Guidance for Mitigation of Mpox for Shelter and Correctional Settings: June 2023

Background

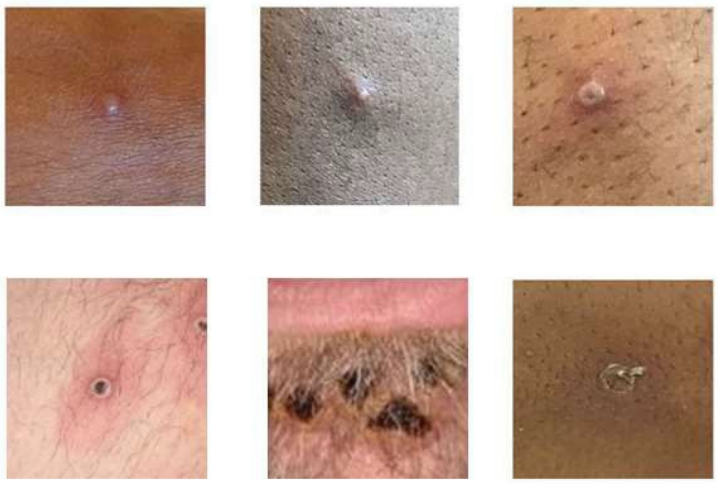
MPox (formally known as monkeypox) is a rare disease caused by a virus not commonly seen in the United States. However, mpox cases recently have been found in several countries internationally which do not typically see mpox, including the United States. Mpox does not spread easily from person-to- person and anyone can contract mpox.

Mpox can make you sick, with symptoms like a rash, often with an earlier flu-like illness. The Chicago Department of Public Health is working with health providers to stop the further spread of the current mpox outbreak. This guidance is to be used as a resource for shelter partners in order to efficiently identify suspect cases and prevent the spread of mpox through reporting, testing, and isolating of all suspect and confirmed cases.

Clinical onset of Mpox

What symptoms are associated with mpox?

Mpox typically begins with fever, headache, muscle aches, and exhaustion. Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body. In some recent cases, initial symptoms may be limited to, or begin with, lesions in the genital and perianal region. These lesions may be quite painful. Lesions are deep seated and well circumscribed with central umbilication and progress through stages (macules, papules, vesicles, pustules, and then scabs), therefore a high index of suspicion should be maintained for all consistent rashes, including those that start as flat, red bumps and then turn into blisters, which fill with purulent discharge. After several days, the blisters will crust. Skin lesions may be in different stages, even when occurring in the same anatomical site. The lesions turn to scabs over 2-4 weeks. Individuals are infectious until these scabs separate and new skin forms underneath. Visual examples of the stages of mpox can be viewed below and here.



This guidance was released on 06/05/2023. More information from CDPH on mpox can be found here: https://www.chicagohan.org/sr/monkeypox

Risk Factors Associated with Contracting mpox:

Within the last 21 days prior to symptom onset if staff and/or guests have had:

1. Close contact, including sexual contact, with anyone with a rash or confirmed/probable case of mpox
2. Had close or intimate in-person contact with individuals in a social network experiencing mpox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application ("app"), or social event (e.g., a bar or party) OR
3. Traveled outside the US or to a state with mpox cases (though travel is not required, as we are seeing spread locally in Chicago)
4. Had contact with a dead or wild animal or exotic pet endemic to Africa

Similarities and Differences to COVID-19:

Initial symptoms can be similar to COVID-19 and other respiratory illnesses. Therefore, it is important to keep any symptomatic clients separated away from the general population for the duration of symptoms regardless of negative test results for COVID-19, mpox, or other respiratory infections. Many of the precautions you already have established to prevent COVID-19 are the same as for mpox prevention (appropriate use of PPE, hand hygiene, and the cleaning of surfaces and linens, etc.). All symptomatic clients should be referred to their health care provider or partnering LCO for examination and follow-up in a timely fashion.

