

## AT A GLANCE

# Infection Prevention and Control (IPAC) Recommendations for Monkeypox in Health Care Settings

2<sup>nd</sup> Revision: June 2022

## Preamble

Public Health Ontario (PHO) is actively monitoring, reviewing and assessing relevant information related to the current worldwide monkeypox outbreak. For a rapid review of the evidence related to specific aspects or emerging issues related to the 2022 worldwide monkeypox outbreak also see PHO's [Multi-Jurisdictional Monkeypox Outbreak 2022 – What We Know So Far](#).<sup>1</sup> The guidance 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

Transmission is person-to-person through contact with infected lesions, skin scabs, body fluids or respiratory secretions. It can also be transmitted by contact with materials contaminated with the virus (e.g., clothing, bedding).<sup>2-6</sup> Transmission from mother to infant may occur via vertical transmission across the placenta (which can lead to congenital monkeypox) or during close contact during or after birth.<sup>5</sup> Monkeypox virus can also be transmitted from animals-to-humans (i.e., zoonotic transmission). Historically, there has been limited person-to-person transmission<sup>5,6</sup> and transmission within health care settings has rarely been reported.

The incubation period of monkeypox virus averages 6 to 13 days (range 5 to 21 days).<sup>1</sup> Monkeypox illness typically presents with a prodromal symptoms (e.g. fever, chills, myalgia, fatigue, headache, backache) followed by a progressively developing rash/lesions that usually starts on the face and then spreads elsewhere on the body. In some instances, the first sign of monkeypox illness is a genital, perianal or oral lesion(s) prior to the onset of other typical signs and symptoms of monkeypox infection.<sup>1</sup> An individual with monkeypox infection is considered infectious from the start of their symptoms, including prodromal symptoms, and until the rash/lesions have scabbed, fallen off, and new skin is present.

## IPAC Precautions in All Health Care Settings

Infection Prevention and Control recommendations for health care settings are outlined in the Public Health Agency of Canada's [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) and the Public Health Agency of Canada's document, [Interim Guidance on Infection Prevention and Control for Suspect, Probable or Confirmed Monkeypox within Healthcare Settings](#).<sup>2,3</sup>

## Contact Management

- 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 monkeypox).
- Individuals who are contacts of a person with monkeypox are not considered infectious during their incubation period (prior to symptom onset).
- 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 monkeypox case should self-monitor for signs and symptoms of monkeypox and self-isolate if these develop, pending further direction from public health.

## Case Management

In addition to Routine Practices, the following Infection Prevention and Control measures are recommended for health care workers when interacting with individuals with suspected, probable or confirmed monkeypox infection:

### Room Placement:

- Emergency Department or outpatient setting (e.g., primary care, clinic), place individual with suspect, probable or confirmed monkeypox infection in a single-patient room, with the door closed.<sup>4</sup>
- