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AT A GLANCE

Infection Prevention and Control Recommendations for Mpox in Health Care Settings

3rd Edition: January 2026

Introduction

Mpox is a viral illness caused by the monkeypox virus (MPXV), a member of the *Orthopoxvirus* genus. There are two major clades of MPXV: Clade I (historically associated with more severe disease) and Clade II, which includes subclade IIb responsible for a large global outbreak starting in 2022.[1]

The Infection Prevention and Control (IPAC) guidance for mpox provided below is applicable to all health care settings including hospitals and outpatient settings (e.g., primary care, sexual health clinics, and vaccine clinics).

Transmission

MPXV is primarily transmitted from person-to-person through direct contact with infected skin lesions or scabs, or body fluids. Although transmission may occur through inhalation of infectious respiratory particles, current data continues to support a minimal role of spread through the air.[2] In health care settings, transmission has been documented, particularly through needlestick injuries.[3,4] Transmission can also occur via contact with contaminated materials (e.g., clothing, bedding). [2,5-7] Although rare, vertical transmission from mother to infant has been reported, occurring either across the placenta or during close contact during or after birth.[6,7] In regions with animal reservoirs, MPXV can be transmitted from infected animals to humans (zoonotic transmission).[6,7]

The average incubation period for mpox is 6 to 13 days with a range of 3 to 21 days.[5,8-10] Mpox typically presents with a painful rash or lesions, which may appear anywhere on the body, including the mouth and genitals.[2,5,10] Lesions usually begin at the site of inoculation, where the virus entered the body through broken skin or mucous membranes, before potentially spreading to other areas. Other symptoms may occur before or after the rash including fever, chills, fatigue, lymphadenopathy, headache, myalgia, and sore throat.

An individual is considered infectious from the onset of symptoms, including prodromal symptoms, and remains so until all lesions have scabbed, fallen off, and new skin has formed.[2,5,10] There is limited evidence suggesting that asymptomatic and pre-symptomatic transmission of MPXV is possible, particularly in the 1–4 days before symptom onset. It is currently unknown how frequently such transmission occurs, and it remains unknown whether the likelihood of pre-symptomatic transmission varies by route of exposure or transmission.[2,11]

Most individuals with mpox recover fully within two to four weeks. The illness typically resolves on its own without specific antiviral treatment, and care is supportive, focusing on pain control, symptom management, and prevention of complications.

Infection Prevention and Control Precautions in All Health Care Settings

Infection Prevention and Control (IPAC) recommendations for health care settings are outlined in two key documents from the Public Health Agency of Canada:

- General guidance: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings[12]
    - Screening for symptoms of communicable diseases (e.g., fever, rash, cough) in health care settings (e.g., primary care, hospitals, vaccination clinics) is part of Routine Practices to identify infectious patients (including mpox).
- Mpox specific guidance: Interim Guidance on Infection Prevention and Control for Suspect, Probable or Confirmed Monkeypox within Healthcare Settings.[5]

Contact Management

Individuals who are contacts of a person with mpox are generally not considered infectious during their incubation period (prior to symptom onset). Quarantine is not indicated for asymptomatic contacts.[9]

Asymptomatic patients can be managed using Routine Practices in health care settings, including primary care, vaccination clinics and other outpatient settings (e.g., sexual health clinics).

Contacts of a confirmed, probable or suspect mpox case should self-monitor for signs and symptoms of mpox and self-isolate if these develop, pending further direction from public health and/or a health care provider. Refer to Appendix 1: Case Definitions and Disease Specific Information Disease: Smallpox and other Orthopoxviruses including mpox[8] for definition of confirmed, probable or suspect case.

Case Management

In addition to Routine Practices, the following IPAC measures are recommended for health care workers when interacting with individuals with suspected, probable or confirmed mpox infection.

Additional Precautions[5,12-14]

- Droplet Precautions
- Contact Precautions

Room Placement

- In an Emergency Department or outpatient setting (e.g., primary care, clinic), place individual with suspect, probable or confirmed mpox infection in a single-patient room, with the door closed.[5,13]
- In an inpatient setting, place an individual with suspect, probable or confirmed mpox infection in a single-patient room with the door closed with a dedicated toileting facility or commode. [5,13]
- If a single-patient room is not available, then precautions should be taken to minimize exposure to surrounding individuals, such as having the patient don a medical mask over their nose and mouth (as tolerated), maximizing distancing from others (i.e., seated away from others) and covering exposed skin lesions (e.g., with bandage, clothing, sheet or gown) to the best extent possible.

- An Airborne Infection Isolation Room (AIIR/AIR) is not necessary, but should be used while ruling out other infectious diseases with airborne transmission (e.g., varicella or measles, if part of the differential diagnosis).[5,13,14]
- Intubation, extubation, and any procedures likely to spread oral secretions should be performed in an AIIR/AIR.[5]
- A fallow time (waiting time) between patients is not required for mpox.

Hand Hygiene

- Per the Four Moments of Hand Hygiene.[15]
- Acceptable hand hygiene agents include alcohol based hand rub and soap and water.

