

Public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants

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Overview

Mpox is a viral infection that is spreading in many countries. Anyone in close contact with someone with mpox is at risk, but some people have an increased risk of mpox infection and should take additional precautions to protect themselves and those around them.

Mpox can spread through close physical contact, so places where people live or stay in close proximity – known as congregate settings – may be more at risk from mpox if the virus is present. These settings include formal and informal camps, camp-like settings and host communities, where people often share spaces such as toilets, bathrooms, sleeping areas, kitchens and common areas and may also share items such as cutlery, bedding and clothing that can also contribute to transmission. Isolating someone with mpox can be challenging in these spaces, raising the risk of transmission.

This public health advice provides information and recommendations to reduce the risk of mpox transmission in places where people live closely together, especially in camp and camp-like settings for refugees and internally displaced people and accommodations for migrants.

The recommendations are based on current knowledge about how mpox spreads and effective measures for prevention and control. They aim to help people in these settings to stay informed, find local solutions and engage in community discussions on how to protect themselves and other people. The advice is practical for a rapid and inclusive response to outbreaks. This advice may evolve as more evidence becomes available. Keep updated at www.who.int and at public [advice \(who.int\)](http://www.who.int).

Who this document is for

This document includes public health advice on reducing the risk of mpox for people living in camps, refugee populations, internally displaced people, migrants and host communities. It is intended for use by:

- relevant government departments, such as those responsible for health, social care, housing, immigration, mental health and child poverty;
- national, subnational and local authorities;
- facility managers, service providers, camp managers and relevant authorities;
- humanitarian organizations, faith networks and civil society organizations;
- health-care professionals and all cadres of health-care workers;
- community leaders and community health and social workers;
- peer-led networks and volunteers who work in these contexts;
- people living in congregate settings, such as camps for internally displaced people and refugees, and informal settlements and transit centres; and
- people involved in the mpox outbreak emergency response.



Adapting public health advice to local settings



Refugees, internally displaced people and migrants staying in camps, camp-like and community settings can face a higher risk of mpox infection because of crowded living conditions, insufficient sanitary services, limited access to health information and health care, heightened stigma or discrimination and difficulty in obtaining food and water.

Effectively controlling mpox in these settings requires responses that are context specific and sensitive to the local situation. Barriers such as a lack of information in local languages, unclear or limited health-care options and low trust in services can delay testing and treatment, leading to prolonged illness and increased risk of transmission in these settings. Engaging with residents, especially those with a higher risk of contracting mpox or experiencing worse outcomes, is key to identifying local, workable solutions for each specific setting.

Overcrowding, limited access to water and inadequate sanitation and hygiene facilities can create difficulty for residents in camp and camp-like settings to follow standard public health measures. For example, practising frequent handwashing and caring for and isolating people at home with mpox symptoms may be challenging. Guidance must therefore be tailored to fit the local context, and innovative, locally acceptable solutions should be explored.

To prevent the spread of mpox within camps and camp-like settings and to be most effective, the following advice and activities should be adapted to the setting and context in collaboration with camp authorities and local community representatives.



Key context-specific activities to manage mpox outbreaks



1. Prevent transmission

Provide residents with access to accurate and up-to-date information on protecting themselves and others from mpox.

- Work with affected communities to adapt key messages on preventing mpox to their local setting.
- Ensure that messages are available in the relevant languages and in clear, simple wording that everyone can understand. Messages should be shared through platforms and people that those at risk know and trust.

Key messages for people at risk of mpox include the following.

- Mpox can spread through close person-to-person contact, including touching, kissing and oral, vaginal and anal sex. People can also contract mpox from contaminated bedding, towels, surfaces or objects.
- Mpox can cause a rash and other symptoms such as enlarged lymph nodes, fever, headache, sore throat, muscle aches, back pain and low energy.
- To protect yourself and others, do the following.
 - » Know the symptoms and check yourself regularly.
 - » Avoid close contact with someone who has been diagnosed with mpox or who is showing symptoms.
 - » Do not share bedding, towels, clothing or any personal items that might have come into contact with someone who has confirmed or possible symptoms.
 - » Seek health advice and get tested if you have been exposed or have symptoms.
 - » Have open, non-judgemental conversations with people with whom you come into close contact (especially sexual contact) about any symptoms you or they may have.
 - » Consider limiting the number of sexual partners if this is realistic for you to do so
 - » If you suspect that you have mpox, avoid sexual activity and close contact with other people until you have been tested and evaluated by a health-care provider.
 - » Get vaccinated if mpox vaccine is available to you.

