities provide health care on-site and others rely on community health care resources. Assess what resources are available in your community.

What you need to know:

- A health care provider should collect the specimens for mpox testing to be processed by a laboratory. Testing is only possible if you have a rash consistent with mpox. Refer to [Mpx Information for Health Professionals: Clinical Presentation \(www.health.state.mn.us/diseases/mpox/hcp.html#pres\)](http://www.health.state.mn.us/diseases/mpox/hcp.html#pres).
- There are several free or low-cost testing sites in Minnesota, but patients may also go to their regular health care provider if they have symptoms of mpox. Refer to [About Mpx: Testing \(www.health.state.mn.us/diseases/mpox/basics.html#test\)](http://www.health.state.mn.us/diseases/mpox/basics.html#test).
- Antivirals available through CDC (e.g., TPOXX) might help those at risk of severe illness. [CDC: Guidance for Tecovirimat Use \(www.cdc.gov/poxvirus/mpox/clinicians/Tecovirimat.html\)](http://www.cdc.gov/poxvirus/mpox/clinicians/Tecovirimat.html).
- Mpox vaccine (JYNNEOS) can be provided to exposed contacts to prevent infection.

How you can prepare:

- Connect with local health care providers and local public health (LPH) to determine how staff or residents can access medical evaluation, testing, treatment, or post-exposure vaccination for mpox in your area.
- Be prepared to help patients access health care safely, including helping arrange appointments, transportation, and providing personal protective equipment (PPE).

Evaluate availability of PPE, medical supplies, and assess staff training needs

Personal protective equipment (PPE) is a useful tool to reduce the risk of transmitting infectious diseases, like mpox. Facilities should be prepared to supply appropriate PPE to staff and residents if there is a confirmed or suspected mpox case in the facility.

What you need to know:

- Residents with suspected or confirmed mpox should wear a well-fitting medical grade mask* over their nose and mouth and cover any skin lesions with long pants and long sleeves, bandages, gloves or a sheet or gown if they need to leave the isolation area.
**Note: If the patient has lesions in the mouth or nose a KN95 or N95 is preferred.*
- Staff should wear personal protective equipment (PPE) when providing patient care, doing laundry, and performing cleaning and disinfection or waste management.
 - **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 mpox infection, staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting medical grade mask or respirator. PPE is not necessary after the wash cycle is completed.

- **Cleaning and disinfection/waste management**—Staff, volunteers, or residents should at a minimum wear a well-fitting medical grade mask or respirator and gloves when cleaning areas where people with mpox spent time. A gown and eye protection can be used to increase protection.
- In settings that provide health care services on site or that have a health care area, personnel providing health care services should follow recommendations in [CDC: Infection Prevention and Control of Mpox in Healthcare Settings \(www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html\)](https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html).

How you can prepare:

- Ensure availability of well-fitting medical masks, N95s or KN95s, gloves, gowns, eye protection, and bandages.
- Train staff on how and when to wear PPE.
- Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:
 - A dedicated trash can for disposal of used PPE.
 - A hand washing station or access to alcohol-based hand sanitizer.
 - Refer to [CDC: Sequence for Putting On and Safely Removing PPE \(www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf\)](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf) instructions to help people follow the correct procedure. Search for PPE on [CDC: COVID-19 Videos \(www.cdc.gov/coronavirus/2019-ncov/communication/videos.html\)](https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html) to find more educational materials.
- Employers must comply with OSHA’s standards on [Personal Protective Equipment \(www.osha.gov/personal-protective-equipment\)](https://www.osha.gov/personal-protective-equipment), and Respiratory Protection (29 CFR 1910.134) for required use of NIOSH approved respirators (N95).

Plan for isolation

Isolation is recommended for people with mpox infection. Isolation can last 2-4 weeks.

What you need to know:

- 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 mpox can stay in the same room.
- Special attention to cleaning, laundry and use of personal protective equipment is recommended. Refer to the [Response](#) section below.

How you can prepare:

- Work with tribal or local public health (LPH), human services, and [HSEM county emergency managers \(https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx\)](https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx) to identify space and develop a plan for managing that space (staffing, cleaning and disinfection, laundry).

Re-enforce hygiene and disinfection practices

While mpox patients are in their infectious period, it is possible that the environment can become contaminated from body fluids, lesion material, and respiratory secretions. Cleaning and disinfecting the environment can reduce the virus on surfaces and linens and help protect others in the environment.

What you need to know:

- Hand hygiene with soap and water or hand sanitizer with at least 60% alcohol is recommended.
- Refer to [CDC: Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings \(www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html\)](https://www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html) for how best to disinfect non-health care settings.
 - Effective environmental disinfectants can be found on [EPA: Disinfectants for Emerging Viral Pathogens \(EVPS\): List Q \(www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q\)](https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q).
 - Avoid cleaning activities that could spread dried material from lesions (e.g., use of fans, dry dusting, sweeping, or vacuuming).
 - Linens can be laundered using regular detergent and warm water.

