

CMHC INFECTION CONTROL MANUAL	Effective Date: 4/02/25	NUMBER: B-14.60  Page 1 of 24
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	Formulated: 9/15/22	
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**POLICY:**

To outline management and control measures for facilities to follow in response to the spread of mpox.

**DEFINITIONS:**

**Clade** - A clade is a group of organisms believed to have evolved from a common ancestor. There are two distinct genetic clades of the mpox virus: the central African (Congo Basin) clade and the west African clade. The Congo Basin clade has historically caused more severe disease and was thought to be more transmissible.

**Close Contact** – A close contact is someone who was within 6 feet of an infected person for a total of 3 hours or more (cumulative) of an unmasked person with mpox without wearing a surgical mask or respirator. It also includes individuals that have been in close contact with an infected person since the start of symptoms:

- Had sex including oral, anal, and vaginal sex
- Had touched or come in contact with the rash of the infected person
- Had hugged, cuddled, kissed, or had prolonged skin-to-skin contact with the infected person
- Shared cups, utensils, towels, clothing, bedding, blankets, or other objects and materials

**Cohorting** – Cohorting refers to the practice of housing multiple mpox cases together as a group under medical isolation or housing close contacts of a particular case together as a group under medical restriction. Cohorting is used when there is inadequate space to place individuals in single cells for medical restriction or medical isolation.

**Confirmed Case** - A confirmed case has received a positive result from a mpox PCR (polymerase chain reaction) laboratory test.

**Fully Vaccinated** - Individuals are considered fully vaccinated when the primary vaccine series is completed which is two weeks after the second dose of a two-dose series vaccine.

**Medical Isolation** – Isolation is for persons who are **sick and contagious**. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

**Medical Restriction** – Medical restriction is used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have

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the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

**Mpox** – Mpox is an infection caused by virus. The source of disease remains unknown; however, African rodents and primates might harbor the virus and infect people.

**N95 Respirator** – An N95 respirator is a respiratory protective device designed to achieve a close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of small (0.3 micron) test particles.

**Surgical Facemask** – A surgical facemask is a disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. It is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical facemasks may also help reduce exposure of your saliva and respiratory secretions to others. Surgical facemasks may also be referred to as isolation, dental or medical procedure masks.

**Suspected Case** - A suspected case has not been tested or is awaiting test results and has a mpox characteristic rash or has a high clinical suspicion for mpox and meets one of the criteria listed below within 21 days of illness onset:

- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox
- Had close or intimate contact with individuals in a social network experiencing mpox activity
- Traveled outside the US to a country with confirmed cases of mpox or where Mpox virus is endemic
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

**PROCEDURES:**

**I. Symptoms**

- A. Mpox infection is characterized by rash that is commonly located on or near the genitals or anus but may occur in other areas such as hands, feet, chest, face, and mouth. The rash often begins with flat lesions that become raised, like blisters or pimples, and then fill with fluid and pus. Blisters usually scab or become crusty and then fall off, potentially leaving scars on the skin.
- B. Flu-like symptoms may occur before or after rash appears and include fever,

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- C. chills, swollen lymph nodes, exhaustion, muscle aches, backache, and headache. Respiratory symptoms such as sore throat, nasal congestion or cough may also be present.
- D. The incubation period is 3-17 days. During this time, a person does not have symptoms and may feel fine. Symptoms usually start within 3 weeks of exposure to the virus.
- E. Mpox is generally a self-limiting disease and will resolve with time and typically lasts 2–4 weeks.
- F. People who may be at increased risk for severe disease include, but are not limited to:
  1. Immunocompromised individuals (e.g., HIV, cancer, stem cell transplant recipients, solid organ transplant)
  2. People with a history of atopic dermatitis, eczema, severe acne, psoriasis, or other exfoliative skin conditions
  3. Children <8 years of age
  4. Pregnant or breastfeeding women

**II. Transmission**

- A. Mpox is transmitted by close or intimate, skin-to-skin contact with a person with mpox including:
  1. Direct contact with mpox rash, scabs, or body fluids
  2. Touching contaminated surfaces, objects, or fabrics (e.g., clothing, bedding, and towels) that have been used by a person with mpox
- B. Direct contact can happen during:
  1. Oral, anal, and vaginal sex
  2. Touching of genitals or anus
  3. Hugging, massage, and kissing
- C. Mpox may also be transmitted from exposure to respiratory secretions during prolonged face-to-face contact.
- D. A pregnant person can spread the virus to their fetus through the placenta.
- E. A person can get mpox from preparing or eating meat from an infected animal or after being scratched or bitten by an infected animal.
- F. A person with mpox can spread it to others from symptom onset and until the rash has fully healed, scabs have fallen off, and a fresh layer of skin has formed.

