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Work Shouldn't Hurt

Mpox: What You Need to Know

Updates for Members Working in Residential and Correctional Facilities

February 2025

In August 2024, the World Health Organization alerted the international public health community of a new outbreak of mpox (formerly called monkeypox) in Central and Eastern Africa, specifically the Republic of the Congo, the Democratic Republic of the Congo, Central African Republic, Rwanda, Burundi, Kenya, Uganda and Zambia. As of February 2025, travel-related cases have been found in other parts of the world, including four cases in the United States, but there is no ongoing transmission.

The outbreak is caused by a new strain (clade) of the virus. The clade I virus causes more severe symptoms, is more transmissible and has a higher mortality rate than the clade II virus circulating in 2022-23. Clade II mpox continues to spread at a low level in many countries around the world. **Both clade I and II are transmitted in the same way and can be prevented using the same methods.**

While the current risk outside of Eastern and Central Africa remains low, the WHO issued its highest level of global alert, calling on governments and international public health authorities for an immediate and coordinated response to prevent a global emergency and expedite vaccine access for affected nations.

On his first day in office, President Trump issued an executive order stating that the U.S. will withdraw from the WHO, removing American expertise and resources from global efforts to stop the spread of mpox and other infectious diseases. Other actions by President Trump will limit the Centers for Disease Control and Prevention's ability to respond, including freezing congressionally appropriated funds, stopping the CDC from communicating with external partners, laying off experienced staff, and a prohibition on staff travel.

Issues for AFT Members

While risk of mpox spreading in the U.S. is low, it's important for AFT members who work with populations in congregate settings, such as residential facilities and correctional facilities, to recognize mpox and know how it is spread.

Symptoms of Mpox

- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body;
- Headache, muscle aches and backache;
- Swollen lymph nodes;
- Chills;
- Exhaustion; and
- Respiratory symptoms (e.g., sore throat, nasal congestion or cough).

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The rash goes through different stages before healing completely. The illness typically lasts two to four weeks. Sometimes people get a rash first, followed by other symptoms. Others only experience a rash. Symptoms usually appear one to two weeks after infection. The rash can be extremely painful, and people might have permanent scarring.

If you have any symptoms of mpox, talk to your healthcare provider, even if you don't think you had contact with someone with mpox. Symptoms usually appear three-17 days after exposure to the virus.

How Is Mpox Spread?

Mpox is transmitted from person to person though **direct contact** with:

- The rash, scabs or body fluids;
- Respiratory secretions during prolonged, face-to-face contact; and
- Clothing, bedding, and other items used by the infected person.
- Mpox can also be transmitted from mother to baby during pregnancy and childbirth.
- Infected people can infect their pets and other animals.

A person with mpox is considered infectious from the time symptoms begin until the rash is fully healed and a fresh layer of skin has formed. In some cases, the infectious period begins one to four days before symptoms start.

Mpox is not a sexually transmitted disease.[1] While mpox can be transmitted during intimate contact, infection in households is just as common. We don't know yet if it is spread through seminal or vaginal fluids, urine or feces. **Anyone can be infected through close, personal contact.**[2] People at risk of severe outcomes include the elderly, children under age 8, people with weakened immune systems, those with a history of eczema, and people who are pregnant or breastfeeding.

Treatment and Vaccines

Because the mpox and smallpox viruses are genetically similar, vaccines and antiviral medications developed for smallpox have been effective at preventing and treating mpox. Antiviral treatment is critical for people at risk for severe disease.

The Jynneos vaccine prevents mpox infection in people who have been exposed if administered within four days. The vaccine limits the severity of mpox if administered between four and 14 days of exposure. People who were vaccinated against smallpox in the past may have residual immunity, but routine smallpox vaccination ended in 1972 in U.S. Mandatory smallpox vaccination for healthcare workers ended in 1976.

Prevention for the General Public

- Wash hands frequently with soap and water.
- Avoid close, skin-to-skin contact with people who have a rash that looks like mpox. This includes kissing, embracing, and sexual contact.
- Do not handle bedding, towels or clothing of an infected person.
- Do not share eating utensils or cups with an infected person.
- Wear a mask that covers the mouth and nose when around others.
- Clean and disinfect frequently touched surfaces.