How you can prepare:

- Review facility cleaning and disinfection procedures with staff.
- Ensure that staff are trained in the proper use of disinfectants.
- Re-enforce hand-hygiene practices among staff and residents.

Collaborate with public health

Connect with key local and state partners to ensure you can easily communicate while preparing or when responding to confirmed or suspected cases.

What you need to know:

- Mpox is a reportable disease under Minnesota Rules, 4605.7040. If you are aware of a suspected or confirmed case of mpox, or a mpox related death, report the case to MDH.
- When a case is identified, MDH or LPH will contact the case to coordinate an interview and conduct contact tracing to monitor close contacts and recommend vaccination as appropriate.

How you can prepare:

- Identify facility staff who can be a point of contact to public health.
- Ensure staff are aware of how to stay up to date on mpox information, including signing up for congregate living facilities email updates from MDH.
 - Sign up at [Minnesota Department of Health Email Updates \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new).

- Follow the prompts to enter your email and then select topics of interest. Specifically, under the heading “Infectious Disease Updates for Congregate Living” select the checkbox next to the specific facility type that applies to your setting.

Response when a person with suspected or confirmed mpox infection is known to the facility

When there is a confirmed or suspected case associated with the facility, collaborate with public health to follow the below steps to respond.

1. Provide patient with a well-fitted medical grade mask and have them cover lesions with bandages or long sleeves/pants, gloves, sheet, gown. If a patient has lesions in the nose or mouth, use of a KN95 or N95 is recommended.
2. Place patient in an isolation space.
 - a. Isolation space should have a door that can be closed and a dedicated bathroom that other residents do not use. If a dedicated bathroom is not available, ensure that the shared bathroom is cleaned after use. Multiple residents who test positive for mpox can stay in the same room. Patients with suspected mpox should not stay in the same room with patients who have confirmed mpox. Meals should be provided to people in their isolation space.
 - b. When a patient is outside of the isolation area ensure that a mask is worn, and lesions are covered.
 - c. Isolation can either be successfully maintained on-site in the facility or off-site at a location in the community. Consider off-site isolation if an appropriate space cannot be identified on-site or if the facility serves clients who are at high risk of severe illness from mpox and adherence to isolation may be a challenge. Young children (<8 years of age), people who are pregnant or immunocompromised, and people with history of atopic dermatitis or eczema may be at especially increased risk for severe illness from mpox disease.
 - d. People with mpox should remain in isolation until they are no longer infectious. People with mpox are infectious from when symptoms start until all lesions have healed and a fresh layer of skin has formed. This can take 2-4 weeks.
 - e. If a person with mpox must leave the isolation area before all skin lesions have healed, consider how to do so in a way that presents the lowest risk of spreading the disease to others. Before leaving the isolation space, patients should be fever-free, not have any respiratory symptoms, and their lesions should be covered. Visit CDC guidance, [Preventing Spread to Others \(www.cdc.gov/poxvirus/mpox/if-sick/preventing-spread.html\)](https://www.cdc.gov/poxvirus/mpox/if-sick/preventing-spread.html) to review options for preventing spread in specific situations organized from lowest to highest risk. Whenever possible, higher risk options should be avoided, and the lowest risk options should be followed. If questions arise, contact MDH or LPH.
 - f. Share information with the patient, such as the CDC guidance for [What to Do If You Are Sick \(www.cdc.gov/poxvirus/mpox/if-sick/what-to-do.html\)](https://www.cdc.gov/poxvirus/mpox/if-sick/what-to-do.html). Contact a health care provider if pain or other symptoms become severe and unmanageable.
 - g. Consider how to support the patient during their isolation so they can continue to access essential services (remotely), and how to support their overall wellbeing while in isolation.

- i. Ensure that the medical isolation is operationally distinct from punitive separation.
 - ii. As much as possible, provide similar access to personal property, entertainment, showers, and remote programming as the patient would have in usual situations when they are not in isolation.
 - iii. To support mental health, consider offering increased access to the telephone or other forms of communication with others outside of the facility.
 - iv. Communicate regularly with residents about their needs, as well as the purpose and duration of medical isolation.
3. Notify MDH of the suspected or confirmed case or mpox-associated death.
 - a. If you are aware of a mpox case in a resident, staff, or volunteer at your facility report the case to MDH.
 - i. Call 651-201-5414 or 877-676-5414 immediately to report confirmed mpox cases as required under Minnesota Rules 4605.7040.
4. Facilitate connection with a health care provider if the patient has not already been medically evaluated and tested or if they would like to seek treatment.
 - a. Patients suspected to have mpox should be isolated individually and not with confirmed cases.
 - b. Patients suspected to have mpox may need assistance locating testing. Work with LPH to identify testing resources in your community.
 - c. Patients laboratory confirmed to have mpox may wish to speak with a provider about treatment. There are no specific treatments approved by FDA for mpox, but antivirals available through CDC (e.g., TPOXX) might help those at risk of severe illness. Additionally, patients with eye lesions are recommended to consult with an ophthalmologist; topical antiviral eyedrops (Trifluridine) are available for treatment.
5. Work with MDH or LPH to assess possible exposures within the facility.
 - a. Facility liaisons to public health are asked to evaluate whether any possible exposures happened within the facility setting and to provide that information to MDH or LPH, whichever is conducting the investigation. Exposures of concern could include shared bedding or clothes, or close physical contact where contact with lesions could occur such as through sports (grappling partners in wrestling) or physical altercations. Please note that patient health information should be managed in accordance with relevant federal and state laws.
 - b. In facilities where contact tracing is not feasible, staff, volunteers, and residents who spent time in the same area as someone with mpox should be notified to watch for symptoms for up to 21 days after last exposure to the case. Post-exposure vaccination is generally only recommended for high-risk exposures (e.g., sexual contact, other close skin to skin contact) and not for those with more casual contact unless deemed appropriate by MDH or LPH. Refer to this guide to determine the risk level and recommended actions: [CDC: Monitoring and Risk Assessment for Persons Exposed in the Community \(www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html\)](https://www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html).