Provide targeted advice for groups with a higher risk of infection or of complications.

- Ensure that pregnant women understand the risks of contracting mpox during pregnancy and the importance of avoiding close contact with anyone who has symptoms or has been diagnosed with mpox.
- Inform breastfeeding women about how they can protect themselves and their children when breastfeeding if they or their child show symptoms or are diagnosed with mpox.
- Promote vaccination when available for higher-risk groups, including health and care workers, close contacts of someone who has mpox, pregnant women, people living with HIV and sex workers.
- If appropriate and safe to do so, advise sex workers to stop this work or reduce the number of sex partners during an outbreak of mpox.
- Work with camp officials, service providers and civil society organizations to address livelihood and social protection schemes for sex workers, which will reduce transmission and prevent people from becoming newly infected.



Key context-specific activities to manage mpox outbreaks



2. Ensure infection prevention and control and water, sanitation and hygiene



Implement infection prevention and control measures, considering the available resources.

- Promote handwashing within camps and camp-like settings by establishing handwashing stations with soap and water in all places where people gather.
- Advise community members not to enter the homes or rooms of people who have mpox and are isolating at home.
- Encourage people with mpox to cover their lesions and wear a medical mask when in the presence of other people.
- Consider expanding the use of cash-based transfers or vouchers for those affected by mpox to provide beneficiaries with flexibility in purchasing essential items such as food and hygiene products
- If possible, monitor market supply chains and food and goods prices to prevent inflation which can impact those on low incomes.

Prevent mpox transmission from animals to humans and humans to animals.

- Where mpox has long been known to occur, it may also spread through animal-to-human contact during handling, hunting or preparing meat for meals.
- Coordinate with relevant authorities to control rodents and small mammals. Residents should avoid contact with wild animals.
- Advise people not to touch or allow children to touch any animals that are sick or already dead.
- Introduce procedures for safely procuring all meat products, including bush meat. All meat and meat products should be cooked thoroughly before eating.
- Advise people with mpox to avoid contact with animals, including their domestic livestock or pets.
- Work with hunters, traders and sellers of wildlife and meat from wild game, animal care providers and others handling animals or animal products to assess their risk and develop local strategies to reduce their risk

3. Help people with mpox to identify symptoms early and access diagnosis and care



Support residents in identifying symptoms early and getting the help they need. Ensuring that people with symptoms receive immediate care is important not only for their personal recovery but also for stopping outbreaks.

- Establish clear and trusted communication channels and pathways so that residents know when and how to seek care for mpox.
- Ensure access to testing for people who have symptoms of mpox through available health-care services.
- If services are unavailable, advocate with the relevant authorities for better provision.

Taking care of people with mpox.

- Providing early and supportive care for people with mpox is important to help to manage their symptoms and avoid any further complications. Care can include support to manage pain, help to care for their rash and lesions, support to isolate effectively and to watch for more serious conditions such as skin or lung infections or eye problems.
- People with mild, uncomplicated mpox can isolate at home or in a dedicated isolation area. Those with a higher risk of complications, such as children, pregnant women and people with weak immune systems, including those living with untreated or uncontrolled HIV infection, can develop severe illness from mpox and should seek guidance from their local health-care provider on where they can safely recover until they are no longer infectious.
- For people to recover well from mpox, they need to stay hydrated, eat well and sleep. Identify how residents can access water, nutritious food and what support is needed for them to have adequate rest.
- Focus on providing tailored support for individuals with higher risk, such as those with weakened immune systems or underlying health conditions, people living with HIV and pregnant women and children.

Key context-specific activities to manage mpox outbreaks



- To speed up recovery from mpox, keep any rash dry and uncovered whenever possible for optimal healing and to prevent complications such as infections. Always cover the rash and wear a medical mask when other people are present, to avoid infecting others.
- Use medication for pain and fever, based on health advice.
- Provide affordable access to medication for pain and fever for people who are ill, including appropriate medication for children.
- People with mpox should be told about signs that mean they should consult a doctor rapidly.
- Antibiotics (medicines that fight bacterial infections) are not needed for people with uncomplicated mpox. If the rash gets infected with bacteria, then antibiotics might be needed to fight the infection.
- Salt water may improve symptoms of oral discomfort for some people. This can be used four times per day.
- Encourage hand hygiene (cleaning hands), before and after touching lesions, using soap and water or an alcohol-based hand sanitizer.
- Offer social and emotional support services to families coping with mpox, especially those in isolation, to prevent feelings of isolation and abandonment.
- More information on preventive measures and care of people with mpox is available [here](#).

