

Public health advice on mpox and congregate settings: Settings in which people live, stay or work in proximity

20 March 2023

This public health advice from WHO provides information about reducing the risk, spread and impact of mpox (also known as monkeypox) in settings in which people live in proximity (referred to throughout this document as congregate settings). It will be updated as more is known about how this infection can spread (even from a single case) in different settings and contexts.

The information in this tool should be adapted based on the risk level and needs of your community and setting. It is intended to be used as a basis for keeping people informed, identifying local solutions, driving formal and informal community conversations and information sessions, or producing information for your communities on how to protect themselves and others.



Examples of congregate settings include facilities such as prisons, jails, youth detention, migrant detention, refugee camps and reception facilities, nursing homes, transitional housing, dormitories, and university campus housing. In 2022, there were reported cases of mpox from a range of congregate settings and contexts.

Although these settings are extremely varied, they all share a common factor in which some or many people are living together or coming into close contact with one another, and as such, all pose a risk for transmission of mpox.

Sometimes given the realities and vulnerabilities associated with life in these settings, people may be at risk of health complications if infected with mpox.

*This document will use the term **congregate settings** to refer to all settings where people live, work or stay in proximity to one another.*

Considerations for different kinds of congregate settings can be found at the end of this document.

Background

An outbreak of a viral infection called mpox (also known as monkeypox) is occurring in many countries including countries that have not previously had cases.



Because the virus can spread through close contact, places where people live or stay in proximity to others are at higher risk of mpox transmission if the virus is circulating in the community. Sometimes referred to as *congregate settings*, these are a range of contexts and facilities where people are living in close proximity to one another, often in large numbers. These settings commonly contain shared spaces such as bathrooms, sleeping spaces, kitchens and common areas; and/or shared items such as cutlery, bedding and clothing.

Target audiences for this tool

- Individuals and organizations that live, stay, work in or visit congregate settings
- Community leaders from congregate settings
- Networks of staff, volunteers, civil-society organizations, non-governmental organizations, UN agencies, health workers who work in or with congregate settings



This tool is based on our current understanding of the transmission of mpox virus and infection, prevention and control. It aims to provide useful, common-sense advice for timely response to mpox outbreaks. This advice may evolve as we learn more. Keep up-to-date at www.who.org.

MPOX - WHAT YOU NEED TO KNOW:

An outbreak of mpox is occurring in many countries:

- Mpox is preventable but symptoms can be uncomfortable and painful.
- Children, pregnant women and people who are immunocompromised have a higher risk of more serious symptoms.
- People living with untreated or uncontrolled HIV infection are also at higher risk of becoming very ill, especially if they don't know their HIV status
- Cases of mpox can be confirmed using laboratory-based diagnostic testing.

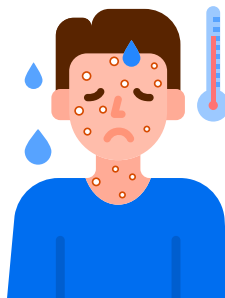


Mpox can spread to people through contact with an infected animal:

- There are countries where the monkeypox virus is also present in some animals. These countries are in Africa.
- Infection can occur, for example, through bites or scratches, or during activities such as hunting, skinning, trapping, cooking and touching dead animals.

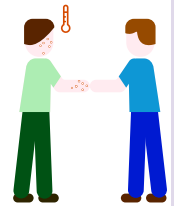
Symptoms for mpox often include:

- Rash on face, hands, feet, body, perianal area or genitals
- Rash in mouth, throat, eyes, genitals (penis or vagina), anus
- Fever
- Swollen lymph nodes
- Headaches
- Sore muscles and back aches
- Low energy
- Painful swelling inside your rectum (proctitis)
- Pain or difficulty when urinating
- Good care of symptoms and management of skin rash and eye lesions will help prevent the development of serious medical complications
- People are still infectious until skin lesions have scabbed over and a new layer of skin has formed underneath.¹



Mpox spreads through close contact:

- Skin-to-skin, particularly when in contact with skin lesions (e.g., touching or vaginal/anal sex)
- Face-to-face (e.g. talking, breathing)
- Mouth-to-skin (e.g. oral sex)
- Mouth-to-mouth (e.g. kissing)
- By sharing close quarters such as beds
- From contaminated bedding, towels, clothing, surfaces, needles and objects
- From infected animals in some settings



Mpox can spread through sexual contact:

People who have sex with multiple or new partners are most at risk for mpox and some outbreaks of mpox have been connected to sexual transmission.

