



Human Monkeypox (MPX) Interim Guidance for Congregate Living Settings¹

MPX is an illness that can cause a rash, and (in some patients) flu-like symptoms. MPX spreads between people through direct contact with an infectious rash, body fluids, touching objects, fabrics, and surfaces that have been used by someone with MPX, or from exposure to respiratory droplets (such as mucus, spittle, snot, etc.) during prolonged face-to-face contact. A person is contagious until the rash/lesions have completely healed and a new layer of skin has formed. The illness typically lasts 2-4 weeks. The virus can survive on surfaces/objects in the environment for as long as a month without proper cleaning and disinfection. This guidance is intended for any congregate living setting (e.g., college/university dormitory, group home, intermediate care facility, prison/jail).

Preventing the Spread of Infection

Staff should be on the lookout for MPX among residents, staff, and volunteers, and implement the following strategies to prevent spread within congregate living settings:

- **Communicate with staff, volunteers, and residents.** Provide clear information to residents, staff, and volunteers about MPX [prevention](#), including the potential for transmission through close, sustained physical contact, including sexual activity. Provide prevention guidance including considerations for [safer sex](#) when applicable. Keep messages fact-based to [avoid introducing stigma](#) when communicating about MPX.
- **Encourage staff, volunteers, and residents with MPX to isolate away from congregate settings when feasible** until they are fully recovered. Flexible, non-punitive sick leave policies for staff members are critical to prevent spread of MPX. Other symptoms of MPX may include fever, headaches, muscle aches, swollen lymph nodes, chills, exhaustion, and respiratory symptoms (e.g., sore throat, nasal congestion, or cough).
- **Ensure access to handwashing.** Soap and water or hand sanitizer with at least 60% alcohol should be available and at no cost to all residents, staff, and volunteers. Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should [wash their hands](#) immediately. Place visual cues such as [posters](#) and [fact sheets](#) in highly visible areas.
- **Limit sharing of personal items.**
 - Do not share eating utensils, cups, or food.
 - Do not share bedding, towels, or clothing.
 - Do not share personal items such as razors, hairbrushes, or toothbrushes.
- **Clean and disinfect** high-touch surfaces in common areas daily to reduce the risk of spreading germs. Additionally, these settings should follow recommended procedures for cleaning, sanitizing, and disinfection. See: [Disinfecting Home and Other Non-Healthcare Settings](#).

Managing Potential Exposure

If a resident, staff member or volunteer of a congregate living setting has MPX, transmission could occur within the setting. Respond to cases by considering the following actions in the facility:

- **Test and medically evaluate residents, staff and volunteers who are suspected to have MPX.** Ideally, people identified to have MPX 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.

¹ 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.

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- **Prevent transmission** by ensuring that residents with MPX 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.
- **Contact your local health department**² to report any suspect or confirmed cases and discuss next steps for managing potential spread and before discontinuing isolation.
- **Watch for new symptoms in staff, volunteers, or residents that were exposed.** Consider requesting daily confirmation from staff, volunteers, and residents that they are free from symptoms and rashes.
- **Ensure access to handwashing.** Soap and water or hand sanitizer with at least 60% alcohol should be available and at no cost to staff, volunteers, and residents. Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should [wash their hands or use hand sanitizer](#) immediately.
- **Clean and disinfect the areas where people with MPX 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 MPX and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection³. PPE should be worn by staff, volunteers, or residents in these circumstances:
 - **Entering isolation areas** — Persons who enter isolation areas should wear a gown, gloves, eye protection, and a well-fitting mask.
 - **Laundry** — When handling dirty laundry from people with known or suspected MPX infection, staff, volunteers, or residents should wear a disposable or launderable gown, disposable gloves, eye protection, and a well-fitting mask. PPE is not necessary after the wash cycle is completed.
 - **Cleaning and disinfection** — Staff, volunteers, or residents should wear a disposable or launderable gown, disposable gloves, eye protection, and a well-fitting mask when cleaning areas where people with MPX spent time.
 - **Waste Disposal** — 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 a dedicated trash can. Gloves should be used when removing garbage bags and handling and disposing of trash.

Learn More

- CDC MPX Page: <https://www.cdc.gov/poxvirus/monkeypox/index.html>
- Symptoms: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>
- How it spreads: <https://www.cdc.gov/poxvirus/monkeypox/transmission.html>
- CDC Congregate Care MPX: <https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html>

² See list of local and regional health departments here: [Local and Regional Health Departments \(tn.gov\)](#)

³ 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.