**III. Infection Control**

- A. In preparation, staff should ensure there is sufficient stock on hand of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies. This includes, but is not limited to, liquid soap, hand sanitizer, sterile collection cup, synthetic swabs, surgical facemasks, N95 respirators, eye protection (goggles or face shields), gloves, and gowns.

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- B. During an outbreak, units should follow standard control strategies for reducing the spread of infectious disease.
1. Educate staff and inmates on how it is transmitted, signs and symptoms, prevention of transmission, and treatment (Attachment A).
  2. Provide access to handwashing and encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used by medical and security staff to cleanse hands.
  3. Avoid close, personal, skin-to-skin contact or prolonged face-to-face contact with someone who is sick or suspected of being sick.
  4. Avoid non-essential physical contact including handshakes, hugs, and fist bumps.
  5. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, prevention strategies, and symptoms.
  6. Consider suspending co-pays for medical evaluations so inmates will not be hesitant to report symptoms or seek medical care due to co-pay requirements. If suspended, inform inmates.
  7. Follow **standard precautions** when performing activities that are likely to result in direct contact with an inmate or when caring for someone with suspected or confirmed mpox per Infection Control Policy B-14.20.
- C. Use contact investigation to identify people who might have been exposed to mpox.
1. Contact investigations will be conducted for close contacts of suspected or confirmed cases.
  2. Individuals exposed to mpox can continue their routine daily activities if they do not have signs or symptoms consistent with mpox. Inmates do not need to be placed in medical restriction.
  3. Exposed individuals should be instructed to self-monitor daily for the signs and symptoms of mpox for 21 days after their last exposure. People who spent time in the same area as someone with mpox are considered to have low to intermediate risk of exposure and post-exposure interventions such as vaccination are not usually needed.

Table 1: Risk Assessment			
Degree of Exposure	Exposure Characteristics	Monitoring Recommended	Post-Exposure Vaccination Recommended <sup>1</sup>
Higher	<ul style="list-style-type: none"> <li>• Contact between an exposed individual’s broken skin or mucous membranes with the skin lesions or bodily fluids from a person with mpox (e.g., splashes of patient saliva to the eyes or mouth of a person) or soiled materials (e.g., linens, clothing)</li> <li>• Being inside the patient’s room or within 6 feet of a patient with</li> </ul>	Yes	Yes

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**Table 1: Risk Assessment**

	<p>mpox during any medical procedures that may create aerosols from oral secretions (e.g., cardiopulmonary resuscitation, intubation, nebulizer) or activities that may resuspend dried exudates (e.g., shaking of soiled linens) without wearing a N95 respirator and eye protection</p> <ul style="list-style-type: none"> <li>• Any sexual or intimate contact involving mucous membranes [e.g., kissing, oral-genital, oral-anal, vaginal, or anal sex (insertive or receptive)] with a person with mpox</li> <li>• Contact between an exposed individual's broken skin or mucous membranes with materials (e.g., linens, clothing) that have contacted the skin lesions or bodily fluids of a person with mpox (e.g., sharing food or handling or sharing of linens used by a person with mpox without having been disinfected or laundered)</li> </ul>		
Intermediate	<ul style="list-style-type: none"> <li>• Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with mpox without wearing a surgical mask or respirator</li> <li>• Contact between an exposed individual's intact skin with the skin lesions or bodily fluids from a person with mpox</li> <li>• Contact between an exposed individual's intact skin with materials (e.g., linens, clothing) that have contacted the skin lesions or bodily fluids from a person with mpox without having been disinfected or laundered</li> <li>• Contact between an exposed individual's clothing with the person with mpox's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., during turning, bathing, or assisting with transfer)</li> </ul>	Yes	No <sup>2</sup>
Lower	<ul style="list-style-type: none"> <li>• Entry into the living space or room of a person with mpox regardless of whether the person with mpox is present</li> <li>• Being within 6 feet of an unmasked patient for &lt; 3 hours without wearing a surgical mask at minimum</li> </ul>	Yes	No
No Risk	<ul style="list-style-type: none"> <li>• No contact with the person with mpox, their potentially infectious contaminated materials, nor entry into their living space</li> </ul>	No	No

\* **Vaccination may be considered for high risk exposures if vaccine is available**

\* **Vaccination may be considered for intermediate risk exposures on a case-by-case basis and in consultation with the TDCJ Office of Public Health**

### D. Cleaning and Disinfection

1. Detailed cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning).
2. Avoid activities that could spread dried material from lesions during the cleaning process (e.g., use of fans).
3. Activities such as dry dusting, sweeping, or vacuuming should be avoided, and wet cleaning methods should be used.
4. Disinfect common areas and surfaces that are often touched with a 10%