- Mpox can spread between men and women or just between men through physical contact including sex.
- Encourage open, non-judgemental conversations about sexual behaviours and partners.
- Integrate mpox messaging into broader sexual health education and messaging.
- Provide information about sexual health including the provision of free condoms. Condoms will prevent some STIs. They may also reduce the risk of exposure to mpox but they will not prevent infection through close physical contact.
- Condom use is recommended for three months after recovery from mpox because sexual transmission of the virus is still not fully understood.

Protect yourself and others from mpox by:

- Knowing the symptoms, how it is contracted and how to regularly check yourself.
- Avoiding close contact with someone who has mpox and encouraging isolation where possible.
- Having open conversations with people you have been in close contact with if you have been infected with mpox.
- Having accessible health advice and adequate testing services for people who have been exposed or have symptoms.
- Reaching out to a health provider/service in case you develop symptoms.
- If you are diagnosed with mpox, continue your regular medication including for treatment of HIV, TB and viral hepatitis.



What we know about mpox is changing fast; we are learning more every day. Up-to-date answers to key questions are available here: <https://www.who.int/news-room/questions-and-answers/item/mpox>

¹ WHO's Clinical management guidelines <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>

PREVENTING AND MANAGING MPOX IN CONGREGATE SETTINGS

Community engagement

- Community engagement around mpox is a vital tool in helping tackle fear, address stigma, prevent discrimination and misinformation and stop the spread of the virus. Communities are likely to be the best placed to identify local solutions to tackle transmission and provide appropriate care for those with the virus.
- If you work with communities living or staying in congregate settings where there is a risk of mpox, you may be well positioned to facilitate community engagement. Before embarking on community engagement activities, it is important to understand the community dynamics that exist. A rapid community assessment (including through analysing existing data and conducting community interviews) can help develop an understanding of community realities around mpox transmission and identify community sub-groups at greater risk.
- Community engagement approaches are a way to bring together people to discuss mpox in your setting and working together to plan a response. Community engagement platforms can include hosting informal community conversations, activating two-way dialogues through mobile and online platforms and consulting with key informants such as community leaders and health workers.
- Try to ensure that you are inclusive when creating opportunities for engagement and ensure that conversations are held in a respectful and transparent way. On- and off-line approaches may be considered depending on your context.



Some key topics to discuss during community engagement activities include:

- ✓ What trusted information sources are available to your community on mpox?



- ✓ Who is most at risk of catching mpox in your setting? Who is most at risk of serious symptoms? How can you include these groups in engagement activities?



- ✓ Who are your key responders and what are the available health services (including testing, vaccination and care)?



- ✓ What are the best channels to share information about health risks (e.g., in person, by radio, posters, social media)? And what are the most appropriate languages in which to share this information?



- ✓ What steps can you take to avoid community engagement contributing to stigma and discrimination by making activities respectful and representative? Include considerations for minority groups.



- ✓ Who are the most vulnerable and hard-to-reach groups in your communities and what is the best way to reach out to them?



- ✓ Who are the most trusted spokespeople and influencers in the community?



- ✓ How does your congregate setting contribute to the risk of mpox?



- ✓ What can your community do to help ensure the best possible health care is provided to patients and to financially and physically support people who have been exposed to or who have mpox?



- ✓ What can be done to enable people with mpox to self-isolate where people live in close proximity?



- ✓ How can people with mpox be supported to cover their lesions and wear a mask when being in the presence of others cannot be avoided?



- ✓ What can be done to reduce the risk of a larger mpox outbreak?



PREVENTING AND MANAGING MPOX IN CONGREGATE SETTINGS

Risk Communications

Information is power; equip yourself and others with the key points relating to mpox so that people know how to reduce their risk and what to do if they are exposed/get symptoms.

Keep up to date about the risk of mpox in your area; keep your key stakeholders informed with the latest information.



Focus your communications on:

- 1 Ways to reduce the risk of contracting mpox



- 2 What should be done if there is an outbreak in your setting and how to engage with your communities on managing this



Here are some ways you can communicate about mpox with people living, working or staying in congregate settings:

- ✓ **Communicate with other residents** and members of surrounding communities to make sure they understand the isolation advice, how to reduce risk and the local support services available.



