## Virginia Department of Health:
What Correctional and Detention Facilities Need to Know about Monkeypox
July 26, 2022

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| Stay informed about monkeypox and the current outbreak | ● This outbreak is affecting many areas where monkeypox is not usually found. [Virginia cases](#) are increasing rapidly and more cases are expected.  
● Monkeypox spreads from person to person through direct contact with sores, scabs, or body fluids; contact with contaminated items, like linens; and respiratory droplets during prolonged face-to-face contact. Monkeypox can spread during intimate contact, including sex.  
● Anyone can get and spread monkeypox. Most cases are in men who self-identify as gay, bisexual, or other men who have sex with men (MSM). MSM with multiple sex partners are currently at greatest risk. | ● Learn key concepts about monkeypox with VDH’s Fact Sheet.  
● Guidance is subject to change as we learn more; refer to the VDH website and CDC website for the most current information. |
| Rapidly identify and report suspected cases | ● VDH’s [Monkeypox Information Sheet for Healthcare Providers](#) provides key information, including when to suspect monkeypox. Localized rashes in the mouth or around the genitals or anus might be only symptom and can look like a sexually transmitted infection.  
● Providers should immediately report all suspected cases to their local health department (LHD). | ● Share resources with clinical staff.  
● Know how to contact your LHD, including after hours.  
● Report suspected cases with VDH’s Morbidity Report. |
| Test to identify cases | ● Testing is recommended for people with monkeypox symptoms. Screening for symptoms upon intake is recommended; if symptoms are reported, then personal protective equipment (PPE) is recommended.  
● VDH encourages using commercial lab testing whenever possible.  
● Free testing at [Virginia’s Division of Consolidated Laboratory Services](#) is available if criteria are met. | ● Develop a plan for medical evaluation, including testing, if monkeypox is suspected.  
● Assess current supplies for testing.  
● If staff do not have a healthcare provider, then facilitate evaluation at a public health clinic (e.g., LHD, Federally Qualified Health Center, STI clinic). |
| Implement infection control | ● PPE is needed for healthcare providers caring for patients, staff handling laundry of patients, and staff cleaning patient areas. PPE means gown, gloves, eye protection, and NIOSH-approved respirator (healthcare providers) or well-fitting mask or respirator. | ● Provide training to staff about wearing PPE and other infection control precautions.  
● Ensure access to PPE for healthcare providers and nonclinical staff (including environmental cleaning staff). |
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<th><strong>Medically isolate people with monkeypox</strong></th>
<th><strong>Support contact tracing to identify and assess close contacts</strong></th>
<th><strong>Treat patients to minimize severe disease</strong></th>
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| ● People with monkeypox are contagious from when symptoms start until all sores have healed and a fresh layer of skin has formed. This can take 2–4 weeks.  
● People with monkeypox should be medically isolated in a private room. If a private room is not available, cohorting with others with monkeypox is acceptable.  
● If leaving the isolation room or when separating from others is not possible, people with monkeypox should wear a well-fitting face mask, cover areas where rash or sores are present, and wash their hands. | ● When a case is identified, the facility, with LHD support, conducts contact tracing to identify, assess, and monitor close contacts.  
● Close contacts should monitor their health, but do not need to quarantine unless recommended by the facility. | ● There are no specific treatments approved by FDA for monkeypox, but antivirals available through CDC (e.g., TPOXX) might help those at risk of severe illness.  
● Healthcare providers can access treatment by coordinating with the LHD. |
| **Ensure access to handwashing supplies, cleaning supplies, and disinfectants.** | **Develop a plan for where people with monkeypox will stay, how they will be cared for and monitored, and how they can work remotely if they are able.**  
● Provide VDH’s Handout for Patients with Monkeypox.  
● For staff isolating at home, refer to CDC guidance. | **Encourage patients to talk with their provider about treatment.**  
**Encourage providers to contact the LHD to access treatment.** |
| **Support the LHD’s contact tracing efforts to help identify and monitor close contacts; encourage people to cooperate with the LHD or facility during contact tracing.**  
**Provide VDH’s Handouts for Close Contacts.** | **Encourage prompt uptake of vaccine if recommended by the LHD.** | **Combat stigma by providing fact-based information. Refer to CDC’s Reducing Stigma website.**  
**Refer to VDH’s Communication Resources website.** |
| **Vaccinate close contacts and high-risk groups to prevent infection** | **Communicate the facts** | **Find more information** |
| ● A 2-dose vaccine for postexposure prophylaxis (PEP) is available for known close contacts and, as supply allows, adults with a high risk of exposure.  
● The vaccine works best the sooner it is given; ideally, the first dose is given within 4 days of exposure. | ● Communicate with staff and residents about monkeypox and how it spreads through close physical contact.  
● Stigma is harmful. It can create lost opportunities to detect and address infections in other populations and provide a false sense of security. | ● VDH Monkeypox website  
● CDC’s Preventing Monkeypox Spread in Congregate Settings and CDC Monkeypox website |