



August 15, 2022

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 22-01
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TO: ALL JOB CORPS NATIONAL OFFICE STAFF
ALL JOB CORPS REGIONAL OFFICE STAFF
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL FOREST SERVICE CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: RACHEL TORRES
National Director
Office of Job Corps

SUBJECT: Monkeypox (MPV) Outbreak in the United States

1. Purpose. To inform Job Corps centers of strategies to identify signs and symptoms and to prevent exposure to monkeypox (MPV).
2. Background. MPV is part of the same family of viruses that causes smallpox. While MPV symptoms are similar to smallpox symptoms, they are less severe and rarely fatal. MPV was first discovered in humans in 1970, and since that time and prior to the 2022 outbreak, nearly all MPV cases have been documented in western and central African countries or linked to travel to and near those areas. Beginning in Spring 2022, sustained transmission of MPV has been seen outside of Africa for the first time, including in the United States.¹

As a result of the global increase in cases throughout the summer of 2022, the World Health Organization (WHO) declared MPV a public health emergency in July 2022. On August 4, 2022, the United States followed suit.²

¹ World Health Organization (2022). Monkeypox. Available at: <https://www.who.int/news-room/fact-sheets/detail/monkeypox>

² Department of Health and Human Services (2022). Biden-Harris Administration Bolsters Monkeypox Response; HHS Secretary Becerra Declares Public Health Emergency. Available at: <https://www.hhs.gov/about/news/2022/08/04/biden-harris-administration-bolsters-monkeypox-response-hhs-secretary-becerra-declares-public-health-emergency.html>

The human-to-human transmission of MPV requires closer contact than with many other viruses, like COVID-19. MPV can spread to anyone through close, personal, often skin-to-skin contact, including:

- Direct contact with MPV rash, scabs, or body fluids from a person with MPV.
- Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with MPV.
- Contact with respiratory secretions.

This direct contact can happen during intimate contact, including:

- Oral, anal, and vaginal sex or touching the genitals or anus of a person with MPV.
- Hugging, massage, and kissing.
- Prolonged face-to-face contact.
- Touching fabrics and objects during sex that were used by a person with MPV and that have not been disinfected, such as bedding, towels, and sex toys.

MPV can also be transmitted by:

- A pregnant person spreading the virus to their fetus through the placenta.
- Being scratched or bitten by an animal infected with MPV.³

The incubation period of MPV is between 5 to 21 days⁴, and the illness typically last between 2 and 4 weeks. Infected persons present with an unexplained acute rash and one or more of the following symptoms:

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion/fatigue
- Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)

³ Centers for Disease Control and Prevention (CDC) (2022). How it Spreads. Available at: <https://www.cdc.gov/poxvirus/monkeypox/transmission.html>

⁴ World Health Organization (2022). Surveillance, Case Investigation and Contact Tracing for Monkeypox: Interim Guidance. Available at: <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.2>

The sequence of symptom onset varies; either the rash or other symptoms may appear first. If someone has flu-like symptoms, they will usually develop a rash within 4 days. The rash is often located on or near the genitals or anus or may be found on other areas of the body (e.g., hands, feet, chest, face, or mouth). The rash can look like pimples or blisters and may be painful or itchy. The rash will go through several stages, including scabs, before healing.⁵

Many cases to date have been identified among men who have sex with men (MSM). However, MPV can spread to *anyone*, regardless of gender identity or sexual orientation. Job Corps centers must be mindful in communicating MPV information to staff and students to reduce stigma. The Centers for Disease Control and Prevention (CDC) has released communication resources to prevent stigmatizing certain populations and to help ensure accurate information is provided to all populations. (See *Resources* below.)

