

Slido questions:

Are people with mpox being isolated at home in your community or in a health facility

Do you work in a setting considered to have limited resources to provide home care for persons with mpox

Safe at Home: IPC & WASH measures for home care and isolation in resource-limited settings

29 October 2024

Victoria Willet
WHO Health Emergencies Programme
IPC & WASH Team



Objectives

To describe and discuss the WHO IPC and WASH guidance for home-based care and isolation in low-resource settings.



Image source: A.Baller, WHO

Transmission of mpox

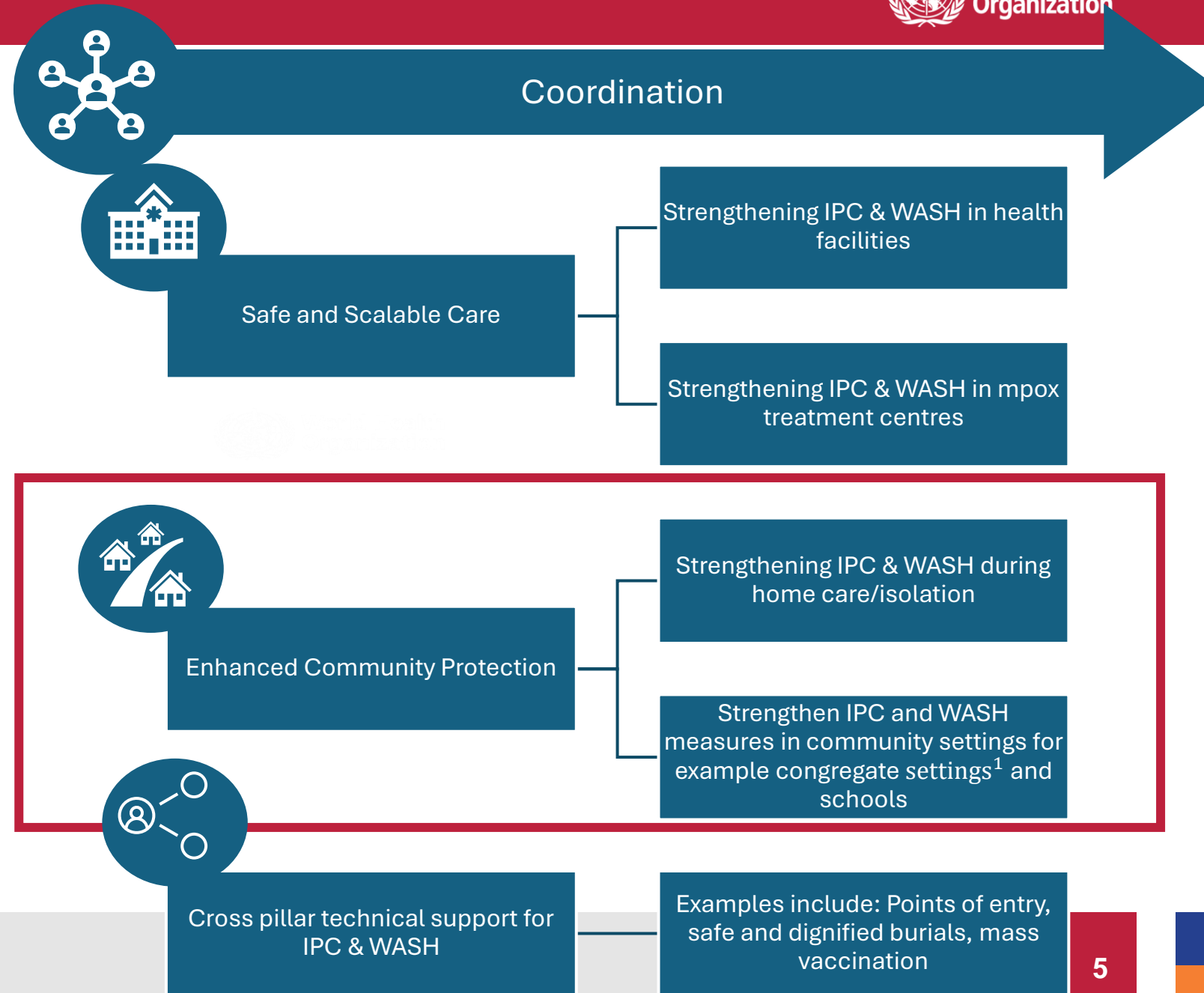
Animal-human

- From infected animals as result of bites, scratches or when hunting/preparing animals to eat

Human-human

- Skin-skin (touching or sexual contact)
- Mouth-mouth or Mouth –skin (kissing)
- Face –face- if someone has mpox and you are close while they speak or breathe

IPC and WASH strategy for mpox



Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings

Determining if the person with mpox can be cared for and isolate at home

IPC measures for health and care workers, caregivers and persons with mpox during homecare and isolation

Linen management and environmental cleaning

Discontinuation of home isolation

Management of contacts of person with mpox

Water, sanitation and hygiene services during home care

Waste management during home care

Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings

Interim operational guide
October 2024

Determining if the person with mpox can be cared for and isolated at home

Table A2.1. Risk factors and features associated with severe disease or risk of severe disease. In addition to those listed in the 2022 Interim guidance, other complications reported from mpox are identified with (*).

