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WASH Cluster
Water Sanitation Hygiene

Guidance for WASH practitioners on Mpox

***Note**: This document has been developed by the GWC Hygiene Promotion Working Group, CAST, UNICEF, IFRC, Save the Children and Tufts University. This guidance is not meant to be exhaustive but provides a top line summary of good practice in WASH programming in response to mpox outbreaks; where possible it refers to more detailed guidance from WHO and other health partners – please see the end of the document for further guidance notes.*

2024 Mpox Outbreak Overview

There has been a global outbreak of mpox since 2022; this outbreak has been caused by the strain of mpox virus called Clade 2 and has affected around 116 countries worldwide. The current surge in cases is being driven by the rapid spread of a different strain – Clade 1b – which is predominantly affecting countries across the African region, particularly DRC, Burundi, Kenya, Uganda and Rwanda [1]. The guidance in this document applies to both Clades of mpox. WHO publishes a dashboard of updated cases globally here. Different Clades and Sub-Clades of mpox behave slightly differently to each other; WHO is monitoring for any significant differences between the Clades, including transmission routes. This guidance will be updated as more information becomes available on this issue.

Signs, Symptoms & Known Modes of Transmission

Mpox is an enveloped virus endemic to Central and West Africa. While the natural reservoir of mpox virus remains unknown, it is thought to be spread by rodents, such as rats, mice, and squirrels.

Incubation Period:
Signs and symptoms which usually begin within a week but can start 1–21 days after exposure.

Infectious Period:
From the onset of symptoms until lesions have scabbed over and fully healed. Symptoms typically last 2–4 weeks but may last longer in someone with a weakened immune system.

[1] WHO Mpox Global Strategic Guidance and Response Plan

Transmission Routes:

Close contact with an infected person, including:

- Skin-to-skin contact (e.g., touching, sex)
- Mouth-to-mouth or mouth-to-skin contact (e.g., kissing)
- Face-to-face interaction (e.g., talking or breathing close to one another)
- Transmission from mother to baby during pregnancy or birth

Other transmission routes include:

- Contact with contaminated objects (e.g. clothing, linen used by an infected person)
- Needle injuries in healthcare or community settings (e.g., tattoo parlours)
- Animal-to-human transmission through bites, scratches, or handling infected animals (e.g., hunting, skinning, cooking) [2]

Treatment:

There is no specific treatment for mpox, and most treatment is supportive to manage signs and symptoms. Most people fully recover withing 2-4 weeks without the need for medical intervention, however the disease can cause more complicated illness for children, pregnant women, and people with weakened immune systems.

Preventative Actions:

- Avoiding physical or prolonged face-to-face contact (hand-shaking, touching, kissing or sexual contact) with someone who is showing symptoms of mpox
- Avoiding contact with surfaces or items used by someone who has mpox
- Being aware of transmission routes, practicing safe sex, maintaining good personal hygiene and handwashing regularly, using soap and water or alcohol-based hand rub
- Vaccination, particularly recommended for high-risk groups and direct contacts of patients (e.g health and care workers at risk of exposure, people who have multiple sex partners (both for heterosexual and homosexual sex) and people living in the same household or have had contact with someone who has mpox) [3]
- Avoid contact with wild animals (alive or dead) known to carry the virus, such as rodents, and those that appear sick or have been found dead.

[2] For more detailed information on signs and symptoms, transmission routes etc please see WHO: https://www.who.int/news-room/fact-sheets/detail/mpox
[3] Note that vaccination strategies will vary country to country, and upon the number of vaccines available. Follow guidance from individual Countries Ministries of Health for more information for the specific country you are working in.

Response Guidance for WASH Actors

Mpox is predominantly a disease spread by close, skin to skin contact. The focus of WASH Actors should be providing support to high-risk communities with information on transmission routes and prevention techniques, provision of water and hygiene items for management of at-home care, and support to health and mpox treatment facilities where required. Note that all guidance given below should be read in conjunction with national level guidance, with national level guidance adhered to in the first instance.

