Congregate settings like homeless shelters and densely populated encampments may pose an increased risk of exposure to MPX. In addition, people experiencing homelessness often have chronic illnesses that put them at higher risk of severe illness or complications due to MPX. Operating congregate homeless shelters during a public health emergency, such as the MPX outbreak, brings new risks to shelter residents, staff, and volunteers. This document provides operational considerations for congregate shelters to implement as a response to a case of MPX infection identified in a shelter resident, staff, or volunteer.

Residents with assumed or confirmed MPX should isolate. Staff or volunteers with MPX should isolate away from the congregate setting until they are fully recovered. Communities may need to use a variety of isolation strategies to meet the needs of people experiencing homelessness. The framework below provides a graduated approach to isolation, ranging from isolating residents within the shelter facility to exploring non-congregate sheltering options. Partner with public health and local emergency services to 1) determine appropriate care, 2) identify treatment pathways, 3) identify sites for isolation, and 4) coordinate access to appropriate spaces for isolation.

As communities determine the most feasible approaches to use across the shelter network, community partners should make a concerted effort to prevent disparate access to isolation options for minoritized populations such as Black, Indigenous, and people of color; LGBTQIA+; and ethnicities such as Latinx/a/o. Communities should also ensure that all messaging about and implementation of these approaches is led by trauma-informed practices.

For more information, see the CDC's Considerations for Reducing Monkeypox Transmission in Congregate Living Settings.

FACILITY		
Good Approach: Shelter-Based Isolation in Place	**Better Approach: Semi-Congregate Isolation Spaces**	**Best Approach: Private Individual Rooms for Isolation**
• A separate section within the shelter where residents who need to be isolated can remain more than six feet from other residents. • If the shelter is enacting isolation for COVID-19 residents, be sure these are separate from MPX isolation spaces.	• Medical respite care sites. • Single-room occupancy (with shared bathrooms and eating areas). • Repurposed residential facilities not traditionally used for sheltering households experiencing homelessness such as surplus schools or deactivated nursing homes.	• Non-congregate shelters (NCS) such as hotels, motels, and dorm rooms with individual bathrooms. • If the shelter is enacting isolation for COVID-19 residents, be sure these are separate from MPX isolation spaces.

ATTRIBUTES OF THE SPACE

Good Approach	Better Approach	Best Approach
• Have a clear sign designating the isolation area in languages accessible to all guests. • Separate spaces with barriers (e.g., walls, dressers, curtains) within a larger shelter. • Use mobile screens or other kinds of partitions to encourage adherence to physical distancing requirements • Institute a cleaning regimen to reduce virus spread including careful handling of materials coming out of isolation spaces (e.g., waste, bedding, food, and any other materials). • If using a temporary shelter, install portable heating and cooling units to prevent health complications from extreme temperatures. • Separate dining areas for residents based on MPX status, symptoms, or other cohorting criteria. Alternatively, bring food into the isolation area, or, if necessary, stagger meal times. • Provide separate bathrooms for residents with MPX or stagger bathroom times with an appropriate cleaning regimen after each use. • Designate a path from the isolation space out of the building in case a resident needs to leave the building for an emergency, appointment, employment, break, etc.	• Have a clear sign designating the isolation area in languages accessible to all guests. • Separate rooms with full-height walls within the shelter for congregate isolation. • Maintain CDC physical distancing recommendations throughout the shelter. • Hire professional staff to maintain a cleaning regimen to reduce virus spread including careful handling of materials coming out of isolation spaces (i.e., waste, bedding, food, and any other materials). • Provide separate bathrooms and dining areas for residents based on MPX status and symptoms, or stagger bathroom times with an appropriate cleaning regimen after each use. • Provide access to sanitary, individual, and operational toilets and handwashing.	• Have a clear sign designating the isolation areas within the facility in languages accessible to all guests. • Separate residents in individual bedrooms with private bathrooms. • Maintain CDC physical distancing recommendations by offering private spaces for each household. • Hire professional staff to maintain a cleaning regimen to reduce virus spread including careful handling of materials coming out of isolation spaces (i.e., waste, bedding, food, and any other materials). • Prepare meals/provide meal services in private rooms if kitchenettes are utilized, or deliver meals regularly.