1	Patient groups at higher risk of severe disease or complications	<ul style="list-style-type: none"> Children less than 5 years of age Those who are pregnant Immunosuppressed persons, such as those living with HIV (particularly those with CD4 counts of 200 or fewer) Chronic/underlying co-morbidities including but not limited to lung, heart, liver, kidney, skin, metabolic or mental health*
2	Clinical signs and symptoms of complications recognizable by patients with mpox and their caregivers	<ul style="list-style-type: none"> Nausea and vomiting that persists Limited oral intake, dehydration Confusion, irritability, drowsiness Trouble breathing, fast respiratory rate Uncontrolled or persistent fever* Malnutrition Extensive mucosal lesions (including rectal, genital, oropharyngeal, facial) that impair function and/or cause severe pain, such as trouble swallowing, pain with urination or defecation Eye problems, including altered vision, painful or red eye [should be assessed by a clinician with ophthalmological experience] Swelling in the neck causing difficulty with swallowing or breathing* Severe and uncontrolled pain* Secondary infection of skin, such as extreme redness, tenderness and pus or evidence of secondary infection of mpox lesions (including spread into organs)

Consider the following:

- Clinical severity
- Presence of complications
- Care needs
- Risk factors
- Access to referral for hospitalization if condition deteriorates
- Availability of support if needed (health workers of community support)



Image source: A.Baller, WHO

IPC measures for health and care workers during home care

Table 1. IPC measures for health and care workers during home care

WHO statements ¹	Alternative options
Health and care workers should wear appropriate PPE (gown, gloves, filtering face piece respirator [e.g. N95 or FFP2] and eye protection) when entering the home of a person with mpox and when within at least 1 metre of that person.	<p>Health and care workers should wear closed shoes, which should be cleaned and disinfected when they exit the patient area. Ask the household to provide supplies to clean and disinfect shoes upon leaving (see Table 5).</p> <p>If PPE is not available, health and care workers should not enter the household of a person with mpox. Instead, health and care workers should converse outside the home with the dedicated caregiver while maintaining at least 1 metre distance from the person with mpox.</p>
Perform hand hygiene according to the WHO 5 moments ² before and after putting on and removing PPE and after contact with the household.	If no hand hygiene supplies are available, refrain from entering the household. Keep distance of at least 1 metre from person with mpox.
The person with mpox should cover their lesions and wear a well-fitting medical mask when in close proximity to the health and care worker.	The person may cover their lesions with their personal clothing and use a well-fitting fabric mask if a medical mask is not available.
During care for a person with mpox, any generated waste, such as bandages and PPE, should be placed in a strong bag that is securely tied before disposal and eventual collection by municipal waste services (see Table 9).	See Table 9 for additional details on options for waste and disposal.

Key message

- If supplies for hand hygiene, PPE not available - do not enter the households - consider conversing with the person with mpox or caregiver outside the home and maintain distance of at least 1 metre.



Image source: A.Baller, WHO

IPC for the person with mpox

Key messages

- Cover lesions (can use own clothing) and wear a mask (medical or fabric) when around others
- Separate from others- if no designated room in the house is available identify a space
- Avoid touching the environment, furniture if outside of the isolation area-clean hands frequently
- Do not share personal items including soap

Table 2. IPC measures for person with mpox during home care

WHO statements ¹	Alternative options for implementation if resources are limited
The person with mpox should remain in a separate, well-ventilated area (i.e. a separate room or area separated with a curtain or screen) and away from other household members, pets and shared areas of the home unless that person needs to do urgent or essential activities, such as obtaining care at a facility or getting exercise or fresh air (13).	<p>If a separate room is not available, identify and clearly mark a dedicated space (hereafter referred to as the isolation area) for the person with mpox. Examples for marking the area include the use of screens, curtains or tape.</p> <p>If the person with mpox must leave the designated isolation area, they should cover their lesions (with sterile dressing or clean clothing); wash their hands; physically distance from others (at least 1 metre); and wear a well-fitting medical or fabric mask prior to leaving the isolation area. If visiting a health-care facility, they should notify the facility of their planned arrival in advance, whenever possible.</p>
Persons at home with mpox should be able to manage their self-care.	If the person with mpox requires assistance, designate one person in the household to care for that person. Preferably, that caregiver should be someone who is in good health, is not pregnant, has no underlying chronic conditions and has had previous smallpox vaccination, mpox vaccination or MPXV infection.
Household members and the person with mpox should frequently clean their hands with soap and water when their hands are visibly dirty or soiled or with an alcohol-based handrub when their hands are visibly clean. In cases where the person with mpox must leave the isolation area, that person should refrain from touching the environment outside of the isolation area.	Work with implementing partners and health-care organizations to provide IPC supplies for home care and isolation (See Annex 4). The person with mpox should have their own soap that they do not share with other household members.
The person with mpox should not share a bed or sleeping area with other people or animals.	Use a separate mattress or identify a separate sleeping area for the person with mpox to sleep and instruct the household members that only the person with mpox should use that mattress or sleeping area.
A person with mpox should avoid direct contact with soft household furnishings, such as couches or chairs.	Cover soft furnishings with sheets, blankets or waterproof mattress protectors before the person with mpox uses them. These coverings should be laundered after use (see Table 4).
People outside of the immediate household should refrain from visiting during the period of isolation ³ . During the period of isolation, facilitate communication with the person with mpox's support network (e.g. family members, friends, religious leaders, providers of mental health care, etc.) remotely via phones or protective screens. Provide caregivers and support persons accurate and easily understood information about the condition and the treatment (11, 12).	
Persons with mpox who are receiving home care and are isolated should refrain from contact with wild or domestic animals to avoid infecting the animal. This includes keeping possibly infectious and contaminated material, such as linens, towels and clothing, away from pets and other animals. Another person should take care of domestic animals throughout the duration of isolation ³ .	