NOTE: CDC and MDH recommend close contacts to monitor their health, but they do not need to stay home (quarantine). Depending on the level of exposure, it may be recommended that

contacts receive vaccination for post-exposure prophylaxis (to prevent infection), which needs to happen within 4 days after the exposure to be effective. If vaccination is given between 4-14 days after exposure, it may reduce symptoms of disease, but may not prevent disease from occurring.

6. Work with MDH or LPH on communications to potentially exposed contacts.
7. Ensure staff wear appropriate personal protective equipment (PPE) when caring for patients, working in a patient area, or handling potentially infectious materials and perform hand hygiene after completing any task.
8. Ensure waste is disposed of properly (for facilities with residents isolating on-site).
 - a. Management of waste from non-health care congregate settings that are providing isolation for a limited number of patients with mpox should follow waste disposal guidance for households at [CDC: Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings \(www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html\)](http://www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html). Municipal waste management systems routinely collect and dispose of waste materials from people with infectious diseases and can do so safely using existing procedures.
 - i. The person with mpox should use a dedicated, lined trash can in the room where they are isolating.
 1. Any gloves, bandages, or other waste and disposable items that have been in direct contact with skin should be placed in a sealed plastic bag, then thrown away in the dedicated trash can.
 2. The person with mpox or other person responsible should use gloves when removing garbage bags and handling and disposing of trash and perform hand hygiene after removing gloves.
 - b. If professional cleaning services are used or if the congregate facility routinely provides health care on-site in a health care area (even if not considered a health care facility, e.g., some correctional settings), treat and/or dispose of waste in accordance with Minnesota state laws for infectious waste management. For more information, refer to [Minnesota Pollution Control Agency: Infectious Waste Management guidance for generators \(www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf\)](http://www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf).

Resources

Mpox surveillance and updates

- [Mpox \(www.health.state.mn.us/diseases/mpox/index.html\)](http://www.health.state.mn.us/diseases/mpox/index.html)
- [CDC: Mpox \(www.cdc.gov/poxvirus/mpox/index.html\)](http://www.cdc.gov/poxvirus/mpox/index.html)

General Infection control

- Health care settings: [CDC: Infection Prevention and Control of Mpox in Healthcare Settings \(www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html\)](http://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html)
- Non-health care congregate living: [CDC: Consideration for Reducing Mpox Transmission in Congregate Living Settings \(www.cdc.gov/poxvirus/mpox/community/congregate.html\)](http://www.cdc.gov/poxvirus/mpox/community/congregate.html)

Cleaning and disinfection

- [CDC: Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings \(www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html\)](http://www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html)

Waste management

- [Minnesota Pollution Control Agency: Infectious Waste Management guidance for generators \(www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf\)](http://www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf)
- Non-health care settings: [CDC: Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings \(www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html\)](http://www.cdc.gov/poxvirus/mpox/if-sick/cleaning-disinfecting.html)

Exposure assessment guidance

- For health care workers: [CDC: Infection Prevention and Control of Mpox in Healthcare Settings: Assessing Risk \(www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html#anchor_1660143677200\)](http://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html#anchor_1660143677200)
- For community members: [CDC: Monitoring and Risk Assessment for Persons Exposed in the Community \(www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html\)](http://www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html)

Personal protective equipment resources

- [CDC: Sequence for Putting On and Safely Removing PPE \(www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf\)](http://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)
- [CDC: Hand Hygiene in Healthcare Settings \(www.cdc.gov/handhygiene/index.html\)](http://www.cdc.gov/handhygiene/index.html)

Information for patients

- [CDC: Preventing Spread to Others \(www.cdc.gov/poxvirus/mpox/if-sick/preventing-spread.html\)](http://www.cdc.gov/poxvirus/mpox/if-sick/preventing-spread.html)
- [CDC: Clinical Considerations for Pain Management of Mpox \(www.cdc.gov/poxvirus/mpox/clinicians/pain-management.html\)](http://www.cdc.gov/poxvirus/mpox/clinicians/pain-management.html)

Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and Control Division
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-5414.