Follow the advice of local health authorities and established referral pathways for treatment and isolation for people with mpox ensuring proper isolation facilities for patients.

- People with mpox who can isolate at home should isolate close to their family if possible. This can be arranged by providing an extra room or adding an extra tent or other accommodation where the patient can isolate and still be cared for by their family or friends.
- For people who have mpox and are unable to isolate at home but do not require hospitalization (see home care and isolation operational guidance), work with local and camp authorities to establish safe and supported isolation areas in the camp.

- Isolation areas must have safe and sufficient water for drinking, personal and environmental hygiene, adequate sanitation and handwashing with soap and water for patients and their caregivers.
- Ensure that individuals isolating in dedicated spaces or isolation areas receive food support, hygiene supplies and other basic needs and commodities.
- Workers entering the isolation area will require training on infection prevention and control measures, including hand hygiene, and use of personal protective equipment (filtering facepiece respirators (such as N95 and FFP2), gowns, gloves and dedicated footwear) if performing any cleaning activities or laundry activities or when within 1 metre of the space occupied by a person with mpox.
- Caregivers should also adhere to recommended infection prevention and control measures and should wear medical masks and disposable gloves when within 1 metre of the person with mpox. People with mpox should cover their lesions and wear medical masks.
- A dedicated shower and toilet or latrine should ideally be provided for people with mpox. However, camp and camp-like settings usually have shared latrines and toilets. Routine cleaning should be performed if it is a squat toilet. If people with mpox use sitting toilets, then after use they should be cleaned with soapy water and disinfected with 0.05% chlorine solution with one minute contact time, ideally by the person with mpox or their caregiver.
- Work with the community to develop appropriate support for families with children, including infants, who have a family member in isolation. Children may be at risk for complications and severe mpox and need specific support.
- Consider how isolation affects household security, including food security, childcare, care of an older person or a person with disabilities or chronic illness and protection risks (such as if the child or other vulnerable or dependent person is left exposed to potential neglect or abuse).
- Ensure that safeguards are explicitly set up and available to provide the necessary support in ways that are locally acceptable.

Key context-specific activities to manage mpox outbreaks



4. Protect health-care workers

Support health-care workers and community health and social work volunteers.

- Identify and engage with formal and semiformal health-care providers. Ensure that they have the training and expertise needed to identify the signs and symptoms of mpox among people who are exposed to or have mpox and to provide people with advice on prevention and seeking care.
- In some settings, community health workers are assigned to carry out contact tracing. In these settings, ensure that processes and training are in place to conduct contact tracing in sensitive and respectful ways that do not reinforce stigma and discrimination and can maintain trust with the community. Consider how such critical work can be integrated with other essential community health activities in the camp. When contact tracing is conducted, maintain a distance of at least 1 metre and avoid entering the home of people with mpox.
- Ensure that health and care workers interacting with someone with mpox have alcohol-based hand rub, the appropriate personal protective equipment (gowns, gloves, filtering facepiece respirator (such as N95 and FFP2) and eye protection and have been trained in how to use it and how to dispose of it. If health and care workers do not have appropriate personal protective equipment, they should not enter the home and should maintain at least 1 metre distance from the person with mpox.
- Ensure that proper training is available for volunteers and community health workers to strengthen interpersonal communication skills. This will facilitate open communication about mpox, close information gaps and help to address residents' specific needs and concerns.



5. Combat stigma

Stigma greatly affects how people respond to public health crises and affects those experiencing illness, often causing fear, discrimination and social isolation.

- Stigma and discrimination connected to any disease, including mpox, are never acceptable. They can seriously affect health outcomes and undermine the outbreak response by making people reluctant or unable to come forward or seek care. This increases the risk of transmission.
- Health facilities are often the first point of contact for people experiencing mpox symptoms. Health-care workers should use respectful, inclusive language and treat all individuals with dignity and confidentiality.
- Train and support health workers to avoid stigmatizing language and to recognize their unconscious biases.
- Create mechanisms for patients to report stigma or discrimination in health-care settings. These systems should ensure prompt follow-up and corrective action.
- Inclusive services should be established for migrants, mobile populations, internally displaced people and refugees, including using adequate language, culturally appropriate recommendations and treatment options so that vulnerable groups can access health services without fearing stigma, arrest or deportation.
- Sharing accurate information about mpox through community volunteer networks and faith-based networks and among camp residents and migrants can help to reduce stigma and discrimination. Rely on trusted sources of information such as from relevant health authorities, health ministries or WHO.
- Support community workers and volunteers in protecting their own physical and mental health so that they can work confidently and free of stigma and discrimination.
- Ensure safe and accessible feedback and reporting mechanisms for community members, community workers and volunteers to report rumours about and incidents of stigma or discrimination and to access mental health support services.
- Collaborate with health authorities to promote the dissemination of accurate and non-stigmatizing information.