IPC for caregivers

Key messages

- Designated caregiver should be in good health, had previous MPXV infection or vaccination
- When in contact with the person with mpox or the environment use PPE- options if “PPE” not available: fabric masks, dedicate own clothing, household rubber gloves
- Clean hands

Table 3. IPC measures for caregivers during home care

WHO statements: for caregiver ⁴	Alternative options for implementation if resources are limited
The designated caregiver should preferably be someone who is in good health, is not pregnant, has no underlying chronic conditions and has had previous smallpox or MPXV (if available) vaccination or MPXV infection.	
Supplies for hand hygiene, such as soap and water or alcohol-based handrub, should be available in the household.	Work with implementing partners and health-care organizations to provide IPC supplies for home care and isolation.
If the designated person (e.g. caregiver) who is facilitating self-care needs to enter the isolation area, they should maintain a distance of at least 1 metre from the person with mpox; avoid touching the surrounding environment (surfaces, utensils or linen of the person with mpox); and perform hand hygiene upon leaving the isolation area.	When a distance of at least 1 metre cannot be maintained, the designated caregivers must wear a well-fitting medical or fabric mask and disposable or reusable gloves. They should clean their hands with either soap and water or an alcohol-based handrub, before and after contact with the person with mpox or with the surrounding environment, and before putting on and after removing their gloves and mask.
Caregivers should wear appropriate PPE (a medical mask and disposable gloves) when within 1 metre of a person with mpox.	If PPE is not available, consider the use of other barriers, such as reusable gloves, a well-fitting fabric mask and dedicated footwear. When it is not possible to have a dedicated pair of shoes to wear around the person with mpox, shoes that can be thoroughly washed and dried can be worn. Wash shoes using the same method as described in Table 4. Shoe covers are not advised. A caregiver should wear clothing that fully covers the skin, such as long pants or long skirt and a long-sleeved shirt. After leaving the patient-isolation area or following close contact with a person with mpox or with any surfaces they may have touched, the caregiver should promptly change clothing, then wash their hands with soap and water or, if their hands are not visibly soiled, use alcohol-based handrub. The clothing should be laundered promptly (see Table 4).
The designated caregiver should receive instructions on how to put on, remove and discard the PPE. Emphasizing the importance of performing hand hygiene after removing PPE is important.	
Caregivers should always perform hand hygiene (using either soap and water when hands are visibly soiled or alcohol-based handrub when they are not visibly soiled) immediately after touching any surface or item in the area where the person with mpox is staying or after providing care to the person with mpox.	
Practice hand hygiene at these other key moments: Before, during and after you prepare food; before eating; after using the toilet; when hands are visibly dirty; after coughing or sneezing; after handling animals or animal waste; after touching the person with mpox or their nearby surroundings.	

Linen and laundry

Key messages

- Launder items separately from the rest of the household
- Do not shake linens, clothing
- Variety of options for washing –mechanical or by hand:
 - Preferable to use hot or warm water with detergent or chlorine (0.05%)
- Use PPE when washing- disposable gloves, mask

Table 4. Management of linens when caring for persons with mpox at home

WHO statements ⁵	Alternative options for implementation if resources are limited
Caution should be taken when handling and cleaning linens.	
Do NOT shake linens. Instead, carefully and gently lift and roll linen and bedding.	
Ideally, only the person with mpox should handle and launder their bedding, clothing, etc.	Designated caregiver may launder bedding and clothing if the person with mpox is unable to do so (i.e. a child).
Caregivers assisting with or performing the laundering should wear PPE (disposable gloves, medical mask) when handling or washing linen and bedding.	If PPE is not available, consider using barriers, such as reusable gloves that can be washed in soap and water, followed by immersion in 0.05% (500ppm) sodium hypochlorite solution (or household bleach) for 20 minutes and use of a fabric mask. Wash the fabric mask after use with soap and warm (or boiled) water. Use caution to not burn skin in water.
Linen towels and clothing from the person with mpox should be laundered separately from the household laundry.	
Wash linen and laundry with detergent and hot water for at least 20 minutes.	<p>The following are alternative options for washing linen, laundry, (including well-fitting fabric masks, if used):</p> <ul style="list-style-type: none"> • Wash in warm water with detergent for at least 20 minutes • Wash in a warm water and sodium hypochlorite solution (household bleach) of 0.05% (500 parts per million[ppm]) for at least 20 minutes • Wash in hot water at for at least 20 minutes. • Wash in a mixture of warm water and 4.8% weight per volume (w/v) chloroxyleneol solution (e.g. Dettol prepared according to manufacturer's instructions) for at least 20 minutes. • Do not clean linens in communal washing areas or in water sources such as rivers. Instead collect water and launder items separately. Discard this water in the latrine area or in covered drainage. • Hang linens in a clean or dry space, preferably in direct sunlight, until dry.

Cleaning the household

Key messages

- **Spraying or fogging is not recommended**
- Clean surfaces with soap and water then a disinfectant (e.g. 0.05% sodium hypochlorite) at least daily and once isolation is discontinued
- Clean and disinfect items that must be shared
- Use PPE or alternative barriers such as household gloves, fabric mask
- Do not sweep- damp mop



Image source: S. Lacina WHO

Table 5. Environmental cleaning and disinfection practices for caring with persons with mpox in the home