Coordination

1	Coordinate with the Ministry of Health, Health Cluster and WASH Cluster in country to ensure a coordinated response, identify high risk areas for targeted interventions, and to align approaches.
2	Coordinate with the Health Cluster and RCCE to align information and community engagement approaches for mpox.
3	At a local level, coordinate with health or treatment facilities to identify hotspot areas for additional hygiene promotion and wider water and sanitation support.

Hygiene Promotion

1	Scale up Hygiene Promotion and community engagement on signs and symptoms of mpox, early health seeking behaviour and to support referrals to medical facilities, particularly in areas of high transmission, or rural areas with limited communication networks.
2	Ensure any IEC materials are clear, available in local language and are tested for comprehension prior to wide-scale use
3	Training and regularly meeting with Community Based Volunteers (both those employed by WASH agencies and those working within community-based structures) to discuss community awareness, feedback or concerns coming from community members, and their perceptions to help direct the type of information needed by communities about disease and the wider outbreak.
4	Support in rumour tracking, social listening, community feedback and perception gathering exercises to determine misinformation and stigma circulating about mpox. Participate in dialogue and information sharing with communities to counteract negative or harmful beliefs around the disease and promote positive health seeking behaviour [4].
5	Identify at-risk groups (including marginalised groups such as sex workers) and engage with them on prevention and helpful health-seeking behaviour, tailoring hygiene promotion activities to their needs and resources.

[4] This guide from WHO can be used to further support RCCE efforts: A risk communication, community engagement and infodemic management toolkit for mpox elimination: 17 May 2023 update (who.int)

6	Work with communities to counteract stigma associated with mpox (often because of its association with sexual transmission). Collaborate with health authorities, civil society organizations, and other community leaders such as religious leaders, nominated officials, traditional healthcare providers and other influencers, to engage affected communities and at-risk groups with hygiene promotion activities that prevents stigma and discrimination against affected individuals and groups.
7	Provide additional WASH NFIs such as household cleaning kits (disinfectant, household bleach or disinfectant), laundry, and hand soap, washing basins etc) and PPE (disposable gloves, face masks) for home-based care for confirmed cases, and their contacts. Such distributions may be coordinated with the Health Cluster, or local Health Actors, and should be accompanied by wider public health promotion activities to reduce stigma around mpox transmission. 
8	Provide handwashing stations with running water and soap in congregate settings (e.g., ,prisons, internal displacement and refugee camps, schools, etc.), and particularly in areas of high transmission. 

Water and Sanitation

1	Ensure adequate access to water and sanitation resources where transmission continues to occur including resource-limited settings, health care facilities, households, congregate settings (e.g., prisons, internal displacement and refugee camps, schools, etc.), and at border transit areas. 
2	Mpox is not a waterborne disease; regular levels of chlorine in drinking water should be maintained.

Disinfection of Surfaces and Fomites

1	Mpox is an enveloped virus, and therefore more sensitive to inactivation by simple disinfectants, including weak chlorine solutions or with hot soapy water.
2	A chlorine solution of 0.05% is sufficient to destroy mpox virus on both porous and non-porous surfaces [5].
3	For home-based care, the following guidance should be followed: • Bedding or items that have been in contact with a person infected with mpox (cups, cutlery, towels etc) should not be shared by others and should be regularly washed in hot, soapy water until the infectious period has passed • When removing bedding or clothing for washing, roll bedding rather than shaking out to prevent scattering infectious particles, and wash in hot soapy water