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bleach solution. The bleach solution should be sprayed or wiped on and allowed to air dry for at least 10 minutes. The formula for the 10% bleach solution is:

- a. 8 oz. of powdered bleach to 1 gallon of water
  - b. 12.8 oz. of liquid bleach to 1 gallon of water
5. As an alternative, environmental surfaces may be disinfected with an EPA-registered hospital disinfectant with an emerging viral pathogen claim or any product on List Q with an emerging pathogen claim that is effective against a Tier 1 virus.
  6. Thoroughly clean and disinfect all areas where suspected or confirmed cases spent time. Staff and inmates performing cleaning should wear gloves, gown, eye protection, and N95 respirator.
  7. Equipment
    - a. Dedicated medical equipment should be used when caring for patients. Equipment should be cleaned and disinfected according to manufacturer's recommendations.
    - b. Non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's recommendations between each use. This includes stretchers and wheelchairs.
- E. Minimize the transport and movement of inmates with suspected or confirmed mpox.
1. Consider limiting transfers to other facilities unless necessary for healthcare evaluation and treatment, medical isolation, extenuating security concerns, release, or to prevent overcrowding.
  2. Minimize intra-unit transfers unless necessary for healthcare evaluation and treatment, medical isolation, extenuating security concerns, or to prevent overcrowding.
  3. Inmates transported outside their rooms, should wear a surgical mask and have any exposed skin lesions covered with a clean sheet or gown.
  4. Inmates should not be transported on a chain bus or MPV (multi-person vehicle) except for medical emergencies.
- F. Waste management
1. Infectious waste (e.g., soiled PPE, patient dressings) must be managed safely.
  2. Waste management differs based on the mpox clade. The West African clade is associated with less severe disease and less human-to-human transmission; therefore, waste can be handled as regulated medical waste.

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<b>Table 2: Waste Management</b>		
<b>Clade</b>	<b>Any clade except West African</b>	<b>West African clade</b>
<b>Classification</b>	Category A waste. Waste must be packaged and transported in accordance with the Hazardous Materials Regulations* or an applicable DOT special permit	Regulated medical waste
<b>Disinfectant</b>	10% bleach solution or EPA-registered hospital disinfectant with an emerging viral pathogen claim or any product on List Q with an emerging pathogen claim that is effective against a Tier 1 virus	

\* Hazardous Materials Regulations (HMR): The U.S. Department of Transportation (DOT) regulations at 49 CFR parts 171-180.

- G. Laundry
  - 1. Launder items using the warmest appropriate water setting for the items and dry items completely if permissible according to the manufacturer's instructions.
  - 2. Laundry workers should wear appropriate personal protective equipment including gloves, gown, eye protection, and N95 respirator while sorting or handling soiled laundry.
  - 3. Avoid direct contact with lesion material that may be present on the laundry whenever possible.
  - 4. Soiled laundry should be gently and promptly placed in an appropriate laundry bag and should never be shaken or handled in a manner that may disperse infectious material.
  - 5. Soiled laundry may be washed with other laundry.
- H. Food service should be managed in accordance with routine procedures.
- I. Inmates with mpox should not attend in-person visitation until all lesions have fully healed and a fresh layer of skin has formed.

#### IV. Prevent or Minimize Mpox Introduction by Staff

- A. Staff should self-screen daily for mpox symptoms and exposure before reporting to work during an outbreak.
- B. Management of sick staff
  - 1. Employees who are sick should stay home and should not report to work until mpox can be ruled out by a healthcare provider.
  - 2. If employees become sick at work, they should promptly report this to their supervisor and go home until mpox can be ruled out by a healthcare provider.
  - 3. Staff with confirmed mpox infection should be excluded from work

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until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. The treating physician must provide a statement of full recovery from mpox illness before staff are allowed to return to work.

4. Staff should refer to their respective employer’s specific procedure for work restrictions and obtaining clearance to return to work.

**C. Management of exposed staff**

1. Staff that have had close contact with a suspected or confirmed case will be assessed for level of exposure (table 1).
2. Individuals exposed to mpox can continue their routine daily activities if they do not have signs or symptoms consistent with mpox. However, they should self-monitor daily for signs and symptoms of infection including a daily skin and mouth exam for 21 days after the date of last exposure.
3. Staff should refer to their respective employer’s specific procedure for risk assessments and obtaining clearance to work.
4. Staff should refer to their respective employer’s specific procedure for risk assessments and obtaining clearance to work.