WHO statements: environmental cleaning ^a	Alternative options for implementation if resources are limited
Personal items, such as eating utensils and dishes, should be dedicated to the person with mpox. Avoid sharing these items.	If items must be shared, they should be thoroughly washed with soap and water (preferably warm or hot) and then disinfected by wiping with either a cloth soaked in a 0.05% (500 ppm) sodium hypochlorite solution or by immersing the items for 1 minute in a 0.05% (500ppm) sodium hypochlorite solution (household bleach). Rinse and allow them to dry. Perform hand hygiene immediately after.
The caregiver should properly mix the disinfectant solution (0.05% [500 ppm] sodium hypochlorite solution [or household bleach]) and replace it daily or sooner if the mixture is visibly soiled. See Annex 5.	If sodium hypochlorite solution is not available, then use an alternative disinfectant after performing cleaning (e.g. 70% ethanol or 4.8% w/v chloroxylenol solution).
The area where the person with mpox is staying should be cleaned and disinfected daily, preferably by the person with mpox.	The designated caregiver or community health worker cleans and disinfects surfaces or the area where the person with mpox resides.
If a caregiver is cleaning and disinfecting the area where the person with mpox is staying, they should wear PPE (disposable gloves and a medical mask) while doing so.	If PPE is not available, consider the use of a well-fitting fabric mask, reusable gloves and dedicated shoes that can be washed with soap and water, followed by immersion in a 0.05% (500 ppm) sodium hypochlorite solution (or household bleach).
Whenever cleaning and disinfecting, a person with mpox should wear gloves to prevent irritation. If they have lesions on their hands, the lesions should be covered and wearing gloves becomes even more essential.	If PPE is not available, consider the use of alternative barriers, such as reusable gloves or a well-fitting fabric mask.
All surfaces should be first cleaned with soapy water using physical friction and then disinfected by wiping with a cloth soaked in 0.05% (500 ppm) sodium hypochlorite solution (or household bleach). Surfaces should remain damp with the solution for 1 minute.	If sodium hypochlorite solution is not available, then use an alternative disinfectant after performing cleaning (e.g. 70% ethanol or 4.8% w/v chloroxylenol solution).
Damp mop the area where the person with mpox is staying; avoid dry sweeping with broom/brushes to prevent dispersion of particles.	If damp mopping is not possible (i.e. on mud floors), use mildly damp cloth that has been soaked in 0.05% (500ppm) sodium hypochlorite solution.
Spraying or fogging for routine disinfection of households is not recommended. Spraying environmental surfaces in both healthcare and non-healthcare settings, such as households, with disinfectants may not be effective in removing organic material and may miss surfaces shielded by objects, folded fabrics or surfaces with intricate designs. If disinfectants are to be applied, they should be applied with a cloth or wipe that has been soaked in disinfectant (12).	

Discontinuing isolation at home

Table 6. IPC measures when home isolation is discontinued

WHO statements when home isolation is discontinued ⁷	Alternative options for implementation if resources are limited
Persons with mpox who are cared for at home should remain in isolation and refrain from close contact with others until their skin lesions have crusted; the scabs have fallen off; and a fresh layer of skin has formed underneath.	
Once the person no longer requires isolation, the household should be cleaned and disinfected (see Table 5), focusing on the areas where the person with mpox was isolated; the areas that were used or visited by the person with mpox; and any utensils or devices the person may have used.	
Once the person no longer requires isolation, all linens, bedding and clothing of the person with mpox should be laundered carefully in detergent and hot water.	If detergent is not available, wash for at least 20 minutes with soap and water (preferably hot water; if not hot, warm is better than cold). Then hang the linens in a clean, dry space, preferably in direct sunlight, until the linens are dry.
If the mattress provided has a cover or a surface that can be cleaned and disinfected, then this should be done. Use caution to not burn skin in water when washing items.	If the mattress was not properly covered, or if the person with mpox is using a cloth or foam mattress without linens, it may be cleaned with soap and water (preferably hot or warm), followed by soaking with a 0.05% (500 ppm) sodium hypochlorite solution (household bleach) and left, ideally in the sun, to dry. If this is not possible, the mattress should be discarded.

Key messages

- Persons with mpox who are cared for at home should remain in isolation and refrain from close contact with others until their skin lesions have crusted; the scabs have fallen off; and a fresh layer of skin has formed underneath.
- Household members should be monitored, or should self-monitor, daily for the onset of signs or symptoms of a mpox infection for a period of 21 days from the last day they had contact with the person with mpox or with their potentially contaminated materials
- Clean and disinfect the household and items such as bedding used by the person with mpox