[5] S. Beck, 2024, Data Forthcoming

WASH and IPC in Health/Treatment Centres

1	Supplying additional water and sanitation needs in health centres, or treatment centres established for the outbreak
2	Strengthening health and care workers' capacity and resources in infection prevention and control (IPC) through the provision of training, materials (such as cleaning materials), providing PPE, and handwashing facilities to facilitate handwashing on entry and exit.
3	Toilets and high-touch surfaces should be regularly disinfected with minimum 0.05% chlorine solution. Hand hygiene stations and PPE should be provided for visitors.
4	Support treatment facilities with the means to safely dispose of PPE, including gloves, gowns, respirator masks, eye protection, etc. either through medical waste disposal or incineration.
5	Support treatment facilities with the means to safely handle and launder patient bed linens. This can be access to hot water and sufficient soap or supporting to wash in mild disinfectant solutions.
6	Handling human remains of deceased individuals with mpox should respect appropriate IPC measures. Secure burial procedure at the level of the Ebola virus is not required; hand hygiene, prevention of leakage of bodily fluids in a cloth or shroud, and proper use of PPE are standard precautions. Cultural and religious practices should be respected, though the family should not touch or kiss the body and hand hygiene should be respected at burials.
7	**More guidance on mpox IPC can be found here.**

WASH and Home-Based Care

Support at-home management of mpox by providing the following guidance through Community Hygiene Promoters and other community-based leaders and organisations, such as religious leaders, traditional birth attendants and healers etc., and providing support to access the necessary NFIs to manage cases at home (see above, **Hygiene Promotion**):

- Designate one caregiver, preferably someone in good health with no underlying chronic conditions.
- If possible, isolate the person with mpox in a separate room, or area with a curtain or screen.
- Wear disposable gloves and other personal protective clothing when supporting the person with mpox.
- Advise the person with mpox and caregivers not to share things touched by the person with mpox with others will help prevent the spread. People with mpox should clean and disinfect the spaces they occupy regularly to limit household contamination.
- Bedding should be carefully lifted and rolled and not shaken to prevent dispersion of infectious particles.
- Floors should be damp mopped with mild disinfectant rather than swept.
- Bedding, towels, clothing, and utensils should not be shared and should be washed separately with soap and hot water.
- Waste generated from patients with mpox should be collected in strong bags and securely closed for disposal.

- If you cannot isolate completely while you are sick, take precautions to limit the risk of spreading mpox to others such as wearing a well-fitting mask and cover lesions while around others; disinfect surfaces in shared bathrooms or rooms between each use; avoid sharing objects (e.g., towels, washcloths, drinking from the same glass); Cover upholstered furniture and porous materials that cannot be washed.

WASH in Schools/Learning Centres in Areas with High Risk of Transmission

1. Ensure adequate water supply in schools, particularly to address disinfection procedures, and to facilitate and encourage basic hygiene practices.

2. In coordination with Education Departments, strengthen teachers and education officials' capacity and resources in infection prevention and control (IPC) through the provision of training, materials (such as cleaning materials) and providing PPE.

3. Toilets and high-touch surfaces should be regularly disinfected with minimum 0.05% chlorine solution or other disinfectant solution. If these are not available, surfaces should be regularly cleaned with hot soapy water. Ensure functional handwashing facilities with adequate quantities of soap. If the schools prepare meals for children, ensure that appropriate hygiene and disinfection protocols are practised in food preparation areas. In the event of a suspect case, clean and disinfect exposed areas.

4. If a child or member of staff exhibits symptoms of mpox, isolate the individual from others and seek medical attention, alerting their next of kin. Ensure any areas touched or exposed to contact with the individual are cleaned and disinfected. Where other children or staff members have had contact with the affected individual, provide information to parents or the staff member on signs and symptoms of mpox and ask them to be alert in case these develop. Advise parents or staff to seek medical attention if they begin to develop symptoms.

Further Guidance on Mpox:

- GWC Mpox in Humanitarian WASH – Repository regularly updated – 28 August 2024
- WHO Mpox Global Strategic Guidance and Response Plan
- HPTWG Mpox Repository
- WHO Clinical Management and IPC for Mpox 2022