STAFF CONSIDERATIONS

Good Approach	Better Approach	Best Approach
• Maintain public health partnerships and activate them when necessary. • Ensure connection to a health care provider to provide telehealth or direct referral to treatment and primary care.	• Have public health and shelter staff jointly provide services during emergency activations and have a coordinating healthcare partner for telehealth or direct referral for testing, treatment, and primary care.	• Co-locate healthcare partners, public health partners, and shelter staff to deliver prevention/primary care as well as life-sustaining shelter services.

ALL APPROACHES

• Minimize the number of staff in contact with MPX-positive or symptomatic residents.

• Require staff who are in contact with residents with MPX to wear full personal protective equipment (PPE), which includes a fit-tested N95 or surgical mask, eye protection, a gown, long sleeves, and gloves.

• Staff doing laundry should wear full PPE and take special care not to toss or shake clothes and bedding that is soiled or may be contaminated.

• Scale up available staffing and create a plan to address staffing shortages.

• Only allow staff providing essential services to enter the isolation areas. Minimize isolation staff movement to/from general shelter areas.

• Encourage frequent and regular self-checks for symptoms; any staff with a rash and flu-like symptoms should see their health care professional and isolate away from the facility if ill in order to limit virus spread among vulnerable residents.

• Provide hazard pay for staff performing isolation functions.

GENERAL SHELTER MPX CONSIDERATIONS

• Reinstate elevated cleaning and disinfection protocols.

• Encourage everyone to practice good hand hygiene and physical distancing.

• Educate residents about the risks of sharing pipes, clothing, make-up, food, drink, etc.

• Educate residents about MPX symptoms, what to do if they believe they have been exposed, prevention measures, and testing and treatment resources available in the community. Provide examples of rashes/lesions to aid in self-checks.

• Minimize individuals going to/from the isolation site.

• Ensure transportation is available to access treatment, vaccination, and other healthcare needs.

• Prioritize harm reduction by ensuring access to pain medication and other treatments and work with healthcare professionals to assist residents with substance use disorders by ensuring access for those in isolation.

Maintaining Operations

In some communities, shelter systems may face [staff and service shortages.](#) Closing a community's homeless shelter without providing alternate housing or shelter leaves people experiencing homelessness vulnerable to unsheltered situations and decreased access to vital services. If a program is considering closing or not accepting new residents due to shortages, immediately alert your local Continuum of Care (CoC), public health authorities, and emergency management officials to ensure shelter doors remain open.

Alternative Site Plans

Shelters quickly reach capacity as a result of social distancing recommendations due to COVID-19 and the creation of isolation spaces for COVID-19 and MPX. As winter approaches, more individuals will need shelter. [Create a plan](#) in coordination with CoCs and public health departments to identify sites for general overflow capacity. Establish a protocol for transporting or redirecting clients to those alternate accommodations once the shelter reaches capacity. Be sure there is an isolation space at the shelter where a resident who arrives with MPX can stay until an alternative place can be identified.

Funding

Both annual Emergency Solutions Grants (ESG) funds and ESG Coronavirus Aid, Relief, and Economic Security (CARES) Act (ESG-CV) funds designated to prevent, prepare for, respond to, and mitigate the impacts of COVID-19 can be used to pay for several MPX-related costs. In addition, annual ESG funds not used to prevent, prepare for, respond to, and mitigate the impacts of COVID-19 can be used to pay for a hotel or motel voucher for a family or individual with a contagious disease if no appropriate emergency shelter is available. See [Notice CPD-21-08](#).

For more information about what is eligible under infectious disease allocations, view:

- [Eligible ESG Program Costs for Infectious Disease Preparedness](#).
- [Using a Disaster Policy to Fund Infectious Disease Preparedness and Response with ESG](#).
- [Using CoC Program Funds for Infectious Disease Preparedness and Response](#).