Water supply, quantity and quality

Table 7. Water supply, quantity and quality in the home

WASH statements ¹⁰	Alternative options for implementation if water resources are limited
<p>The household of the person infected with mpox has safe and equitable access to basic water (at least 20 litres/person/day[L/P/D]) for drinking, cooking and personal and domestic hygiene (16). Additional quantities will be required for washing laundry and cleaning/disinfection of surfaces used by persons with mpox. The quantity required to meet the basic needs of a person with mpox per day is 60 litres/person (6). The quantity for other family members should be counted the same as basic water service, i.e. 20 L/P/D.</p> <p>Calculations: 1 person with mpox (including caregiver) = 60 litres/day/person with mpox + {(20 L/P/D (other persons in household) total number of family members (excluding person with mpox))} = total amount of water required on daily basis.</p>	<p>15 L/P/D is the minimum amount of water required (per SPHERE standards) (5). Water quantity of at least 15 L/P/D can be considered for all family members, including persons with mpox, if 60 L/P/D for a person with mpox and 20 L/P/D for other family members is not possible.</p>
<p>Ensure continuous, safe water supply to households so that required quantities of water are available on a daily basis for drinking, cooking, cleaning and disinfection, laundry and maintenance of personal hygiene.</p>	<p>If the water supply is intermittent, increase the capacity to store water sufficient to meet the needs of all family members – including the person with mpox – for at least two days (6). Alternate water sources, such as water delivery to the targeted households, can be coordinated through water supply authorities and WASH partners.</p>
<p>Clean water storage containers should be available for the required quantities of water. Water collection and storage containers should have narrow necks and/or covers, or other safe means of storage, drawing and handling. Storage containers should be cleaned regularly (interior and exterior surfaces) with water and soap and then disinfected (6).</p>	
<p>Point-of-use drinking water treatment options (6), such as household water treatment or chlorine tablets, are necessary if water is not treated at the source; if there is any contamination in the distribution system; or if households use water from unprotected sources. Ensure that the water is chlorinated and that free residual chlorine levels measure 0.2–0.5 mg/l (for water with a pH of less than 8 and a turbidity of less than 5 nephelometric turbidity units (NTUs)) to prevent re-contamination (16). If turbidity is higher than 5 NTUs or if the water is muddy, use coagulants and a filtration process before using chlorine disinfectants (17).</p>	<p>In situations where water cannot be treated to ensure safe quality, it should be heated to a rolling boil and kept boiling for 1 minute. It should then be allowed to cool prior to being used for drinking, cooking or hygiene (not including for laundry or cleaning the environment) (18). After the water has been boiled, store it in a clean container and take measures to ensure it is not contaminated. This method of disinfection is not a preferred method due to the risk of recontamination (i.e. keep container away from animals and small children, remove water through tap or clean utensil).</p>

Key messages

- Basic (20 L/P/Day or 15 L/P/Day) safe water supply and storage facilities available at household level for drinking , hand washing, bathing, cooking, laundry , cleaning and disinfection

Sanitation and Hygiene

Table 8. Sanitation and hygiene requirements

WASH statements ¹¹	Alternative options for implementation if WASH resources are limited
Households have access to improved sanitation facilities that hygienically separate human waste from human contact (18), including flush or pour-flush to piped sewer systems, septic tank, pit latrines (flush toilets, pit latrine, etc.) and excreta is safely managed. ¹²	
Toilets or latrines are not shared with other households. Ideally, there should be a dedicated toilet/latrine for person with mpox.	<p>If the households are using communal toilets/latrines, cleaning and disinfection should be performed after use by the infected patient.</p> <p>Shared toilets/latrines used by the person with mpox should be cleaned and disinfected with 0.05% (500 ppm) of sodium hypochlorite solution (or household bleach) with 1 minute contact time by the person with mpox after each use.</p> <p>If a squat toilet/latrine is used, there is no need for the disinfection procedure, routine cleaning is sufficient.</p> <p>If the caregiver cleans and disinfects the toilet or latrine, they should wear PPE. PPE includes disposable gloves and a well-fitting medical mask. Alternatively, if disposable PPE is not available, consider a well-fitting fabric mask and reusable gloves that can be cleaned with soap and water, followed by immersion in 0.05% (500 ppm) sodium hypochlorite solution (household bleach) solution for 20 minutes.</p>
A handwashing facility with soap and water should be available within 5 metres of toilet.	If a handwashing facility is not available, work with WASH partners for alternatives, such as a Veronica bucket ¹³ with soap and water (20). If sufficient water is not available for handwashing, use alternate options, such as alcohol-based hand rub or waterless soap (21).

¹¹ Extracted and adapted from: *Sphere Handbook (5), essential environmental health standards for health care (6), guidelines on sanitation*

Key messages

- Access to improved sanitation facilities , dedicated toilet for infected patient
- Shared toilet or bathing area: perform cleaning and disinfection after each use by infected person or by caregiver wearing PPEs
- Perform hand washing with soap and water or ABHR

Waste management

Table 9. Management of waste in the home

Statements for waste management ¹⁴	Alternative options for implementation if waste management resources are limited
Waste created during care for persons with mpox, such as PPE, sanitary pads from infected females and used bandages, should be placed in a strong waste bag that is then closed tightly (4). The waste bag should be disposed of with municipal waste if there are adequate treatment and safe disposal options (protected, lined landfills with no exposure to the environment, humans or animals). Dumping in sites that are not protected should not be considered a safe disposal option. Waste bags should be stored in a safe and secure area that is not accessible to animals, children or other household members until after the waste is collected.	If solid waste collection and disposal in a well-designed landfill or other safe disposal systems are not available, dig a pit for waste disposal (burn and bury in a protected pit away from animals and human contact). Empty the waste directly into the pit. Use same PPE as used for cleaning and disinfection of toilets. Waste-reduction strategies should be applied by minimizing the amount of waste through the use of reusable PPE where applicable or the infected person should perform the tasks to reduce the amount of PPE used by the caregiver.
Caregivers or workers handling waste should wear PPE (disposable gloves, medical masks) and wash their hands immediately afterwards with soap and water or alcohol-based handrub.	If PPE is not available for caregivers, consider the use of a fabric mask and reusable gloves that can be washed with soap and water, followed by immersion in a 0.05% (500ppm) sodium hypochlorite solution (or household bleach). Practice hand hygiene if reusable gloves are not available.
Community workers collecting and transporting the waste should wear PPE (heavy-duty gloves, heavy-duty shoes, apron and medical mask).	If heavy-duty gloves, shoes, aprons and medical masks are not available, workers should handle waste carefully using a reusable glove (e.g. hold waste bag away from body), wash and disinfect clothing worn, and practice hand hygiene with soap and water or alcohol-based handrub immediately after handling the waste. Avoid touching the face or any surfaces before handwashing.
Hand hygiene (with soap and water or alcohol-based handrub) should be performed immediately after handling waste.	

