FACT SHEET

Monkeypox & People Experiencing Homelessness

August 2022

On August 4th, 2022, the Unites States declared monkeypox a public health emergency. People experiencing homelessness (PEH) may be at higher risk of monkeypox due to crowded conditions in encampments or in shelters. People experiencing homelessness also have a higher burden of chronic illnesses like HIV, which increases the risk of severe disease related to monkeypox infection.

This fact sheet provides an overview of monkeypox and specific considerations for service providers in the HCH community. This is a rapidly evolving public health emergency; for up-to-date information, continue to monitor the CDC's monkeypox webpage.

Monkeypox Background Information

Symptoms

- Symptoms of monkeypox begin 5-21 days (average 6-16 days) after exposure.
- The first signs are usually a high fever, muscle and joint aches, enlarged lymph glands, and a severe headache.
- A rash typically appears 1-5 days after onset of initial symptoms. The rash often starts on the genitals or face (in 95% of cases) before spreading to other parts of the body.
- The rash will change and go through different stages before finally forming a scab (or series of scabs) which later falls off, leaving healthy skin underneath. Once the final scab has fallen off, the individual is no longer infectious.
- The rash can be exceptionally painful. If present on genitals, it can cause severe pain with urination.
- The illness usually lasts 2-4 weeks and will typically resolve on its own without treatment, but access to treatment will decrease the duration of pain and suffering.

Transmission

- Monkeypox can be acquired by all people, regardless of gender identity or sexual identity.
- Monkeypox virus is transmitted from one person to another by close contact with an infectious rash, scabs, body fluids, and/or respiratory droplets.
- Transmission can occur through respiratory secretions during prolonged, face-to-face contact (e.g. close conversations, kissing, cuddling, etc.).
- It is possible to be exposed to monkeypox by touching fabrics (such as clothing or sheets) that previously touched the rash or body fluids of someone with monkeypox. The virus can live on surfaces such as bedsheets for as long as 15 days.
- Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. This can take several weeks.

> Rapid access to testing and treatment is necessary to prevent outbreaks among people experiencing homelessness.

- Infected animals can spread Monkeypox virus to people, and it is possible that people who are infected can spread Monkeypox virus to animals through close contact, including petting, cuddling, hugging, kissing, licking, sharing sleeping areas, and sharing food.

Diagnosis

- Monkeypox has two phases that can help distinguish it from other illnesses.
    1. Prodromal stage (early illness) that is characterized by lymphadenopathy (swollen lymph nodes), fever, fatigue, headache muscle aches.
    2. A rash that develops 1-5 days after fever.
- If monkeypox is suspected, health workers should collect an appropriate sample and have it transported safely to a laboratory with appropriate capability including commercial labs or state health departments.
- Other conditions that must be considered include other rash illnesses, such as chickenpox, measles, bacterial skin infections, scabies, syphilis, and medication-associated allergies.
- More information on testing and diagnosis is available on the CDC website.

Therapeutics

- Clinical care for monkeypox should be fully optimized to alleviate symptoms, manage complications, and prevent long-term health impacts. Patients should be offered fluids and food to maintain adequate nutritional status. Secondary bacterial infections should be treated as indicated.
- Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill (e.g. patients with weakened immune systems – including PEH).
- Individuals with current or history of substance use disorders often have untreated or undertreated pain due to stigma. Assess pain and develop a pain management plan in accordance with harm reduction principles. Here are two resources from NHCHC and the VA for additional guidance.
- More information on treatment is available in the CDC's Interim Clinical Guidance.

Vaccination

- Vaccine prioritization is determined by state health departments. Currently vaccination is recommended for people with known or presumed exposure to monkeypox. This includes:
    - People who are aware that one of their sexual partners in the past 2 weeks has been diagnosed with monkeypox.
    - People who had multiple sexual partners in the past 2 weeks in an area with known monkeypox. This includes individuals who engage in sex work.
    - People whose jobs may expose them to monkeypox, including some health care response workers, laboratory staff working with orthopoxviruses.
- Check the CDC Vaccine Guidance for more information.

HCH-Specific Considerations

Congregate Settings

- Congregate settings like homeless shelters and densely populated encampments may pose an increased risk of exposure to monkeypox because individuals reside in close proximity. Although

cases have been confirmed among PEH, there have not yet been reports of monkeypox outbreaks within shelters or encampments. However, the potential for transmission is a great concern.
- Additional CDC guidance to prevent monkeypox spread in congregate settings, such as homeless shelters, is now available.