**V. Medical Isolation**

- A. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all inmates placed on medical isolation.
- B. Inmates with suspected or confirmed mpox as determined by medical staff should be placed in medical isolation.
- C. If space permits, suspected and confirmed mpox cases should be kept separate.
- D. Inmates with suspected mpox should be single-celled or may be cohorted (i.e., co- housed) with other inmates with suspected mpox if they cannot be single celled.
- E. Inmates with confirmed mpox may be cohorted and stay in the same room.
- F. If cohorted, each inmate’s isolation period is independent, so an inmate may be released from the isolation area even if other inmates in the area are still under isolation.
- G. Inmates in medical isolation should be assigned to a dedicated bathroom when possible.
- H. Inmates in medical isolation should not be transferred from the facility during the isolation period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.
- I. Inmates under isolation must wear a surgical facemask and any exposed skin lesions should be covered with a clean sheet or gown if they are required to leave the isolation area.
- J. Reduce the number of staff who are entering the isolation area to those who are

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essential to operations.

- K. Inmates with mpox should not attend in-person visitation until all lesions have fully healed and a fresh layer of skin has formed.
- L. Inmates in medical isolation should be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
- M. Laundry items from isolation areas must be handled as contaminated laundry.
- N. PPE in Isolation Areas
  - 1. Correctional and medical staff entering an isolation housing area must wear a N95 and gloves. Gowns and eye protection should also be worn if they anticipate direct or very close contact with sick inmates.
  - 2. Personal protective equipment must be removed and disposed of when leaving the area and hands washed after removal.
    - a. If PPE supplies become low and/or need to be conserved, N95 masks may be worn for prolonged periods (e.g., duration of shift) for multiple contacts before being removed and discarded.
    - b. If PPE supplies become low and/or need to be conserved, eye protection can be worn for multiple contacts. It should be removed, cleaned, and disinfected if it becomes visibly soiled or difficult to see through. Staff should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene.
  - 3. Designated PPE donning and doffing areas should be maintained outside isolation areas.
- O. Infirmery Management
  - 1. For persons with suspected mpox infection, isolation precautions should be followed until mpox infection is ruled out.
  - 2. For persons with confirmed mpox infection, isolation precautions should be followed until all lesions have healed and a fresh layer of skin has formed.
  - 3. Persons who have been exposed to mpox and are asymptomatic do not have to be in medical restriction. However, they should be monitored by healthcare staff for signs and symptoms of infection including a daily skin and mouth exam for 21 days after the date of last exposure.
    - a. If rash occurs during the monitoring period, isolation precautions should be followed until the rash is evaluated. If mpox cannot be ruled out, isolation should be continued until testing is performed and results are negative.
    - b. If no rash occurs but other symptoms of mpox infection are present, isolation precautions should be followed for 5 days after the development of any new symptoms even if the 5 day period extends beyond the original 21-day monitoring period.
      - i. Isolation can be discontinued after 5 days if no new



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**Table 3. PPE to Use While Caring for Patients with Suspected or Confirmed Disease**

		<ul style="list-style-type: none"> <li>N-95 respirator<sup>2</sup></li> </ul>	with a clean sheet or gown outside medical isolation area
<b>Cleaning area where suspected or confirmed mpox case has been</b>	Not applicable	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (face shield or goggles)</li> <li>N-95 respirator<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Transport Van</b>	Not applicable	<ul style="list-style-type: none"> <li>Transporters should wear gloves, gowns, eye protection (face shield or goggles), N-95 respirator<sup>2</sup> during inmate transfers to stretcher, wheelchair, or van.</li> <li>PPE is not required at other times unless there is an anticipated need to provide assistance to an inmate during transport.</li> <li>Do not recirculate air in transport vehicle.</li> </ul>	<ul style="list-style-type: none"> <li>Surgical facemask and any exposed skin lesions covered with a clean sheet or gown during transport</li> <li>Skin lesions should be covered with a gauze/bandage if clean sheet does not sufficiently cover lesions</li> <li>Do <u>not</u> transport on a chain bus or MPV except for medical emergencies</li> </ul>
<b>Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation, CPR)<sup>1</sup></b>	Negative Pressure Room	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (face shield or goggles)</li> <li>N-95 respirator</li> </ul>	Surgical facemask and any exposed skin lesions covered with a clean sheet or gown during transport outside room

- When performing procedure or care that may generate respiratory aerosols
- Surgical facemasks may be used as an acceptable alternative to N-95 respirator to conserve supplies and to create surge capacity (i.e., the ability to manage a sudden increase in patient volume that could severely challenge or exceed present supplies) if needed.