Key messages

- Waste (used PPEs, bandages) should be disposed of in sealed waste bag through centralized waste collection and disposal systems
- Or burn and bury in protected pit
- Keep the waste away from animals and humans
- Wear appropriate PPEs while handling waste
- Practice hand hygiene

Supplies

- Supplies for health and care workers

Table A3.1. Health and care worker supplies

Alcohol-based handrub (60-80%)
PPE (gown, gloves, filtering facepiece respirator ¹ , (e.g. N95 or FFP2) and eye protection). It is preferable in this case that all PPE be disposable. If reusable PPE is provided (e.g. eye protection), then a method to decontaminate after each use, such as disinfectant wipes, must be provided.
Waste bags
Pamphlets and materials should be available in local languages and in multiple (written, oral and pictorial) and accessible formats, to support the community health worker messaging. Community health workers should remain culturally sensitive and respectful in their interactions and messaging.



Image source: A.Baller WHO

Essential list in Annex 4 for household hygiene kits

Table A4.1. Essential supply list for households

Homes where cases are isolated	Basic hygiene kit (for person with mpox and their caregiver) (average number of days for recovery)		Hygiene kit (including all essential items for home settings with limited resources)
	Item	Quantity	
	Soap, toilet bar	100-110 g, wrapped x10 bars	<ul style="list-style-type: none"> All items in basic hygiene kit should be included, in addition: (Optional) Mattress/cot if person with mpox does not have their own bed Dedicated linens for person with mpox Personal hygiene kits (e.g. towel, toothbrush/toothpaste, toilet paper) for person with mpox (Optional) Separate food utensils Measuring cup for sodium hypochlorite preparation Bucket Squeegee or mop stick + mop heads
	Laundry detergent (powder)	1 Kg x2	
	Cleaning cloths (all purpose microfiber) for surfaces	5	
	Chlorine-based disinfection products or household bleach	1 L x2	
	Heavy-duty gloves (rubber/nitrile) for cleaning and disinfection	2 pairs	
	Waste bags (10 litres, 75+microns 10-12 bags per roll)	1 roll	
	Standard supported medical masks (see technical specifications) for caregiver use and person with mpox	1 box of 100	
	Disposable gloves (supported by technical standards and made with hypoallergenic materials)	1 box of 100	
	Alcohol-based handrub with at least 60% alcohol/ethanol w/v for caregiver (if soap is not available)	1 L	
	Mpox IEC leaflets		

Key Messages

- **Assess if the person with mpox is suitable for home care and isolation. Persons with mild, uncomplicated mpox may be isolated and receive care at home. Children under 5 years old should be cared for in a health facility as they are considered at higher risk for complications.**
- **If a separate room is unavailable for isolating the person with mpox, designate a specific area within the shared space for this purpose.**
- **Persons with mpox and their contacts should practice frequent hand hygiene and cleaning and disinfection of environment.**
- **Health and care workers should have training and required supplies (PPE, alcohol-based handrub) prior to entering the households of persons with mpox. If these are not available health and care workers should avoid entering the houses and should maintain at least a 1 metre distance from the person with mpox.**
- **Authorities should ensure access to safe water, sanitation, hygiene (soap and water) and waste disposal for persons with mpox and their family members during home isolation.**
- **When resources are limited, consider strategies that do not exacerbate existing infrastructure issues. For example, an IPC strategy heavily focused on disposable PPE is not suitable if local safe waste disposal services are inadequate.**

Community Health Workers and Volunteers: Supporting Home Care and Isolation

Dr Lester Sam A Geroy
Consultant, Community Readiness and Resilience
WHO Geneva

WHO EPI-WIN Webinar

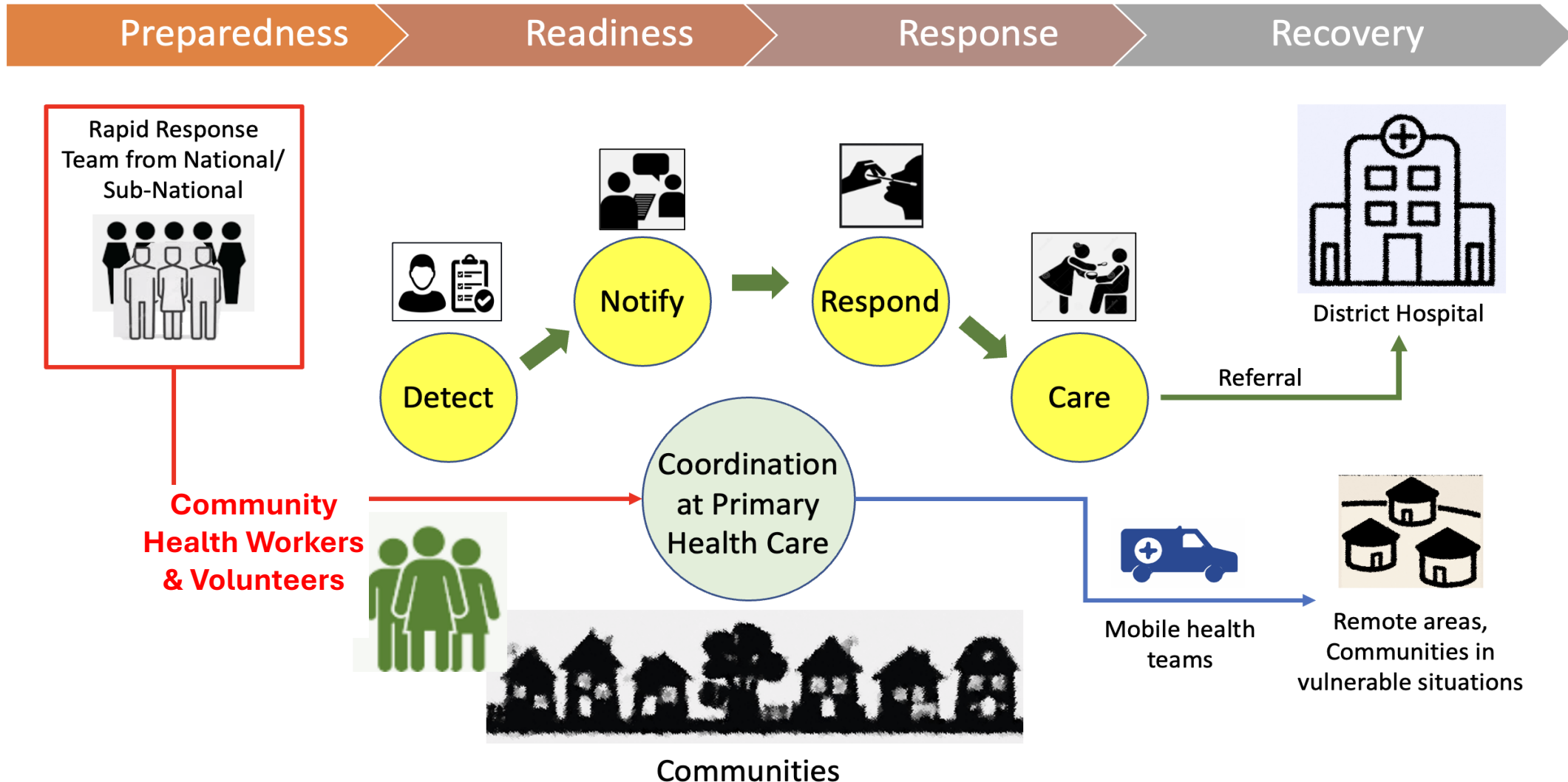
Safe at Home: IPC & WASH measures for home care and isolation for mpox in resource limited settings