Isolation: Clinical Response

- PEH who are suspected to have monkeypox must be medically evaluated and tested for monkeypox. Connect individuals to HCH teams for evaluation, testing, treatment, and ongoing support.
- Anyone who is identified to have monkeypox should isolate away from others until all scabs fall off and a fresh layer of healthy skin has formed. Decisions about discontinuation of isolation should be made in consultation with the local or state health department.
- If an individual has symptoms:
    - Encourage symptomatic individuals to avoid contact with others.
        - Avoid sharing plates, drinking cups, cutlery, bedding, clothes, towels, and other linens. Plates and cutlery can be washed in diluted bleach (check instructions on bottle). Wash clothes and bedding on a hot wash setting.
        - Avoid sharing cigarettes or other smoking devices.
    - Support the individual to self-isolate (own room, own bathroom) and coordinate with local health authorities to secure isolation locations such as hotel rooms.
    - Connect the individual to a medical provider to confirm monkeypox through testing.
    - Refer individuals with monkeypox to a medical respite care program if:
        - The program has capacity for individuals to isolate alone. If the respite program is a congregate setting without the capacity for isolation, it is not an appropriate setting for someone who is suspected of or has tested positive for monkeypox.
        - The individual will have access to their own bathroom.
        - The program is equipped to support patients in isolation and quarantine.
    - Avoid touching skin lesions with bare hands. Wear disposable gloves and observe strict hand hygiene.
    - Consider wearing surgical masks which can reduce droplet/airborne transmission.
- If a PEH is confirmed as having monkeypox:
    - They should continue to isolate until the last scab comes off.
    - Wearing a surgical mask can reduce the risk of transmission if travel is necessary.
    - 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.

Isolation Support

- **Clinical safety and monitoring:** Wherever practically possible, local staff teams should ensure that patients have their own phone for the duration of isolation. Individuals should receive welfare checks by local frontline teams as well as regular delivery of food and other essentials to their rooms. To limit exposure, consider utilizing telehealth to enable access to medical care.
- **Substance use management and support:** Substance use disorders pose significant barriers to individuals successfully entering and staying in isolation. Both overdose and withdrawal can be life-threatening events and cause significant suffering. It is essential to screen and address substance use needs. Ask about current substance use. Connect people to low barrier Medications for Opioid

Disorder (MOUD) if desired. Consider instituting managed alcohol programs. Adopt a harm reduction approach to people who use substances in isolation.

- **Mental health support:** Entering isolation while also experiencing a painful illness can be triggering and stigmatizing events. Ensure individuals have access to mental health services including necessary medication for the duration of the isolation. Virtual care can be leveraged in these circumstances to connect people to their mental health and primary care teams.
- **Smoking:** Some individuals who need to self-isolate will want to smoke and should be given a supply of surgical face masks and supported to safely exit and enter the building to a designated outside area where they can socially distance. Offer nicotine replacement and other smoking cessation tools to help further mitigate risk.
- **Well-being:** Isolation can be extremely stressful and lonely. Individuals should have access to a mobile phone to contact staff, family, and friends. TV, books, and internet access should be provided wherever possible to help alleviate boredom.
- **Refusal to isolate:** If an individual refuses to isolate, staff should contact local the Public Health Authority to inform them of potential community exposure.

Advocacy Recommendations

- Partner with emergency management and/or public health authorities to identify and access appropriate, non-congregate settings for isolation, such as hotels and motels.
- Partner with to your state health department to prioritize PEH for vaccine access. Vaccines are currently available only in very limited quantities. Equitable vaccine distribution must consider environmental risks like congregate settings, sex work, and over-representation of LGBTQIA+ individuals in the homeless population.
- Adopt many of the lessons learned from COVID-19 responses, such as providing telehealth services and integrating non-congregate shelter with health care and support services.
- Fully fund public health surveillance and response activities to protect individual and public health.
- Expand access to health insurance coverage and access to health care providers to establish a medical home and ongoing, comprehensive health care services.
- Use the time in isolation to conduct health assessments, complete housing applications, access documentation (e.g., birth certificate, identification), and connect individuals to needed community services.

Additional Resources

- Alameda County HCH Monkeypox Guidance for Homeless Service Providers (PDF)
- Monkeypox Posters and Fact Sheets
- CDC Safer Sex, Social Gatherings, and Monkeypox
- Interim Guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection — United States, August 2022
- Epidemiologic and Clinical Characteristics of Monkeypox Cases — United States, May 17–July 22, 2022
- Key Questions About the Current U.S. Monkeypox Outbreak

For additional questions or technical assistance needs, email us at ta@nhchc.org