Personal Protective Equipment (PPE) for Health Care Workers[5,13,14]

- Gloves
- Gown
- Eye protection (e.g., face shields, safety glasses or goggles)
- Fit-tested, seal checked N-95 respirator (or equivalent); perform seal check after donning N95 respirator.
    - **Note:** In patients with localized skin lesions and in the absence of respiratory symptoms, an N95 respirator may not be required as the primary route of MPXV transmission is through direct contact.[14]

Duration

In health care settings, Additional Precautions are maintained until the individual is no longer considered infectious, that is symptoms have resolved and all lesions have scabbed, fallen off, and new skin has formed.[2,5,10]

Patient Transport

Have the patient wear clean clothes/gown, perform hand hygiene, wear a medical mask and cover their lesions to the best extent possible for transport. Personnel transporting the patient are to wear the same PPE as when providing care in the patient room. The receiving department (e.g., diagnostic imaging) or healthcare setting should be informed before the patient's arrival of the diagnosis (confirmed or suspected) and need for Additional Precautions.[5,12,14]

Specimen Collection

An AIIR is not required for specimen collection for MPXV testing. Information regarding MPXV testing can be found on PHO's Monkeypox Virus webpage.

Laundry

Care should be taken in the management of soiled laundry. Avoid shaking or handling soiled laundry in a manner that may cause dispersal of microorganisms.[14,16]

- **Point-of-care (i.e., within the patient environment):**
  - Follow Additional Precautions as indicated for entering the patient space. This includes performing hand hygiene, wearing PPE (gloves, gown, fit-tested and seal-checked N95 respirator and eye protection) during collection and bagging of all linens.[14-15]
  - All persons handling laundry are to clean their hands upon removal of PPE.[14,15]
  - Bag all soiled laundry at point-of-care; do not sort or pre-rinse soiled laundry in care areas.[14,16]
- **Laundry area:**
  - Facilities for hand hygiene must be readily available in laundry areas.[15,16]
  - Routine laundering practices are sufficient for managing MPXV-contaminated laundry (e.g., machine washing using hot water at 70 degrees Celsius, use of regular laundry detergent, and the wearing of protective equipment such as gloves and gowns or aprons).[14,16]

Waste Disposal

Contain and dispose of contaminated waste (e.g., dressings) in accordance with facility-specific/public health guidelines for infectious waste.[5]

Environmental Cleaning and Disinfection

Contaminated surfaces and equipment can contribute to the transmission of microorganisms and increase the risk of health care-associated infections. Environmental contamination with MPXV is more likely when individuals with mpox have large draining wounds or extensive skin lesions.[2,5] Effective environmental cleaning, disinfection and hand hygiene are essential to interrupt transmission from contaminated surfaces to patients or health care workers.[16]

Routine environmental cleaning and disinfection is adequate to inactivate MPXV and prevent transmission. This includes:

- Emergency rooms and outpatient settings: clean and disinfect all horizontal surfaces and any equipment used or shared by patients after each use.[16]
- Inpatient rooms are to be cleaned and disinfected at least once daily, upon discharge and discontinuation of Additional Precautions. Additional cleaning as required (e.g., gross/visible soiling).[10]
- Upon discharge or discontinuation of Additional Precautions:[5]
  - Discard all disposable items in the patient's room.
  - Discard equipment/supplies that cannot be cleaned and disinfected.
  - Change privacy curtains and launder according to facility protocols.
- Shared showering facilities, including shower chairs, sink and toilet, are to be cleaned and disinfected after each use.[16]

Use a hospital grade cleaning and disinfecting agents, with a Drug Identification Number (DIN) for cleaning and disinfection of environmental surfaces and shared equipment in the patient care environment. Follow the manufacturer's recommendations for use (e.g., dilution and contact time).[5,14,16]

Activities that could re-suspend dried material from lesions (e.g., use of portable fans, shaking of linens, dry dusting, sweeping, or vacuuming) are to be avoided. Wet cleaning methods are preferred to minimize the risk of particle dispersal.[14]

Food Services

Food service items are to be managed in accordance with Routine Practices. Dishware and eating utensils are effectively decontaminated in commercial dishwashers using hot water and detergent. Reusable dishware and utensils may be used; disposable dishes are not required.[5,14]

Care of the Deceased

- Follow the same Additional Precautions used while the person was alive.[17]
- Prepare the body for transfer to the morgue or funeral home as per routine organizational polices (e.g., cleaning, containing body fluids, placing in a body bag).[17]
- Care is to be taken to avoid contaminating the exterior of the body bag during preparation and handling.[17]

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Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control recommendations for mpox in health care settings. 3rd ed. Toronto, ON: King's Printer for Ontario; 2026.

ISBN: 978-1-4868-9574-8

Previously Published as: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control (IPAC) recommendations for monkeypox in health care settings. 2nd revision. Toronto, ON: Queen's Printer for Ontario; 2022.

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Publication History

Published: 2022

3rd Edition: January 2026

Public Health Ontario

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