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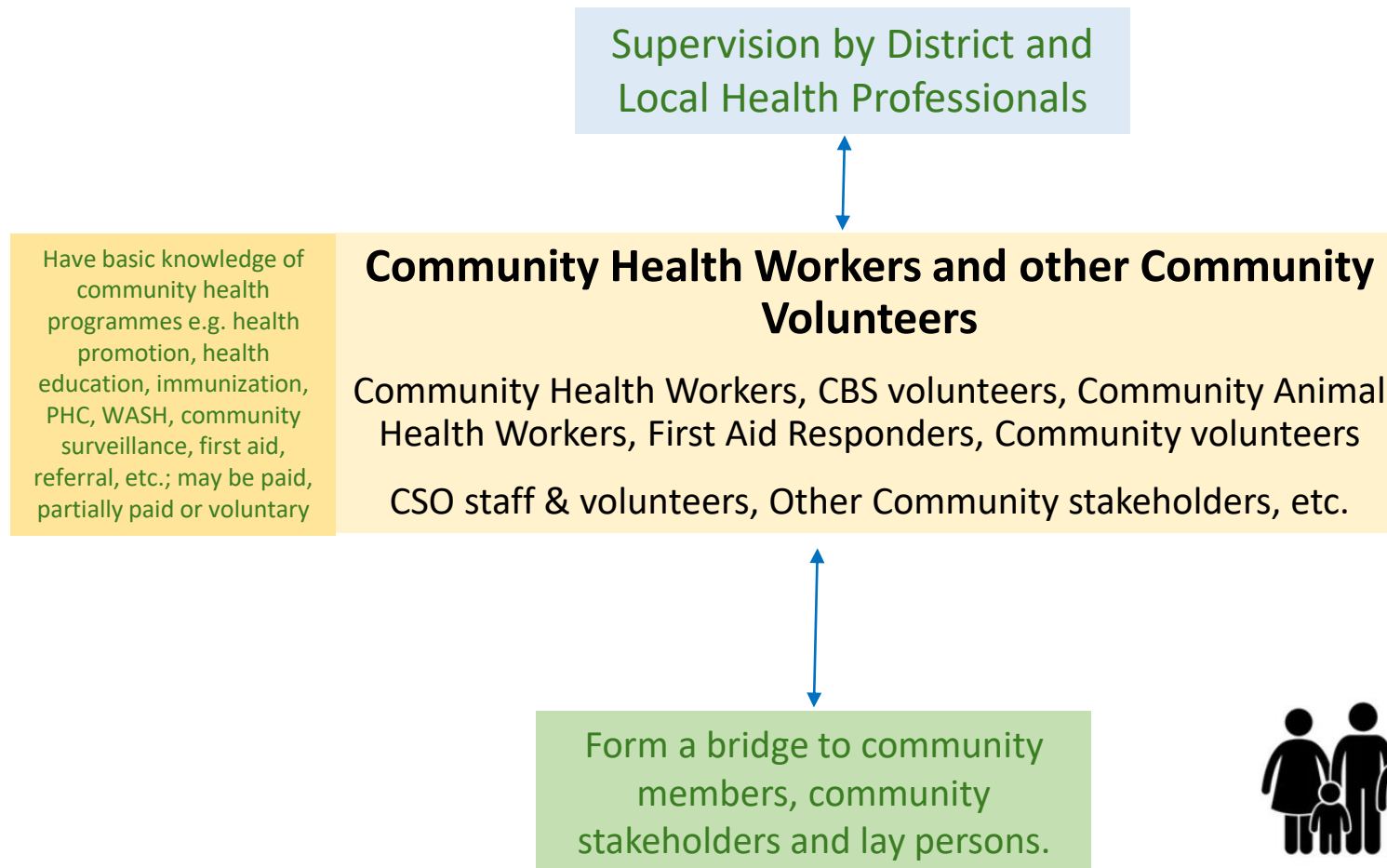
Overview of contents