Key context-specific activities to manage mpox outbreaks



6. Proactively communicate, engage and support

Communication and engagement.

- Listen to and answer the questions and concerns of residents about mpox to understand their needs and local capacity. Maintaining trust between residents, health-care providers, camp managers and camp authorities is critical and can be achieved in part through regular, two-way communication and feedback.
- Establish transparent, safe, accessible, child- and gender-sensitive feedback mechanisms, according to communities' preferences on reporting channels, that enable people at higher risk to share their opinions and voice their complaints.
- Consider how to engage and involve residents: for example, by asking them about realistic and practical solutions they think could work and asking them to suggest solutions of their own.
- Make sure that the opportunities to engage are accessible to a diverse range of community actors, including those with disabilities and members of minority groups.
- Where mpox risk is high or of concern, convene community dialogues to understand the key concerns, information gaps and misinformation around mpox. Plan together with community actors to respond to the needs and maintain engagement through available networks in the camps. Working through existing trusted networks is likely to be better than establishing new coordination systems.
- Ensure that the right people are present at discussions to answer questions on other health problems and priorities in the camps so that people feel that their questions, concerns and suggestions are being heard.
- Based on collected feedback from residents, develop risk communication and public information materials that are appropriate to the outbreak context and tailored to the specific needs of the affected communities, such as local languages and trusted communication channels, and that suit local literacy levels.

- Ensure that refugees, internally displaced people and migrants have access to information in their common languages and can access information through their preferred channels of communication.
- Monitor and address rumours, misinformation and fears surrounding mpox, working with community leaders and trusted influencers to dispel myths and encourage cooperation with health measures.
- Proactively monitor and address stigma and discrimination related to mpox as part of your communication and community engagement strategy.
- Engage networks of civil society organizations, camp health workers, community volunteers and influential community voices to share accurate, contextualized and non-discriminatory information about mpox.
- If possible, partner, promote and use existing local support mechanisms and capacity that help to keep camps and residents safe or help people with mpox in recovering.
- Provide timely, transparent and regular updates on mpox status in the camp or community setting to keep residents informed and reassured.



Key context-specific activities to manage mpox outbreaks



Protection priorities.

- Ensure that people with mpox are not excluded from ongoing humanitarian assistance such as food and health supplies and protection support resulting from the requirement to isolate or discriminatory behaviour.
- Ensure that children with mpox receive the best possible standard of care and nutrition, including vitamin A supplementation, oral rehydration, skin care and pain relief as needed, to support full recovery without complications.
- Special attention should be given to groups with a high risk of more severe disease, including pregnant women, children, people living with HIV, older people, people who are immunocompromised and people with disabilities. Adapt messaging and engage community networks (including through community health workers and antenatal clinics) to effectively reach these people with accurate information and support.
- Sexual misconduct such as sexual exploitation, abuse and harassment should never be tolerated or ignored. Ensure that all new personnel are vetted and screened and sign a code of conduct before they begin to work.
- Deliver prevention of sexual exploitation, abuse and harassment training to all health-care workers and community volunteers.
- Raise awareness among communities about their rights to free assistance, zero-tolerance policy on sexual exploitation, abuse and harassment and confidential reporting mechanisms as well as information on where people experiencing sexual exploitation, abuse and harassment can receive support and assistance.
- Ensure that people with mpox have access to HIV testing and care.

A note on coordination

Strong coordination, driven by camp management and camp authorities across partners and with residents, will help to reduce duplication and ensure that the needs of communities living in camps and community settings are properly addressed. The activities and recommendations in this document should be discussed and agreed on with local stakeholders (including residents) to promote synergy and coordinated action, to enhance access to services in these settings and aim to help to provide some considerations for camp coordination, cluster and other humanitarian response networks to discuss, adapt and integrate.

The Collective Service has tools to help with coordinating risk communication and community engagement. Visit: www.rcce-collective.net.