Symptom Onset and Progression	
Mpox	**COVID-19**
Initial symptoms of mpox can (but not always) include: • Fever • Headache • Muscle aches and backache • Exhaustion • Chills • Swollen lymph nodes After 1-3 days (sometimes longer), a rash that may look like pimples or blisters appears on the face, inside the mouth, and on other parts of the body including hands, feet, chest, genitals, or anus.	Initial symptoms of COVID-19 can (but not always) include: • Fever or chills • Cough • Sore throat • Congestion • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • Nausea or vomiting • Diarrhea • Loss of taste or smell

It is important to note that mpox does not always present with flu-like symptoms, however all cases of mpox develop a rash. Any healthcare providers unsure of which disease is present in symptomatic individuals, should isolate the case from others, conduct a COVID-19 test and conduct a full skin exam for any rashes.

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Additionally, mpox does not spread as easily as COVID-19 and requires prolonged (more than 3 hours), direct exposure to respiratory secretions or direct skin to skin contact with skin lesions in someone with an active mpox infection. Therefore, when evaluating clients, it is also important to screen individuals regarding their exposure history and whether they meet the criteria listed in the 'Risk Factors' section below.

Immediate Next Steps for Case Isolation and Monitoring:

Upon the identification of symptoms consistent with mpox:

1. Have suspected case wear a mask and cover any exposed skin lesions
2. Suspect cases of mpox should be isolated away from and avoid close contact with other people and animals, including pets, **if resources to do so are available**.
    a. This can be a single-occupancy room, exam room, or empty office. The patient should ideally have their own bathroom that is not to be used by the general population of the facility. If this is not available, the bathroom should be cleared of others and thoroughly disinfected by staff who are wearing full PPE (mask, gown, gloves, and eye protection) after each use by the case.
    b. Currently, there are no large-scale isolation resources available within the City of Chicago for mpox or COVID-19. Please contact the CDPH Congregate Settings team to request assistance here: https://redcap.link/tuj3mr0s
    c. Risk of isolation for 21 days should be weighed against risk to mental health of the case. If isolation resources are not available or If the patient's mental health is affected by isolation, an alternative strategy is to ensure that all mpox lesions are covered at all times and that the patient wears a mask and physically distances from others within the facility.
    d. In addition, the patient should be provided resources to clean their own contaminated bedding and clothing. Alternatively, staff should wear a gown and gloves when handling soiled laundry from a case.
3. Contacts to a case should monitor for symptoms for 21 days after their last exposure and self-isolate and seek medical attention if symptoms develop. It is best for a person who suspects they may have mpox to call ahead to a health care provider before arriving on site.
4. Patients should be informed about safe sex practices and can find more information here.

Identification of Close Contacts and Triaging Care Based on Level of Exposure:

After the notification of a positive case, shelters should conduct contact tracing to determine the extent of the exposure within the facility. Levels of exposure have been divided into three categories and should be responded to in an appropriate measure. **Please see below table for more details.**

Retrospective assessment of where case could have contracted mpox **(this may not always be**

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possible)

A history of exposures and possible contacts 21 days prior to symptom onset should be obtained to assess epidemiologic risk factors. If available, information about rash illness present in contacts should be reviewed. The illness typically lasts for 2–4 weeks.

It is important to note that transmission has included, but is not limited to, sexual networks involving gay, bisexual, or other men who have sex with men (MSM). However, the risk of mpox is not limited to MSM and not all Chicago cases have been among men. Individuals should be informed about prevention strategies in spaces or situations where mpox could be spread through close, intimate contact or during sex. Clinicians should be vigilant for patients with a characteristic mpox rash even if the patient is not part of any specific community or network, as infections may occur in anyone who has had close contact with another infectious person.

Prospective assessment of possible transmission onward from patient (this assessment should be made to determine if transmission is occurring at the shelter)
A history of potential exposure to a confirmed case should be assessed by reviewing individuals who may have been in close contact with the case since the date of symptom onset. Close contact is defined as being within 6 feet of an individual for more than 3 hours, sharing drinks, utensils, or cigarettes, having direct unprotected skin to skin contact with open lesions.

