



# Isolation and Prevention Practices for People with Mpox

Updated February 2, 2023

These recommendations do not apply in healthcare settings, such as hospitals, outpatient clinics, and specimen collection sites. Instead, healthcare providers should follow CDC's [Infection Prevention and Control of Mpox in Healthcare Settings](#). Congregate care settings, such as correctional facilities and homeless shelters, should follow [CDC's Preventing Mpox Spread in Congregate Settings](#).

CDC recommends that people with mpox remain [isolated at home or at another location](#) for the duration of illness, but that might not be possible in all situations. Prioritizing isolation and source control strategies helps prevent transmission while balancing the impact of this infection on the daily lives of people diagnosed with mpox. These considerations may change as we learn more from the 2022 global outbreak of mpox.

A person with mpox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. As of February 2023, [new data](#) now show that in the current global outbreak, some people with mpox may have infected others from one to four days before they develop symptoms (presymptomatic spread). It's not clear yet how often this happens or how many infections during the current outbreak might be attributable to presymptomatic spread. Mpox virus has also been detected in some samples taken from people who never develop symptoms. But there is currently no evidence to date showing that people who never develop symptoms have spread mpox virus. CDC will continue to monitor case data and available science for [new information](#) about transmission. Ideally, people with mpox would remain in isolation for the duration of illness, which typically lasts two to four weeks. However, if a person with mpox is unable to remain fully isolated throughout the illness, they should do the following:

- While symptomatic with a fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, remain isolated in the home and away from others unless it is necessary to see a healthcare provider or for an emergency.
  - This includes avoiding close or physical contact with other [people](#) and [animals](#).
  - Cover the lesions, wear a well-fitting mask (more information below), and avoid public transportation when leaving the home as required for medical care or an emergency.
- While a rash persists but in the absence of a fever or respiratory symptoms
  - Cover all parts of the rash with clothing, gloves, and/or bandages.
  - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
  - Masks should fit closely on the face without any gaps along the edges or around the nose and be comfortable when worn properly over the nose and mouth.
- Until all signs and symptoms of mpox illness have fully resolved
  - Do not share items that have been worn or handled with other people or animals. [Launder or disinfect](#) items that have been worn or handled and [surfaces](#) that have been touched by a lesion.
  - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
  - Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.
  - Avoid crowds and [congregate settings](#).
  - Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

These recommendations can apply to the workplace. Employers can learn more on the [Workplaces and Businesses](#) page.

Employers should take steps to prevent the spread of mpox in the workplace:

- Ensure that the workers with mpox follow these isolation practices
- Offer telework or flexible, non-punitive sick leave to workers with mpox

# What We Have Learned During the 2022 U.S. Mpox Outbreak

Transmission during brief interactions (such as a brief conversation), between people in close proximity and for a long duration (such as passengers seated near a person with mpox on an airplane), is unlikely to spread mpox.





The 2022 global outbreak has some different epidemiologic characteristics than illness described with previous mpox outbreaks:

- Direct skin-to-skin contact, including sexual and/or close intimate contact, has been identified as a predominant type of exposure for persons with mpox in the United States.
- Most people with mpox have been adults and have not required hospitalization.
- Deaths have occurred but are rare and have occurred in individuals with underlying conditions.

## What We Still Don't Know

- To what extent children, people with specific underlying conditions (including those that may cause immunocompromise, eczema or atopic dermatitis), or pregnant people are at risk of severe disease, as they have been with previous outbreaks of mpox.
- Whether people with immunosuppression have more mpox virus present in body fluids.
- How often mpox virus may be spread from respiratory secretions, or at what point during infection a person with mpox symptoms might be more likely to spread mpox virus through respiratory secretions. As stated above, transmission during brief interactions has not been reported.
- If mpox virus may be present in body fluids, including oral and respiratory secretions, urine, feces, and semen.
- Whether mpox virus can be spread through semen or vaginal fluids. Viral DNA has been detected in semen.

### More Information

- [Epidemiological, clinical and virological characteristics of four cases of mpox support transmission through sexual contact, Italy, May 2022](#) 
- [New challenges in human mpox outside Africa: A review and case report from Italy](#) 
- [Clinical features and management of human mpox: a retrospective observational study in the UK](#) 
- [Comparison of Mpox Virus Clade Kinetics and Pathology within the Prairie Dog Animal Model Using a Serial Sacrifice Study Design](#) 

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