- ✓ Identify which groups of people are more likely to be at-risk and the **best channels of communication to reach them** (e.g. posters in public places, flyers, local radio, letters/emails, SMS messages camp or residential wardens, etc.).



- ✓ Where necessary, **identify influential, trusted voices**: work with partners including community mobilisers, student unions, peer-to-peer groups (representing minorities), youth groups, community influencers etc. to share the correct information through their networks/ channels and co-develop solutions.



- ✓ If appropriate, identify which groups of people are more likely to block you from sharing correct information or contribute to spreading misinformation and **define a strategy to monitor or counteract their action**.



- ✓ **Co-develop key messages** with community members about the risk, how to protect yourself and others, what to do if you get symptoms and where you can access mpox testing. Consider including information on the importance of HIV testing for anyone who may be exposed to or have mpox.



- ✓ **Engage the local media and equip them with the correct information** to include in coverage especially through platforms like local radio including getting community voices and experiences heard, if appropriate.



- ✓ Put up **informational posters using key messages** in communal areas like canteens, kitchens, toilets, exercising areas, hallways and in community areas like health clinics. Posters and infographics are available here and in the annex. They can be adapted for your settings.



- ✓ Set up **feedback systems for the communities to ask questions** and provide their thoughts on what could be done better including for example through telephone hotlines and WhatsApp groups.



- ✓ **Engage with residents who are immunocompromised** given they may be at greater risk of severe disease. Equip them with up-to-date information and link them with the appropriate health and support services.



A helpful infographic about recovering from mpox at home can be found [here](#)



PREVENTING AND MANAGING MPOX IN CONGREGATE SETTINGS

Knowing your local policies

Learn your national or subnational policies for mpox including testing, contact tracing, and protocols for contacts of confirmed mpox cases.



Any staff or residents who might have had close contact with someone who has mpox should be monitored for signs and symptoms for up to 21 days after they were exposed



Testing

Testing plays a key role in our efforts to curb transmission by promptly identifying infected individuals and helping refer them for isolation and medical care.

Here are some key considerations:

Know the available testing services in your context and how to refer people for appropriate health advice. Make this information available to relevant communities



Encourage your communities to get tested if they have been a close contact of someone with mpox and present with symptoms. The main symptoms include a rash, fever and body aches, among others.



Encourage and facilitate self-isolation while waiting for a test result. If isolation is not possible, wear a mask and cover lesions.



Work with your local healthcare providers to ensure that people feel safe to go for testing and that diagnosis is carried out by health care professionals in full respect of established principles of human rights, inclusion and the dignity of all individuals and communities.



If testing is not available in your setting, consider opportunities for your community to advocate for access to testing.



It may be important to consider or test for other infectious diseases. This will often mean looking for other causes of rash and fever appropriate to the setting and age. For children, other conditions may be considered, including measles or chickenpox. In other circumstances, this will mean considering and offering tests for HIV and other sexually transmitted infections.



Vaccination²

Vaccination is recommended for individuals at high-risk of exposure to mpox. In the global outbreak this includes gay, bisexual or other men who have sex with men (MSM) with multiple sexual partners. Others at risk may include men and women with multiple casual sexual partners including sex workers. Health workers at may be at risk of repeated exposure in the health care setting.

Vaccination may be considered for children at risk during an outbreak, particularly if they have just been exposed to mpox

If relevant in your context, understand the vaccination recommendations and make sure that this information is available to those who are eligible in your setting. If it is recommended for them, and vaccines are available, encourage your residents to get the vaccine.

If appropriate, consider working with your local health providers to organize outreach activities to offer vaccinations to groups that might experience perceived or structural barriers in access to healthcare in your congregate setting.

Based on currently assessed risks and benefits and regardless of vaccine supply, mass vaccination of the general population is not required nor recommended for mpox at this time.



² For more information see the WHO interim guidance for vaccines and immunization for mpox: <https://www.who.int/publications/i/item/WHO-MPX-Immunization>

PREVENTING AND MANAGING MPOX IN CONGREGATE SETTINGS

Infection prevention and control

Develop a plan for what should be done if there are cases of mpox within your setting including providing the necessary care for confirmed cases and reducing the risk of others becoming infected.