### VII. Testing

- Testing is only recommended if a rash consistent with mpox is present.
- Laboratory testing is performed using a PCR-based assay and is listed as “Mpox Virus by PCR” in the electronic health record. Specimens should be collected from rash lesions as outlined in Attachment D.
- Blood samples are not recommended, because the virus only resides in the blood for a short period of time during the course of infection.

### VIII. Clinical Management

- During an outbreak, incorporate questions about new onset of mpox symptoms into assessments of all patients seen by medical staff.
- Inmates complaining of symptoms consistent with mpox should be triaged as soon as possible.
  - Ensure surgical facemasks are available at triage for patients presenting with symptoms.
  - Any exposed skin lesions should be covered with a clean sheet or gown

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- while in clinic and during transport.
  - 3. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients and should avoid direct contact with others.
- C. Mpox should be suspected if:
  - 1. Rash characteristic of mpox is present; or
  - 2. There is high clinical suspicion and one of the following criteria is met within 21 days of illness onset:
    - a. Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox
    - b. Had close or intimate contact with individuals in a social network experiencing mpox activity
    - c. Traveled outside the US to a country with confirmed cases of mpox or where Mpox virus is endemic
    - d. Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)
- D. The rash associated with mpox can be confused with other diseases that are encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, varicella zoster, and molluscum contagiosum).
- E. Mpox may be excluded as a diagnosis if:
  - 1. An alternative diagnosis such as secondary syphilis, herpes, chancroid, and varicella zoster can fully explain the illness
  - 2. An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset
  - 3. A negative test (i.e., a case where high-quality specimens do not demonstrate the presence of orthopoxvirus or Mpox virus or antibodies to orthopoxvirus).
- F. Adhere to strict infection control measures.
  - 1. Follow standard precautions when performing activities that are likely to result in direct contact with an inmate with suspected or confirmed mpox per Infection Control Policy B-14.20.
  - 2. In addition, follow droplet and contact precautions as noted in Infection Control Policy B-14.21.
- G. If diagnosed with mpox, record proper diagnosis in the electronic health record.
- H. Post-exposure vaccination
  - 1. If available, consider post-exposure prophylaxis for high risk exposures.
    - a. The vaccine may prevent disease if given within 4 days of exposure.
    - b. The vaccine may reduce the symptoms of disease if given within 4-14 days of exposure.

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2. If vaccine is available, it may be used for intermediate risk exposures on a case-by-case basis and in consultation with the TDCJ Office of Public Health.
3. If vaccine supplies are limited, the individuals listed below are the highest priority for vaccination.
  - a. Men who have sex with men and have had multiple or anonymous sex partners within the previous 21 days
  - b. Individuals that have a sex partner who is showing symptoms of mpox, such as a rash or sores
  - c. Persons who have had a diagnosis of HIV, chlamydia, gonorrhea, or early syphilis, within the previous 12 months
  - d. Persons who have a condition that may increase their risk for severe disease if infected with mpox virus
4. The vaccine is a two-dose series. A person is considered fully vaccinated two weeks after the second dose.
  - I. Infection is generally self-limiting, and most cases only require usual supportive care with fluids, analgesics, and rest.
  - J. Complications may include secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia.
  - K. Signs suggesting the need for a higher level of care include, but are not limited to, hemorrhagic disease, confluent lesions, sepsis, pneumonia, and encephalitis.
  - L. Consider referral to evaluate the use of systemic treatment for:
    1. People with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization) .
    2. People with aberrant infections that include accidental implantation in eyes, mouth, or other anatomical areas (e.g., genitals or anus) where mpox virus infection might constitute a special hazard.
    3. People who may be at high risk for severe disease.

**IX. Dialysis Management**

- A. Patients who have been exposed to mpox and have no symptoms do not need to be isolated. Patients are considered contagious once they develop any symptom.
- B. Any patient who begins to exhibit signs and symptoms of mpox during dialysis treatment should be assessed by the charge nurse and referred to the medical clinic for clinical evaluation. A surgical mask should be placed on the patient for the remainder of the dialysis session and any rash should be covered by a clean sheet, gown, or bandage.
- C. Patients with suspected or confirmed mpox
  1. The unit infection control nurse (ICN) is responsible for notifying the dialysis nurse manager (NM) and nurse supervisor (NS) when a patient is placed in isolation. The ICN is also responsible for notifying the NM and