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[1] https://www.glaad.org/blog/factsheet-reporters-Mpox-and-lgbtq-community
[2] https://www.hrc.org/resources/Mpox-and-what-you-need-to-know

Prevention in Congregate Settings

Existing infection control policies and procedures need to be updated to include mpox prevention and control. Staff need training so that anyone who is potentially infected is isolated and evaluated in a timely manner, and appropriate cleaning and disinfecting procedures are put into place. Updates should include the following:

- Provide fact-based information to staff, residents/inmates, visitors and volunteers about preventing mpox spread.
- Train staff on signs and symptoms in themselves, residents/inmates, volunteers or visitors.
- Place signage in visitor areas notifying visitors of symptoms. Visitors with active mpox infections should not be admitted.

Isolation for Infected Residents/Inmates

- Implement a process and train staff to identify and isolate potentially infected residents/inmates and ensure rapid medical evaluation.
- Isolation rooms should have a dedicated bathroom. Some facilities may have to transfer residents/inmates to a facility with the capacity to isolate people with active infections.
- Multiple infected people may be placed in an isolation room as needed, if appropriate to the population.
- If an infected person needs to leave the isolation area, the Individual should wear a well-fitting surgical mask. Lesions must be covered with bandages, a sheet or clean clothing.
- Staff should only enter isolation areas if they are essential to operations in that area.
- State or local public health departments should be consulted before residents/inmates return to the general population.

Protections for Staff in Congregate Settings

- Staff should be required to isolate at home if symptomatic until medically cleared. They should have flexible and nonpunitive leave to reduce the spread of infection in the facility.
- Provide a process for staff to be medically evaluated promptly if symptomatic.
- Gowns, gloves, NIOSH-approved N95s, surgical masks and eye protection (goggles or face shield) should be readily available for staff, including those who provide care and those who clean or provide other services. Provide training on usage, donning and doffing as needed.
- Staff entering isolation areas or providing care that puts them in close proximity or in physical contact with residents with suspected or confirmed mpox should wear gowns, gloves, a fit-tested N95 and eye protection. This includes dressing, toileting, bathing, feeding or restraining residents, as well as providing healthcare, physical, speech, occupational therapy or similar care.
- Staff who interact briefly with residents/inmates with suspected or confirmed mpox should wear gloves and a face mask and perform hand hygiene afterward.
- Staff who had skin-on-skin contact or contact with respiratory secretions or other bodily fluids should be offered a post-exposure vaccine.[3]
- If staff clothing is contaminated, it should be removed gently and contained in a bag while wearing gloves and an N95. Clothing can be cut off if necessary. Clothing can be laundered using regular detergent and warm water. Gown, gloves, N95 and eye protection are needed for handling contaminated laundry. No PPE is needed after the wash cycle is completed.

[3] Research is being done to determine if mpox can be transmitted in urine or feces. Until this is known, workers should be protected under the precautionary principle.

Cleaning and Disinfection

- Ensure access to handwashing facilities with soap and water or hand sanitizer that is at least 60 percent alcohol.
- Clean and disinfect areas where infected people have been. Use a disinfectant for emerging viral pathogens registered with the Environmental Protection Agency on List Q. Disinfectants for Emerging Viral Pathogens (EVPs): List Q | US EPA
- Clean and disinfect common areas regularly using a disinfectant from the EPA List Q.
- Provide training to staff on cleaning and infection control protocols.
- Use wet cleaning methods. Avoid dry cleaning practices that may aerosolize the virus, including vacuuming, dusting and sweeping.
- Soiled laundry should be gently and promptly contained in the laundry bag designated for infectious material. Avoid contact with lesion material that may be present on the laundry according to facility infection control procedures. Soiled laundry and trash receptacles must never be shaken.
- Soiled PPE, patient dressings and other waste from isolation areas is classified as Category B regulated medical waste by the Department of Transportation. See Notice of Enforcement Discretion Regarding Monkeypox Medical Waste | PHMSA (dot.gov) and Planning Guidance for Handling Category A Solid Waste | PHMSA (dot.gov) for more information.
- Trash bags should be removed before full and tied off without “burping” the air out.

Notification and Contact Tracing

- Implement a confidential log of residents/inmates, staff and volunteers with confirmed mpox for contact tracing purposes.
- Within 24 hours, notify any employee or volunteer who was exposed to confirmed cases and who had direct contact without a gown, gloves, eye protection, or facemask or N95. Exposure would include skin-to-skin contact, contact with bodily fluids, or contact with contaminated objects.
- Offer a vaccine to exposed workers as soon as possible after the exposure, but at least within four days to prevent infection.
- Visitors should be limited to those essential for the resident’s or inmate's care and well-being. Visitors should be required to sign in and out for contact tracing purposes.

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For more information, contact the AFT Health and Safety Team at 4healthandsafety@aft.org.