- **Where contact tracing is feasible, use exposure risk assessment recommendations (see table below) to identify people who had high degree of exposure to someone with mpox. CDPH can facilitate post-exposure vaccination through the LCO 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 mpox 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 LCO in collaboration with CDPH.**

Degree of Exposure	Exposure Characteristics	Recommendations
High	Unprotected contact between a person's skin or mucous membranes and, lesions or bodily fluids (including fluid from lesions) from a confirmed or suspected case **Examples of close contacts include:** • sexual partners • shelter staff having direct contact with skin lesions or soiled clothing without wearing gloves or performing hand hygiene while providing direct client care to a confirmed or suspected case	• Monitoring for signs and symptoms associated with mpox for 21 days following the exposure • Postexposure prophylaxis: Recommended (Please contact your LCO and CDPH contact)

	• Facility staff handling linens, clothing, or personal belongings contaminated with drainage from the lesions of a confirmed or suspected case without wearing a mask or gloves or performing appropriate hand hygiene.	
Intermediate	Being within 6 feet for 3 hours or more of an unmasked client without wearing, at a minimum, a surgical mask -OR- Activities resulting in contact with clothing of a confirmed or suspected case and/or lesions or body fluid such as hugging, kissing, or cuddling. **Examples of close contacts include**: • Other guests spending extended amounts of time with the confirmed or suspected case (within 6 feet) or touching their belongings (sitting on their bed, sitting next to them, or sharing belongings) • Shelter staff remaining unmasked while within 6 feet of a confirmed or suspected case for 3 hours or more • Other exposures, at the discretion of the public health authorities, was re-categorized to this risk level because of unique circumstances	• Monitoring for signs and symptoms associated with mpox for 21 days following the exposure • Postexposure prophylaxis: Consult your LCO and CDPH contact for informed decision-making on a case-by-case basis to determine whether benefits of postexposure prophylaxis outweigh risks
Low/Uncertain	Entered the client room without wearing eye protection on one or more occasions, regardless of duration of exposure -OR- During all entries in the client area or room wore gown, gloves, eye protections, and at minimum a surgical mask -OR- Being within 6 feet of an unmasked client for less than 3 hours without wearing at minimum, a surgical mask -OR-	• Monitoring for signs and symptoms associated with mpox for 21 days following the exposure • Postexposure prophylaxis: None

	Other exposures, at the discretion of the public health authorities, was re-categorized to this risk level because of unique circumstances **Examples of close contacts include:** • Shelter staff and other clients that wore a surgical mask, but no other PPE while within 6 feet of a confirmed or suspected case mpox Shelter staff did not wear eye protection when providing direct client care.	
No Risk	Exposure that public health authorities deemed did not meet criteria for other risk categories **Examples of close contacts include:** • Shelter staff wore all appropriate PPE when interacting with clients (i.e., gown, gloves, N95, face shield) • Staff members were not within 6 feet of a client, had no physical contact, and the client and staff member were masked. mpox Shelter staff and other clients that did not meet the criteria for close contact to a confirmed or suspect case	• Monitoring: None • Postexposure prophylaxis: None

If a close contact is identified to be eligible for vaccination or other post-exposure prophylaxis treatments, please follow-up with your LCO and CDPH contact(s) to coordinate these resources. Upon identification of close contacts, quarantine is not recommended unless a close contact develops symptoms associated with mpox. In the event they do develop symptoms, they should be isolated from others and the LCO and CDPH contact(s) should be notified immediately.