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- NS when a patient is removed from isolation.
- 2. Patients should be placed in a single-person isolation room. Negative pressure airflow and special air handling are not necessary unless aerosol-generating procedures are taking place.
- 3. If an isolation room is not available, the patient may be dialyzed:
  - a. On a separate shift; or
  - b. Placed in a chair with the adjacent chair left empty; or
  - c. Cohorted in a dialysis room with other cases
- 4. The patient should wear a surgical mask and all skin lesions should be covered with a sheet, gown, or bandages while in the dialysis facility, outside the room (e.g., bathroom), and during transport.
- 5. The Nurse Supervisor is responsible for ensuring appropriate rooming and isolation of these patients and notifying nursing staff of their status.
- D. Ideally patients should use a dedicated bathroom, but if one is not available, the bathroom must be cleaned and disinfected after the infected persons use the bathroom.
- E. Staff should where appropriate PPE including gowns, gloves, eye protection, and N95 respirator when caring for a patient with suspected or confirmed mpox.
- F. Standard cleaning practices are appropriate for dialysis machines.
- G. Shared surfaces (e.g., hand holds on the scale) must be cleaned and disinfected after the infected patient touches the surface(s).
- H. Non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s recommendations between each use.

**X. Dental Management**

- A. Mpox often presents first in the mouth as a rash on the tongue and mucous membranes. Dentists can help detect mpox that presents in the mouth by:
  - 1. Asking patients if they have any mouth sores, and
  - 2. Looking for rashes and lesions on the tongue, in the oral cavity, and on the corners of the mouth
- B. Contact with other patients in the waiting room should be minimized. Dental chairs should be spaced at least 6 feet apart when feasible.
- C. Staff should where appropriate PPE including gowns, gloves, eye protection, and N95 respirator when caring for a patient with suspected or confirmed mpox.
- D. Elective dental treatment in patients with probable or confirmed mpox should be deferred until the patient is no longer infectious.
- E. Emergent dental care may be provided to patients with suspected or confirmed case using strict adherence to enhanced precautions. Do not schedule other patients at the same time and schedule the patient at the end of the day if possible.
- F. If aerosol-generating procedures are necessary, use four-handed dentistry and high evacuation suction to minimize droplet spatter and aerosols. Staff present

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during the procedure should be limited to only those essential for patient care and procedure support.

- G. Only clean or sterile supplies and instruments needed for the dental procedure being performed should be accessible. All other supplies and instruments should be put away to prevent potential contamination. Any supplies and equipment that are exposed, but not used during the procedure, should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- H. The cleaning of autoclaves, instruments and other equipment should be performed according to the manufacturer’s instructions for use per routine cleaning, disinfection, and sterilization protocols.
- I. Dental operatory must be cleaned and disinfected after each patient. Clean the operatory with a 10% bleach solution or an Environmental Protection Agency-registered, hospital-grade disinfectant. If the bleach solution is used, it should be sprayed or wiped on and allowed to air dry for at least 10 minutes. Staff performing cleaning should wear gloves, gown, eye protection, and N95 respirator.

**XI. Reporting**

- 1. Daily reporting to the TDCJ Office of Public Health by email or fax (936-437-3572) is required.
- 2. Each unit must complete a report (Attachment F).
  - 1 The daily log should be sent by 9:00 AM. The list is only for the 24-hour period ending at 6AM that morning. Units may submit logs over the weekend or may submit three logs on Monday morning.
  - 2 Reporting should continue until 4 weeks has lapsed since the last case.
  - . The subject line of the email should include, “[Unit] Name, Mpox Log, and the Date Sent (MM /DD /YYYY).”
- 3. The TDCJ Office of Public Health is responsible for reporting to Texas Department of State Health Services.

**REFERENCES**

- 1. Centers for Disease Control and Prevention. Signs and Symptoms. Updated August 5, 2022. Available at <https://www.cdc.gov/poxvirus/mpox/symptoms.html>.
- 2. Centers for Disease Control and Prevention. How It Spreads. Updated July 29, 2022. Available at <https://www.cdc.gov/poxvirus/mpox/transmission.html#print>.
- 3. Centers for Disease Control and Prevention. Case Definitions† for Use in the 2022 Mpox Response. Updated July 22, 2022. Available at <https://www.cdc.gov/poxvirus/mpox/clinicians/case-definition.html#print>. Centers for
- 4. Disease Control and Prevention. Considerations for Reducing Mpox Transmission in Congregate Living Settings. Updated August 22, 2022. Available at