1. Important roles of Community Health Workers and other Community Volunteers
2. Reminders for CHWs during mpox response efforts
3. How to protect yourself during an mpox outbreak
4. CHW role in home care and isolation
5. Educating persons isolating at home or their caregivers
6. Other advice CHWs can give to persons isolating at home or their caregivers
7. CHW/ CV roles in mpox response

Community Public Health and Health Services in Public Health Emergencies



Important roles of Community Health Workers and other Community Volunteers



Reminders for CHWs during mpox response efforts

In addition to efforts to build awareness and promote strong prevention efforts across the community, CHWs also serve critical roles in:

1. **Performing home visits** to monitor persons with suspected or confirmed mpox that are isolating at home
2. **Educating household members** on actions and practices required for safe home isolation
3. **Monitoring practices** for safe home isolation
4. Promoting **community prevention efforts** in coordination with healthcare facility staff and other local health authorities

Note: Depending on country policies and protocols



Reminders for CHW/ CV: How to protect yourself during an mpox outbreak

1. **Stay informed** about the risk of mpox in your community. Know the symptoms and check yourself regularly.
2. **Refrain from close contact** with individuals who have mpox. If close contact cannot be avoided, appropriate **personal protective equipment** should be worn.
3. **Do not share items**, such as bedding, clothing, utensils, cups or towels, with someone who is sick.
4. **Seek health advice and monitor closely** for signs and symptoms for 21 days if exposed: Get tested if you have signs or symptoms compatible with mpox.
5. If you do **develop signs or symptoms of mpox, put on a mask, wash hands, and cover lesions** then seek medical care. Isolate from others until symptoms are no longer present.
6. Follow the guidance of your health care provider or national public health authority when diagnosed with mpox.



CHW role in home care and isolation

1. Always coordinate closely with local health authorities and staff in activities
2. Offer compassionate, respectful and people-centred care and counselling to people affected by mpox and their designated caregiver (when applicable).
3. Utilize community organizations as support in educating and raising awareness
4. Work with local health authorities to ensure available PPE to be used when needed.
5. Prepare and take with you supplies (e.g. PPE, alcohol-based handrub) for yourself and to leave with the household.
6. Always wear the appropriate PPE if you need to enter the isolation space of a person with mpox.



The 'Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings' provides a detailed overview of how home care and isolation can be safely done.

Educating persons isolating at home or their caregivers: **Overall self-care**

1. Keep hydrated
2. Eat well
3. Get enough sleep
4. Use medicines for pain and fever if needed
5. Do things you find relaxing and enjoyable
6. Stay connected
7. Exercise if you feel well enough
8. Ask for support if needed



The 'Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings' provides a detailed overview of how home care and isolation can be safely done.

Other advice CHWs can give to persons isolating at home or their caregivers

1. Hand washing
2. Cleaning the house and surroundings
3. Laundry
4. Preparing and storing clean water
5. How to use masks and gloves
6. How to prepare disinfectant solution at home
7. Waste management at home
8. Note: CHWs may also be trained to monitor the health status of persons isolating at home



The 'Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings' provides a detailed overview of how home care and isolation can be safely done.

CHW/CV roles to support mpox response



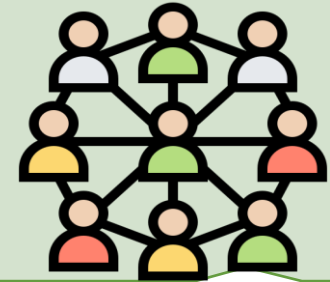
Identifying population at risk in the community



Community-Based Surveillance: Early detection & response



Risk communication & Community engagement



Support community care and coordination



Home care and community IPC



MHPSS in the community

Community Detection and Response for Mpox: Training for Community Health Workers and Community Volunteers (WHO, 2024)

CHW/CV roles to support mpox response

1. **Community-based surveillance**

- Understand community case definitions
- Detecting and notifying signals
- Contact tracing (if part of country protocol)
- Reporting cases through SMS or other methods

2. **Home care and IPC**

- Educating patients and their caregivers on handwashing, laundry, WASH, preparing disinfectant, waste management
- Support home monitoring (if part of country protocol)

3. **RCCE-IM**

- Delivering messages

- Support RCCE activities e.g. social listening, community feedback and community engagement

4. **Community MHPSS**

- Basic psychosocial support (BPS) and Psychological first aid (PFA)

5. **Community-based health care and coordination**

- Identifying warning signs
- Supporting other public health services
- Timely referral
- Support coordination with other community sectors

Community Detection and Response for Mpox: Training for Community Health Workers and Community Volunteers (WHO, 2024)

Thank you very much!

Questions for panel-facilitated by Dr Baller

1. Based on this guidance and considering each country's unique situation in the African region, what is AFRICA CDC advising countries for their strategy with regards to home care and isolation for managing cases (for Andy)
2. As an implementing partner, how does IFRC plan to support operationalize homecare and isolation of persons with mpox in low- resource settings (William-IFRC)
3. How should health workers manage their PPE when visiting households? Can they substitute PPE?(Janelle-US CDC)
4. How should the waste from a household be discarded when there is no centralized municipal service-is the waste infectious?(Maggie-WASH-WHO)
5. What measures can be considered to empower families and persons at home with mpox when implementing these guidelines, for example, with the approach to home cleaning and disinfection