Here are some key considerations:

- Provide personal protective equipment (PPE) for staff and community-based carers caring for people infected with mpox including disposable gloves, well-fitted medical masks, gowns and eye protection and training for appropriate use.
- People who are recovering from mpox (with active lesions) should wear a well-fitting medical mask and cover lesions when in close proximity to others, and when moving outside of a designated isolation area (e.g. to use the toilet).
- Waste that is generated from caring for someone with mpox, such as bandages and personal protective equipment, should be placed in strong bags and securely tied before disposal and eventual collection by municipal waste services.
- Encourage the covering of lesions that have not yet healed when others are in the room.

Encourage and facilitate basic hygiene measures



- Make sure frequently touched surfaces and objects are cleaned with water and soap and disinfected regularly, particularly those of any shared spaces such as bathrooms.
- Implement preventive hygiene measures including disinfecting furniture and utensils.
- Encourage hand hygiene including providing water and soap or alcohol-based hand sanitizer if available, and sharing messages on how to properly clean hands.
- Make provisions for people with mpox to handle and launder their own bedding and laundry. Linen and bedding should be washed in hot water (above 60 °C) and detergent.
- Linens, towels, and clothing from the patient with mpox should be laundered separately from other household laundry.

Covering of lesions, wearing masks, reducing direct contact:

- Encourage patients to cover their mpox lesions in the presence of others, if tolerated.
- Encourage staff to wash their hands frequently and to use appropriate personal protective equipment (e.g., medical mask, gloves, gown and eye protection) whenever they are providing care or come in contact with the patient's environment or laundry
- Isolation of people with active mpox is one tool in helping stop transmission. In your congregate setting explore whether you can facilitate a supportive environment for isolation with rooms or spaces which have good ventilation and the availability of separate utensils (dishes, cups, bedding, towels and electronics such as phones).



Provide support to people isolating including:

- Ensuring they have adequate water and food supplies
- Facilitating ongoing medical support including access to health professionals when necessary for pain management and treatment.
- Providing them hygiene and medical supplies to manage their symptoms including pain relief.
- Mental health support: regular connection and access to external, remote support services.

PREVENTING AND MANAGING MPOX IN CONGREGATE SETTINGS

Avoiding and addressing stigma and discrimination:

An outbreak of a viral infection in a community can be distressing. If cases present in your facility, react without being judgmental or making any assumptions about the circumstances regarding the infections.

Stigma negatively affects those with the disease, as well as their caregivers, family, friends, and communities. Stigma and discrimination related to mpox may intersect with existing stigma and discrimination linked to other factors in congregate settings such as ethnicity, race, or sexuality.

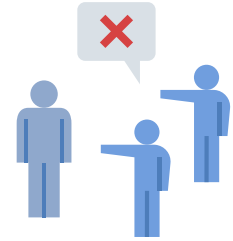
It may be helpful to train your staff on mpox, stigma and discrimination to encourage adherence to proposed public health measures aimed at protecting your whole community. Understanding existing patterns and identifying things that have worked in the past to reduce stigma and discrimination will be useful.

Key points for consideration:

- Focus communications on activities and – not the people - that are fuelling the outbreak.
- Emphasize the fact that mpox spreads between people through close contact. Anyone who has close contact with someone who has symptoms of mpox is at risk.
- Avoid using language, photographs or graphics that spread fear or place an emphasis on a particular group, activity or community.
- Use the proper language to describe the nature of transmission: People ‘acquire’ or ‘contract’ mpox through close contact with someone who has mpox or with infected animals or meat.
- Reiterate that stigma and discrimination actually harm response efforts and can ultimately prolong the outbreak
- Respect any wishes regarding confidentiality

For more information see [our public health advice on understanding preventing and addressing stigma and discrimination related to mpox](#).

It is important to remind the communities in which we work that having or being exposed to mpox is nothing to be ashamed of. Anyone can get mpox.



SUPPORTING TOOLS: CONSIDERATIONS FOR KEY SETTINGS

Prisons and detention centres

This is a supporting tool to accompany the public health advice for congregate settings with specific recommendations on adapting the advice for prisons and detention centres.