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<b>Mpox</b>		

5. <https://www.cdc.gov/poxvirus/mpox/specific-settings/congregate.html#print>. Centers for Disease Control and Prevention. Infection Prevention and Control of
6. Mpox in Healthcare Settings. Updated 8.11.2022. Available at <https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.HTMLprint>.
7. United States Environmental Protection Agency. Disinfectants for Emerging Viral Pathogens (EVPs): List Q. Updated August 2, 2022. Available at <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>.
8. Centers for Disease Control and Prevention. Monitoring and Risk Assessment for Persons Exposed in the Community. Updated August 11, 2022. Available at <https://www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html#print>.  
Centers for Disease Control and Prevention. Preparation and Collection of Specimens. Updated August 26, 2022. Available at
9. <https://www.cdc.gov/poxvirus/mpox/clinicians/prep-collection-specimens.html#print>. Centers for Disease Control and Prevention. What You Need to Know about Mpox if You are a Teen or Young Adult. CS333402-A. 8/19/2022. Available at <https://www.cdc.gov/poxvirus/mpox/pdf/MPOX-info-teens-young-adults.pdf>.
10. Treatment Information for Healthcare Professionals. Updated July 28, 2022. Available at <https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html#print>.
11. American Society of Nephrology. Frequently Asked Questions About Mpox for the Dialysis Setting. Available at [https://epc.asn-online.org/wp-content/uploads/2022/08/Mpox-Draft-FAQs\\_FINAL-08.12.22\\_with-disclaimer.pdf](https://epc.asn-online.org/wp-content/uploads/2022/08/Mpox-Draft-FAQs_FINAL-08.12.22_with-disclaimer.pdf).
12. Samaranayake L, et al. The Mpox Outbreak and Implications for Dental Practice. International Dental Journal;2022:1-8. <https://doi.org/10.1016/j.identj.2022.07.006>.

## **Attachment A**

### **Frequently Asked Questions What You Need to Know About Mpox**

#### **What is mpox?**

Mpox is a rare disease caused by infection with the mpox virus.

- If you get mpox, you may have flu-like symptoms such as fever, chills, sore muscles, headache, swollen lymph nodes, sore throat, or tiredness and then get a rash.
  - Sometimes, you may get a rash first, followed by other symptoms.
  - You might only get a rash without having the other symptoms. The rash may look like pimples or blisters. It may be painful or itchy.
- Rash may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butthole) and could be on other areas like the hands, feet, chest, face, or mouth.
  - The rash will go through several stages, including scabs, before healing.
  - The rash can initially look like pimples or blisters and may be painful or itchy.
- Mpox can spread from the time symptoms start until the rash has fully healed, scabs have fallen off, and a fresh layer of skin has formed. This can take several weeks. Even
- though you should get better in 2-4 weeks, you should see a healthcare provider as soon as you get symptoms that could be from mpox.
- If you have a weakened immune system (from HIV, cancer, an organ transplant, or other reason), are pregnant, or have other skin problems like eczema, you may become more severely ill from mpox.

#### **How do you get mpox?**

Mpox does not spread easily between people.

- You can get mpox from close, skin-to-skin contact with a person who has a rash or scabs from mpox. For example, this can include hugging, cuddling, a massage, or close contact sports.
- It also includes contact with spit droplets during close conversation and kissing.
- It can also spread through sexual contact including touching the genitals, and oral, anal, or vaginal sex.
- You can get mpox from contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with mpox.
- After exposure to the mpox virus, there is an incubation period of 1-2 weeks before symptoms start, or a rash begins to appear.

#### **What can I do to protect myself?**

The best way to protect yourself from mpox is to avoid skin-to-skin contact with anyone who has a rash that looks like mpox.

- Do not share silverware or cups. Do not touch their sheets, blankets, towels, or clothing. If you do touch any of these things, you should wash your hands with soap and water for at least 20 seconds.
- Avoid non-essential physical contact including handshakes and fist bumps.
- Do not kiss, cuddle, or hug.

## **Attachment A**

- Do not touch the genitals, or have oral, vaginal, or anal sex with someone who has recently been sick, currently has symptoms of mpox, or has a new or unexplained rash.

### **What should I do if I think I have mpox or have a new or unexplained rash or other symptoms?**

If you have a new or unexplained rash or other symptoms of mpox, see a healthcare provider. Until you are told that you do not have mpox, you can reduce the risk of spreading it to others by following the recommendations listed below.

- If possible, cover all parts of the rash with clothing.
- Wash your hands often and try not to touch your eyes.
- Do not share items that could be contaminated by the lesions (e.g., bed linens, clothing, towels, wash cloths).
- Avoid shaving areas of the body with lesions as this can lead to spread of the virus.
- Avoid touching others until you have been seen by a healthcare provider.
- Avoid gatherings, especially if they involve close, personal, skin-to-skin contact until you have been checked out by a healthcare provider.
- Avoid sex or being intimate with anyone until you have been checked out by a healthcare provider.

