

FAQ

Answers to Frequently Asked Questions: Mpox in the Workplace



Mpox is an infectious disease caused by a virus that is genetically similar to small pox. It is endemic to certain African nations, but it has the potential to spread to other continents and countries. These answers to questions asked by WorkCare clients provide an update on recent outbreaks.

Q: *How concerned should we be about mpox exposures in our workplace?*

A: The World Health Organization (WHO) declared a public health emergency of international concern on Aug. 14, 2024, in response to mpox outbreaks in some African nations. The risk of importation of the currently circulating strain of mpox from Africa into the U.S. was rated “very low” by the Centers for Disease Control and Prevention (CDC) following the WHO announcement.

Q: *What are the origins of the current mpox outbreak?*

A: Mpox was first detected in humans in 1970. There have been periodic outbreaks since then, including one in 2022 that affected some people in the U.S. There are two types (clades): clade 1 infections endemic to central Africa can cause serious illness and are potentially fatal; clade 2 infections endemic to west Africa typically cause less severe illness. A new strain (clade 1b) is associated with the WHO public health emergency of international concern.

Q: *What are the most common exposure routes?*

A: Sexual contact is believed to be the most common route of exposure for clade 1b. Other potential exposure routes include:

- Direct contact with an infectious rash, scabs or body fluids
- Respiratory secretions during prolonged face-to-face contact
- Touching contaminated clothing, linens or other items
- Direct contact with infectious animals or laboratory specimens

Q: *What products are authorized to diagnose, prevent or treat mpox?*

A: There is a U.S. Food and Drug Administration (FDA)-approved vaccine (JYNNEOS) and a cleared diagnostic test. In addition, certain vaccines and diagnostic tests are authorized for emergency use. There are no FDA-approved treatments pending the results of clinical trials. An FDA-cleared non-variola orthopoxvirus test can be used to detect mpox from lesion samples.

Refer to [the FDA's August 2024 Mpox response](#) for details on tests and vaccine availability.

Q: *What types of preventive measures should we be taking in our workplace?*

A: Recommendations:

- Encourage employees who are concerned about mpox to speak to their health care provider about getting vaccinated.
- Advise employees to stay home if they have any signs and symptoms of illness.
- Educate employees about the importance of avoiding close contact with people who may be infected or have a rash.
- Remind employees not to share eating utensils and cups, and not to touch other employees' bedding, towels or clothing without wearing gloves or having other protection.
- Provide easy access to soap and water and alcohol-based sanitizer for hand hygiene.
- Wear protective gear when caring for people with mpox or working with potentially infectious animals or materials.

Q: *How does the illness progress?*

A: The illness typically starts with flu-like symptoms, followed by a rash within one-to-four days. In less-serious cases it usually lasts two-to-four weeks and resolves on its own. The rash may appear on or near the genitals or anus, and possibly on the hands, feet, chest, face or mouth. The rash goes through several stages before forming scabs and healing. Other symptoms may include:

- Fever and/or chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache

- Headache
- Respiratory complaints, e.g., sore throat, nasal congestion, cough

Over-the-counter medications help relieve symptoms.

Q: *At what point is an infected employee contagious?*

A: The incubation period for mpox averages 12 days. It can spread from the time symptoms appear until the rash has healed, all scabs have fallen off and a fresh layer of skin has formed.

Q: *What should we advise employees about monitoring for symptoms?*

A: Advise employees to take preventive measures while monitoring for symptoms and begin home isolation if symptoms appear.

Q: *What should we do if an employee has a known exposure to mpox but has not developed symptoms?*

A: Refer the employee to their personal provider. You may decide to allow an exposed employee to work around others while monitoring for symptoms and taking preventive measures or you may ask an exposed employee to work from home, as feasible.

Q: *What are the recommended return-to-work guidelines for an employee who has had mpox?*

A: An employee can be safely returned to work when their symptoms have resolved and they have been cleared by their physician.

Q: *Are there any sanitation requirements for infected workers' workstations?*

A: Refer to the [CDC's guidance](#) for homes and non-health care workplaces for detailed instructions. For health care settings, refer to this [CDC webpage](#).