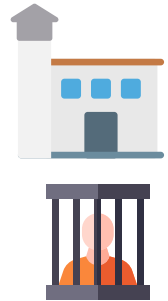
Target audiences:

- Prison officers
- Health workers in prisons
- Advocates



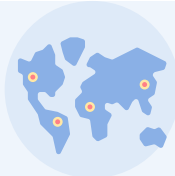
Background:

Prisons, jails, and other closed settings are high-risk environments for mpox transmission. Inmates are frequently housed in crowded conditions which makes close contact with people with suspected or confirmed mpox harder to avoid. Injecting drug use, tattooing, sexual activity and non-consensual sex, occur in prison, increasing the risk of transmission.



Key context-specific activities:

Assess the risk of possible introduction or ongoing transmission of mpox into the prison based on the epidemiological context of the country and develop a plan to respond



Maintain surveillance systems to detect when people in prison develop a rash, lesions, fever, or other symptoms of concern (including staff and volunteers)



For confirmed cases of mpox provide supportive and appropriate isolation facilities, for the duration of the infectious period (until the skin lesions dry up, become crusts, and fall off and a fresh layer of skin has formed underneath). If the use of individual occupancy is not possible, consider cohorting, which means grouping residents based on their risk of infection or whether they have tested positive for mpox. If you do cohort confirmed cases try to maintain a distance of at least 1 m between patients.



Implement effective infection prevention and control measures:

Mpox should be considered as part of regular screening for newly admitted or transferred individuals



Keep all areas of the prison clean and ventilated, with guidance from the relevant health service. This includes cleaning and disinfecting rooms for intimate visits (conjugal rooms) and having all bedding washed after each use. Routine disinfectants are effective.



Make sure that people infected with mpox who do not need to be cared for in a clinical facility can handle and launder their own bedding and laundry. Where that is not possible, provide staff, volunteers and prisoners with PPE (gloves, well fitted medical mask, gown and eye protection) for handling of bedding and laundry. Linen and bedding should be washed in hot water (>60C) using detergent



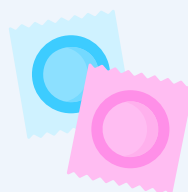
Practice and encourage adequate hand hygiene: regular handwashing for at least 40 seconds with soap and water

Ensure adequate supplies of personal protective equipment (PPE) for staff interacting with people with suspected or confirmed mpox including disposable gloves, well fitted medical mask, gown and eye protection. Train staff in the proper use of this equipment

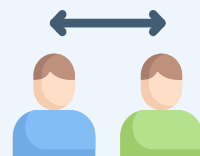


Encourage prisoners to wash/disinfect utensils after use and not share them with others

Have masks, condoms and lubricants available for prisoners in the facility

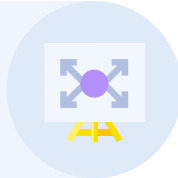


Overcrowding may facilitate transmission and thus measures to facilitate physical distancing should be implemented



Communications and engagement:

Convene representative groups among prison residents to understand their experiences, concerns and needs relating to mpox. Create a response plan together



Train prison staff on mpox and how to have open, non-judgemental conversations about the virus and how to protect themselves and their residents from contracting mpox

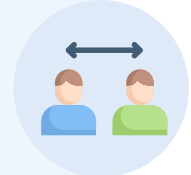


Protection priorities:

Provide additional health support and counselling to residents that are immunocompromised and therefore at greater risk of severe illness outcomes



Overcrowding may facilitate transmission and thus measures to facilitate physical distancing should be implemented



Reinforce safe channels within the prison community for reporting, counselling and medical care for sexual violence



Offer anyone with a clinical or laboratory diagnosis of mpox an HIV test to ensure the best possible care.



Safe injection practices:

In prisons, safe injection practices should be advocated for, and practiced.

Shared use of syringes for drug use and needles for tattooing can also be drivers of transmission so where possible provide or exchange sterile syringes and needles free of charge.

For further information, including the 7 steps for safe injection, please visit: <http://www.who.int/infection-prevention/en/>



Additional resources

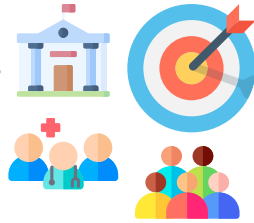
- Mpox prevention and control among people living in prison: <https://www.who.int/europe/publications/m/item/mpox-prevention-and-control-among-people-living-in-prison>
- Key recommendations for protecting people living and working in prison (directed at prison officers and healthcare staff): <https://www.who.int/europe/publications/m/item/mpox-prevention-and-control-key-recommendations-for-protecting-people-living-and-working-in-prison>
- Mpox prevention and control in people visiting prison: <https://www.who.int/europe/publications/m/item/mpox-prevention-and-control-in-people-visiting-prison>

Refugee, internally displaced people and migrant camps

This is a supporting tool to accompany the public health advice for congregate settings with specific recommendations on adapting the advice for refugee, internally displaced persons (IDP) and migrant camps and community settings hosting displaced people.