Currently, vaccines against MPV are in short supply, but may be available through local health departments. Vaccines are generally indicated for:

- People who have been identified by public health officials as a contact of someone with MPV.
- People who are aware that one of their sexual partners in the past 2 weeks has been diagnosed with MPV.
- People who had multiple sexual partners in the past 2 weeks in an area with known MPV.
- People whose jobs may expose them to orthopoxviruses.⁶

3. Action. Centers should conduct the following activities:

- a. Provide students and staff with accurate, non-stigmatizing public health information that promotes:
 1. Identification of MPV signs and symptoms
 2. Safer sex
 3. Decreasing number of sexual partners
 4. Avoiding skin-to-skin contact with anyone with a rash
 5. Avoiding contact with clothes or bed linens used by anyone with a rash
- b. Ensure the Infectious Disease Response Committee is informed and educated about MPV.
- c. Develop isolation and quarantine procedures for the management of MPV, as outlined in Considerations for Reducing Monkeypox Transmission in Congregate Living Settings available at <https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html>.

⁵ Centers for Disease Control and Prevention (CDC) (2022). Signs and Symptoms. Available at: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

⁶ Centers for Disease Control and Prevention (CDC) (2022). Vaccines. Available at: <https://www.cdc.gov/poxvirus/monkeypox/vaccines.html>

- d. Notify Regional Office immediately if there is concern that a student may have MPV. The Regional Office will immediately notify the National Office Health & Wellness team and the Humanitas support contractor.
- e. If there is a confirmed MPV case on center, follow procedures outlined in CDC’s Disinfecting Home and Other Non-Healthcare Settings available at: <https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html>
- f. Complete a Significant Incident Report (SIR) for student with confirmed MPV.

Health and Wellness Staff should:

- a. Be familiar with the signs and symptoms of MPV, including characteristics of the associated rash:
 1. Deep-seated and well-circumscribed lesions, often with central umbilication
 2. Lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs
 3. Note: MPV rash can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). People with MPV may be coinfecting with other diseases. All students with a characteristic rash should be considered for testing, even if other results are positive.⁷
 - b. Immediately isolate a student with suspected or probable MPV infection. Ensure student with suspected or probable MPV infection is wearing a well-fitting disposable mask over their nose and mouth and cover any skin lesions while in health and wellness, if outside of their isolation room on center, or if being transported for evaluation.
 - c. Immediately alert a center clinician and the center director if a student presents with signs and symptoms concerning for MPV.
 - d. Contact the local health department if a case of MPV is suspected. All MPV testing is completed through health departments at this time. Contact tracing to identify people who might have been exposed should be coordinated with the health department.
 - e. Follow procedures outlined in CDC’s Infection Prevention and Control of Monkeypox in Healthcare settings at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
 - f. Become familiar with antiviral treatment recommendations and local availability.
 - g. Identify vaccination resources in the community and establish procedures to vaccinate at-risk individuals as recommended by the CDC. Currently, there is a MPV vaccine supply shortage. Centers should work with local health departments to prioritize students for vaccination. This is not a mandatory vaccination in Job Corps.
4. Resources. For the most current information on MPV, visit the following CDC websites:
- a. Graphics for download to educate about the appearance of MPV: <https://www.cdc.gov/poxvirus/monkeypox/resources/graphics.html>

⁷ Centers for Disease Control and Prevention (2022). Case Definitions† for Use in the 2022 Monkeypox Response | Monkeypox. Available at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>

- b. Monkeypox and Safer Sex:
<https://www.cdc.gov/poxvirus/monkeypox/pdf/MonkeyPox-SaferSex-InfoSheet-508.pdf>
 - c. Preventing Monkeypox Spread in Congregate Settings:
<https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html>
 - d. Treatment Information for Healthcare Professionals:
 - e. <https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>
 - f. Reducing Stigma in Monkeypox Communication and Community Engagement:
<https://www.cdc.gov/poxvirus/monkeypox/reducing-stigma.html>
5. Expiration Date. Until superseded.
6. Inquiries. Inquiries should be directed to Lesley Nesmith of the National Office of Job Corps at 202-693-3904 or Nesmith.Lesley@dol.gov.