



COLORADO
Department of Public
Health & Environment

Monkeypox

Information for shelters

Congregate living and working facilities, such as homeless shelters, have potential for transmission of monkeypox. Monkeypox has been identified in people experiencing homelessness in Colorado. Shelters should be prepared in the event that residents or staff members have symptoms of or test positive for monkeypox.

About monkeypox

- [Monkeypox](#) is a virus in the orthopox family of viruses. [Monkeypox](#) is rare, but it can be serious. The type of monkeypox spreading in the United States is rarely deadly and has a fatality rate of less than 1%. In most cases, monkeypox will resolve on its own though some people may benefit from treatment.
- [Symptoms](#) of monkeypox include a [rash](#) that may be located on or near the genitals or anus and could be on other areas like the hands, feet, chest, face, or mouth. The rash may initially look like pimples or blisters and may be painful or itchy. Some people may also experience flu-like symptoms such as fever, headache, muscle aches, swollen lymph nodes, or exhaustion. These flu-like symptoms may occur before the rash appears. In some cases, they may occur after the rash has already developed.
- Monkeypox symptoms usually start within three weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash one to four days later.
- A person with monkeypox is considered to be infectious from the time symptoms start until the rash fully heals and a new layer of skin forms (approximately two to four weeks). People should isolate away from others during this time.
- Monkeypox can spread from person to person when someone who has monkeypox has close contact with someone else. Close contact can mean physical contact with sores, bumps, or lesions of someone who has monkeypox. Close contact includes sex. Monkeypox also transmits through touching the bed linens or clothing of someone who has monkeypox and can live on other surfaces for some time. Brief interactions without physical contact are unlikely to result in transmission.
- There are vaccines that are effective at preventing or lessening the symptoms of monkeypox if given before exposure occurs or if given within 14 days after exposure. Vaccine supplies are currently extremely limited. Populations at greatest risk for being exposed to monkeypox, and contacts to known cases, are currently prioritized for receiving the vaccine ([PEP and PEP++](#)).

What to do if you suspect monkeypox in a staff member or resident

- **To report a suspected monkeypox case:** Call your [local public health agency](#) (LPHA) or the Colorado Department of Public Health and Environment (CDPHE) at 303-692-2700. Your LPHA

and/or CDPHE can assist with testing, exposure risk assessment, contact notification and monitoring, and vaccination (if indicated).

- Residents suspected to have monkeypox should be individually isolated if possible until they can be medically evaluated and tested. Residents who test positive for monkeypox can be housed together if there are no concerns for other communicable diseases, such as COVID-19.
 - Residents with confirmed or suspected monkeypox should wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and sleeves, bandages or a sheet or gown if they need to leave isolation or an isolation area is not available yet. Isolation spaces should have a door that closes and a dedicated bathroom that other residents do not use.
 - Ensure access to handwashing with soap and water or hand sanitizer with at least 60% alcohol for staff, volunteers, and residents.
 - Provide appropriate personal protective equipment (PPE) (gowns, gloves, eye protection and a well-fitting mask or respirator) for use when entering isolation areas, during cleaning and disinfection, and when handling laundry.
 - Clean and disinfect the areas where people with monkeypox spent time using a product from [EPA List Q](#) (common products listed in [CDPHE's household disinfection guidance](#)). Ideally, dirty items (e.g., trash and laundry) would be contained before cleaning and disinfection begins. This helps prevent cross contamination.
 - Contain laundry and wash separately. Never shake or handle in a manner that may disperse infectious material.
 - Identify staff, volunteers, or residents who might have been exposed to monkeypox for monitoring and PEP if indicated. Your [local public health agency](#) (LPHA) or CDPHE can help to determine if PEP and/or monitoring is appropriate given the nature of exposures.
- Staff members suspected to have monkeypox should [isolate at home](#) and be medically evaluated and tested for monkeypox. Exposed staff don't need to quarantine as long as they remain asymptomatic ([community](#) and [health care](#) Monitoring).
- Facilities should have a plan in place for where a resident suspected of having monkeypox can be housed (onsite, at an isolation shelter, motel/hotel, or other non-congregate housing) and assisting residents with getting evaluated and tested if needed. It is not recommended to turn people with suspected monkeypox away from your facility. Contact your [local public health agency](#) and/or CDPHE for assistance. In case of a medical emergency, immediately call 911 and alert emergency personnel to suspected monkeypox diagnosis so appropriate precautions can be taken.

How can facilities prepare

- Shelters should follow [CDC's Guidance on Preventing Monkeypox Spread in Congregate Settings](#). For shelters with healthcare services provided on site, health care personnel should follow recommendations in [Infection Prevention and Control of Monkeypox in Healthcare Settings](#).
- Facilities can choose to add screening questions to their registration process to screen for people who have symptoms of or may have been exposed to monkeypox.
- Provide education and messaging to residents and staff about monkeypox prevention, including not sharing bedding, clothing, food/utensils, cigarettes, personal items etc. Educational resources and printable materials are available from [CDPHE](#) and [CDC](#). Keep messages fact-based to [avoid introducing stigma](#) when communicating about monkeypox.

- Have the appropriate PPE for staff at your facility if needed. PPE is recommended when entering isolation areas, while handling laundry for those with suspected or confirmed monkeypox, and while cleaning and disinfecting areas where people with monkeypox spent time.

Testing

- **For shelters with no health care providers or services onsite:** Refer residents to a healthcare provider to be evaluated and tested for monkeypox.
- **For shelters with health care providers onsite:** Shelters should use the CDPHE lab to test residents for monkeypox. Staff needing to be evaluated and tested for monkeypox should be evaluated by their healthcare provider or occupational health provider. If a person does not have a health care provider or does not have insurance, refer them to [CDPHE's monkeypox website](#) for a list of monkeypox testing locations. Health care providers seeking approval for monkeypox testing at CDPHE lab should call 303-692-2700 or submit specimens using [LabOnline](#).
- Find [detailed specimen collection guidance](#). Most health care providers should be able to collect a specimen with materials they have on hand.

Post-exposure prophylaxis (PEP): Vaccination may be indicated following exposure to monkeypox to help prevent monkeypox illness. Vaccines should be given within four days from the date of exposure for the best chance to prevent onset of the disease and it may reduce the symptoms of disease but not prevent it when given between four and 14 days after the date of exposure. Contact your [local public health agency](#) for more information and help to determine if PEP is appropriate given the nature of exposures.

Treatment and pain control

The antiviral, tecovirimat (TPOXX), is available for treatment across the state in oral and IV formulations. **Patients can be treated empirically (before a positive test result) when clinical suspicion is high.** Prescribing providers need to complete [IND paperwork](#) and contact CDPHE at tpoxx@state.co.us to coordinate receipt of medication.

More information

- [Colorado-specific monkeypox information](#).
- Expanded post-exposure prophylaxis (PEP++): [CDC](#) and [CDPHE](#) information.
- Monkeypox and HIV: [CDC FAQs](#) and [clinical considerations for prevention and treatment](#).
- Monkeypox contacts for questions:
 - Congregate settings: cdphe_priority_congregate_settings@state.co.us.
 - Vaccinations: cdphe_vacs@state.co.us.
 - Treatment (TPOXX): tpoxx@state.co.us.
 - Healthcare-associated infections: cdphe_hai_ar@state.co.us.