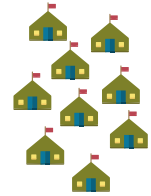
Target audiences:

- Relevant government departments
- Humanitarian and civil society organisations
- Medical professionals
- Community leaders and health workers
- Volunteers who work in these contexts



Background:

IDPs and migrants living and staying in camps and community settings are often at higher risk of having existing health conditions and vulnerabilities which are exacerbated by cramped living conditions, poor sanitary services, limited medical care and challenges around access to adequate food and water. Lack of information disseminated in local languages may hinder timely seeking of healthcare services.

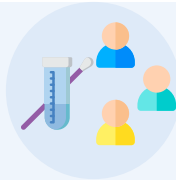


In settings such as refugee, IDP or migrant camps, conditions are often crowded and hygiene and sanitation may be challenging. Nonetheless, in such situations innovative solutions have been found. Examples include the setting up of an additional tent next to the family tent. In this case, a person with an infectious condition such as mpox for which isolation is recommended can reduce the risk of passing on the infection to family members, while still remaining in proximity for their physical needs such as meals and emotional support.

In these contexts, it is important to facilitate realistic public health and social measures for mpox, including infection prevention and control, to stop the spread of disease in the facility.

Key context-specific activities:

Remember to consider mpox when an outbreak of rash and fever illness occurs. Ensure access to testing for people who present with symptoms of mpox through available health services.



Ensure active case search is undertaken to find additional suspected mpox cases in camps. This can be done by workers or volunteers and must be conducted with respect to confidentiality and local context specific sensitivities.



Coordinate with the relevant authorities to control rodents or small mammals in the camp. Ensure oversight and risk assessment of activities related to purchase or procurement of bush meat.



Work with camp authorities and healthcare providers to strengthen the capacity to identify cases of mpox and carry out contact tracing. Consider how such critical work can be integrated with other essential community health activities in the camp.



Collaborate with health authorities to promote dissemination of accurate and non-stigmatizing information

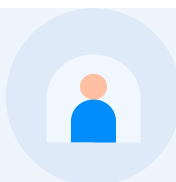


Emphasise and implement realistic infection prevention and control measures such as:

- Providing adequate hygiene supplies such as soap, water, or alcohol-based rub
- Ensuring health and community workers are equipped with adequate PPE
- Encouraging the careful handling and thorough cooking of foods containing animal parts or meat in areas where animals carry mpox
- Encouraging the regular and effective environmental cleaning and disinfection



If possible, provide a space for isolation of infectious disease cases with the availability of critical WASH infrastructure (water supply, sanitation, waste management) - this is very critical to limiting the spread of infectious disease.



Taking care of residents with mpox:

Encourage them to stay hydrated, eat well, and sleep.



Advise them to use medication for pain and fever if needed and available.



Encouraging hand hygiene (cleaning hands) before and after touching lesions using soap and water or an alcohol-based hand sanitizer



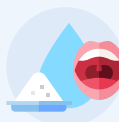
Keep rash dry and uncovered whenever possible for optimal healing, and covered when others are present



Ensure proper skin and eye care. Keep rash clean with sterilised water/antiseptic



Rinse lesions in the mouth with salt water



Use paracetamol to manage the discomfort of lesions, if needed



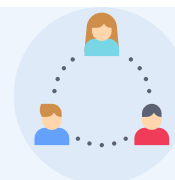
Communications and engagement:

Where mpox risk is high or of concern: convene community dialogues to understand the key concerns around mpox. Make a plan together to respond to these concerns and maintain engagement through community networks in the camps.

