VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia Department of Health:
What Correctional and Detention Facilities Need to Know about Mpox
December 15, 2022

Strategy	What You Need to Know	How You Can Prepare or Help
Stay informed about mpox and the current outbreak	• This outbreak has affected many areas where mpox is not usually found. Reported cases in Virginia, the U.S., and globally have decreased since August. • Mpox 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. Mpox can spread during intimate contact, including sex. • Anyone can get and spread mpox. Most cases are in men who self-identify as gay, bisexual, or other men who have sex with men. Those with multiple sex partners are currently at greatest risk.	• Learn key concepts about mpox 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 Mpox Information Sheet for Healthcare Providers provides key information, including when to suspect mpox. Localized rashes in the mouth or around the genitals or anus might be only symptom and can look like a sexually transmitted infection (STI). • 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 mpox 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. • STI and HIV testing and treatment are also recommended for sexually active people being evaluated for mpox.	• Develop a plan for medical evaluation, including testing, if mpox 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).

	• Healthcare facilities should follow infection control recommendations. • Nonhealthcare facilities should follow cleaning and disinfection instructions and guidance for congregate settings. Pay particular attention to handling laundry.	• Ensure access to handwashing supplies, cleaning supplies, and disinfectants.
Medically isolate people with mpox	• People with mpox 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 mpox should be medically isolated in a private room. If a private room is not available, cohorting with others with mpox is acceptable. • If leaving the isolation room or when separating from others is not possible, people with mpox should wear a well-fitting face mask, cover areas where rash or sores are present, and wash their hands.	• Develop a plan for where people with mpox 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 Mpox. • For staff isolating at home, refer to CDC guidance.
Support contact tracing to identify and assess close contacts	• 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.	• 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.
Treat patients to minimize severe disease	• 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. • Healthcare providers can access treatment by coordinating with the LHD.	• Encourage patients to talk with their provider about treatment. • Encourage providers to contact the LHD to access treatment.
Vaccinate close contacts and high-risk groups to prevent infection	• A 2-dose vaccine for postexposure prophylaxis (PEP) is available for known close contacts and for people 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.	• Encourage prompt uptake of vaccine if recommended by the LHD.
Communicate the facts	• Communicate with staff and residents about mpox 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.	• Combat stigma by providing fact-based information. Refer to CDC's Reducing Stigma website. • Refer to VDH's Communication Resources website.
Find more information	• VDH Mpox website and CDC Mpox website • CDC Considerations for Reducing Mpox Transmission in Congregate Living Settings • CDC Mpox Toolkit for Correctional and Detention Facilities	