Clinical Considerations for Shelter Partners:

Shelter Personnel Precautions:
Prior to contact with suspected case or their environment, staff should have available on-site personal protective equipment (PPE) including:

1. Gown
2. Gloves

3. Eye Protection
4. KN95 or N95 respirator

After contact with a suspected or confirmed case or their environment, staff should:

1. Properly dispose of contaminated waste (ex: skin dressings, gowns, gloves, masks, shields, etc.) by double bagging waste.
2. Perform proper hand hygiene immediately after removal of gloves
3. All soiled laundry should be bagged and cleaned using proper detergent and warm water. Avoid contact with lesion material that may be present on the laundry. Soiled laundry should be handled using gloves, gently and promptly contained in an appropriate laundry bag mpox and never shaken or handled in manner that may disperse infectious material.
4. Disinfect contaminated surfaces with the use of an EPA approved disinfectant (List N) based on the instructions provided by the manufacturer
5. Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.

Any pregnant or immune-compromised staff should refrain from interacting with the suspected case.

Mpox Specimen Collection Procedures:

All testing of suspected cases of mpox within the shelter setting should be coordinated with your LCO partner and CDPH contact. Please ensure that all required information for submission of testing specimen is available for the LCO to provide to the IDPH lab on the requisition forms in order to process specimen.

If the rash is characteristic or the patient meets any exposure criteria and has symptoms of mpox, contact CDPH by reporting the suspect case at https://redcap.link/reportmpx.
The CDPH laboratory team will contact LCO to provide guidance on specimen collection and coordinate courier pick up for submission to the Illinois Department of Public Health laboratory. Guidance on specimen collection may be found at https://www.chicagohan.org/de/monkeypox under "specimen collection." Results will be communicated from IDPH lab back to the fax your provider enters on the laboratory requisition form. It is the role of the LCO to inform the client of their test results. Isolation should begin at the time the suspect case is being reported.

Infection Prevention Strategies:

The following strategies should be adopted by shelter partners to further prevent the spread of mpox:

1. Separate client beds at minimum of 3 feet apart from one another
2. Continue requiring staff and clients to wear, at minimum, surgical masks at all times while in the facility
3. Educate staff and clients on safe sex practices. More information on this can be found here.

4. Ensure all staff are wearing proper PPE when providing direct client care of individuals suspected to have mpox or anyone with a rash illness (gloves, gowns, masks, eye protection, etc.)
5. Continue to offer vaccination to individuals who meet the eligibility criteria.

Reducing Stigma in Mpox Communication and Educational Resources:

Shelter partners should help clients make the best-informed decisions to protect their health and the health of their community, regarding mpox. Shelters should provide key prevention information to clients by working with partners and trusted messengers to ensure information reaches all stakeholders in a way that does not add stigmatization to the disease.

What can be done to limit stigmatization?

1. Allow trusted partners (such as LCO providers and well-known shelter staff) to provide educational resources to clients and other shelter staff.
2. Have a clear call to action. This can include raising awareness by sharing information, asking people to seek healthcare consultation of a rash develops for testing, and promoting mitigation strategies in a way that does not target any one group**. Remember, anyone can get mpox regardless of gender, race, ethnicity, and sexual orientation, among other personal demographic identifiers.**
3. Identify a trusted leader as a point of contact, for clients and shelter staff, in the event they have any questions or need more information.
4. Provide clients and shelter staff with printed palm cards and flyers that can be used to educate stakeholders on what we currently know about mpox.
5. Avoid introducing stigma into messaging for disproportionately affected populations by keeping messaging fact-based. Review more information on reducing stigma in mpox communication here.

Reporting of a Probable Case:

Shelter staff and/or clinicians should promptly report any suspect cases to their LCO, CDPH contact, and the Disease Control Bureau at https://redcap.link/specpopreport. Outside of business hours (after 5pm through before 8am, and on City holidays), please complete the suspect cases form at https://redcap.link/reportmpx, collect specimens, and approval will be provided during normal business hours. If you have a need for urgent public health guidance, please call 311 (or 312-744-5000 if outside the city of Chicago) and ask for the CPDH medical director on call.

Organization	Email	
CDPH Community Congregate Settings Team	Contact Us: specialpops@cityofchicago.org	Reporting Link: https://redcap.link/specpopreport

LCO	Lawndale Christian Health Center sheltercare@lawndale.org	Heartland Alliance Health sheltercare@heartlandalliance.org

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