### **How is mpox treated?**

There are no treatments specifically for mpox infection. However, mpox and smallpox viruses are similar, which means that vaccines and antiviral drugs developed to protect against smallpox may be used to prevent and treat mpox infections. **Speak with your healthcare provider about what treatments might be right for you.**

## Attachment B

English – <https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet-508.pdf>

Spanish – [https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet\\_esp-508.pdf](https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet_esp-508.pdf)

# Stop Germs! Wash Your Hands.

## When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



## How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

**Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.**



[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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## Attachment C

### PPE

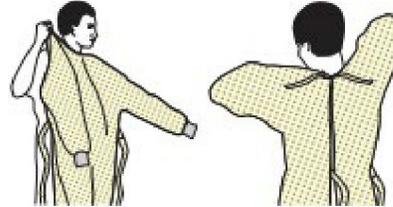
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

#### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific WPII of PPE.

##### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



##### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



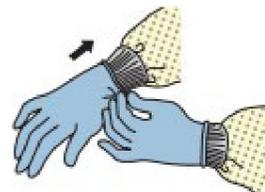
##### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



##### 4. GLOVES

- Extend to cover wrist of isolation gown



#### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

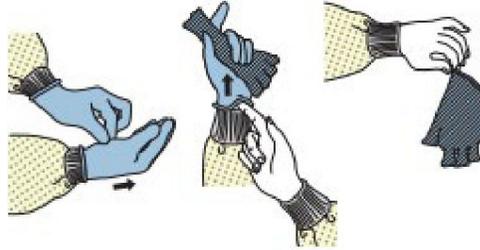


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn.** Remove the respirator, after leaving the patient room and closing the door. Remove PPE in the following sequence.

### 1. GLOVES

- Outside of gloves are contaminated!
  - If your hands get contaminated during a glove removal, immediately wash your hands or use an alcohol-base hand sanitizer
  - Using a gloved hand, grasp the palm area of the other gloved hand and peel off the first glove.
  - Hold removed glove in gloved hand.
  - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal immediately wash your hands or use an alcohol-base hand sanitizer
- Remove goggle or face shield from the back by lifting head band or earpieces. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated.
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-base hand sanitizer
- Unfasten gown by taking care sleeve don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of the gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

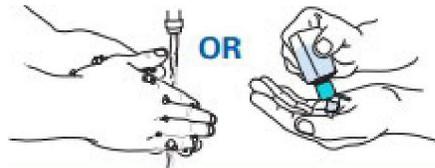


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated -DONOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL

## Attachment D

### Testing Tips

1. Perform hand hygiene and wear appropriate PPE including gown, gloves, eye protection, and N95 respirator.
2. Do not clean the lesion with alcohol or any other disinfectant prior to swabbing.
3. Collect samples from at least 2 lesions and collect two swabs from each lesion (i.e., a total of 4 specimens), preferably from different locations on the body or from lesions which differ in appearance.
  - Use sterile, dry synthetic swabs including, but not limited to polyester, nylon, or Dacron swabs with a plastic, wood, or thin aluminum shaft. Any type of shaft is acceptable as long as it can be broken or cut.
  - Do not use cotton swabs.
4. **Vigorous swabbing** of lesion specimens maximizes the probability of achieving accurate diagnostic results. **Specimens that do not contain enough human DNA may lead to inconclusive PCR test results, with no positive or negative result.**
  - Warn the patient that this may cause discomfort and may be painful.
  - Unroofing or aspiration of lesions (or otherwise using sharp instruments for mpox testing) is not necessary, nor recommended due to the risk for sharps injury.
  - Hold the swab with a firm grasp. Avoid touching the swab shaft at least an inch before the tip.
  - Apply firm pressure (firm enough so that the swab shaft, if plastic, may bend slightly). This may result in discomfort or slight pain, but it is necessary to obtain adequate DNA.
  - If lesion ruptures while swabbing, ensure that swab collects lesion fluid
  - Swipe the swab back and forth on the lesion surface at least 2-3 times then rotate and repeat on the other side of the swab at least 2-3 times.
5. **Samples should be sent “dry” in separate sterile containers without liquid media.** Place each swab within a separate sterile leak-proof container (e.g., sterile urine cup). Break off or cut the end of each swab’s applicator so that it fits in the container. In the end, **you will have a total of 4 collection cups containing 1 swab each.**
6. Turnaround time for test results is generally 1-3 days.
7. Label the collection containers with the patient's name, TDCJ number, date of birth, collection date, as well as the location on the body of the sampled lesion.
8. Perform hand hygiene and change gloves. Clean and disinfect the working surface (standard disinfectant cloths are appropriate). Place the samples in a biohazard bag and transport the specimens to the laboratory at refrigerated temperatures (2° to 8° Celsius or 36° to 46° Fahrenheit).

## Attachment E

### Medical Triage