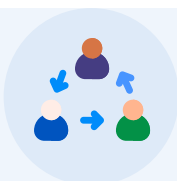


Ensure discussion includes other health problems in the camp so that people feel their concerns are being heard

Activate networks of civil society organizations, camp health workers, community volunteers and influential community voices to share accurate, contextualized and non-discriminatory information about mpox



Establish community feedback mechanisms that allow these most-at-risk groups to share their opinions and voice their complaints



Help ensure community and healthcare workers can maintain a connection with people who have been infected with mpox and can guide them on where to seek care

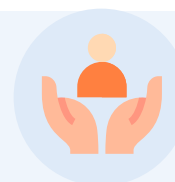


Protection priorities:

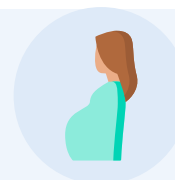
Ensure that people infected with mpox are not excluded from ongoing humanitarian assistance such as food and health supplies and protection support.

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.

Ensure that people with mpox also have access to HIV testing and care.



Special attention should be given to groups at high-risk including pregnant women, children, elderly, people who are immunocompromised and persons with disabilities. Adapt messaging and engage community networks (including through community health workers, and antenatal clinics) to effectively reach these groups with accurate information and support.



A note on coordination:

Strong coordination across partners will help reduce duplication and ensure the needs of communities living in the camps and community settings are properly addressed. These tools aim to help provide some considerations for camp coordination, cluster and other humanitarian response networks to discuss, adapt and integrate.

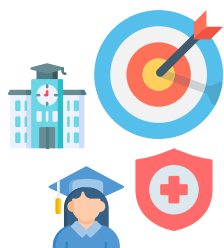
The Collective Service for RCCE has tools to help with coordination. Visit: www.rcce-collective.net.

Dormitories including university campuses, residential facilities for migrant workers, transitional housing and shelters

This is a supporting tool to accompany the public health advice for congregate settings with specific recommendations on adapting the advice for dormitories with particular focus on university campuses and other residential settings.

Target audiences:

- Managers of these residences
- Administration
- Associated health care providers
- Resident representatives (including student unions)



Background:

In addition to crowded living, some social aspects associated with living and staying in dormitory settings, sharing of beds on a shift basis. In other settings, consensual and non-consensual sex, pose increased risk for the potential spread of mpox. In cases of non-consensual sex there's no opportunity for open conversation between partners about possible risks and symptoms.



Key context-specific activities:

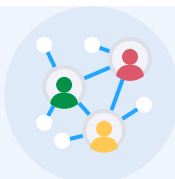
Plan for your facilities to have provisions to help people with mpox isolate and receive ongoing support from health and social care providers. If bed-sharing on a work-shift basis is the norm, make special provisions for someone affected to have their own bed in isolation and ensure laundry and bedding are kept separate.



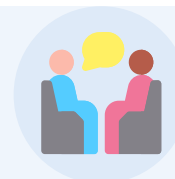
Make sure that campus health centres, or the health services tied to your facilities are ready to raise awareness and implement preventive measures for groups and persons at risk, test symptomatic residents and provide care free of stigma and discrimination.



Implement systems to assist with contact tracing; understand the role of the institution in identifying cases, close contacts and ensuring confidentiality.



Reinforce channels for counselling, reporting, and medical care for sexual violence including through student or resident representative groups and hotline/online services.

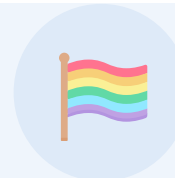


Communications and engagement:

Get creative in the way you share accurate information about mpox: explore popular social media channels, link with university media such as radio and newspapers and engage with student groups to spread information and encourage testing.



Work with student associations including LGBTQ+ groups to design plans and disseminate information.



Listen to your workers and residents who may have great ideas about how to handle difficult situations.

Promote sexual health services including counselling, the provision of condoms and access to testing for HIV and STIs. Also emphasise that condom use does not prevent mpox transmission through skin-to-skin contact.



Students or teachers, or other staff with rash lesions caused by mpox should not attend school or work during illness and should report to school and health or other authorities for appropriate response.



Provide information so residents can self-screen and present to health services in the event of a suspected mpox or other infection.



Provide information on the links between mpox, HIV and other sexually transmitted infections and offer or support access to appropriate prevention including condoms, HIV testing and care.



These documents are intended to be adapted to your specific needs and can be used as a basis for formal and informal community conversations and for producing community information for your communities on how to protect themselves and others.

Information about mpox is evolving rapidly. Advice may change as we learn more. Check www.who.int for the most up-to-date information.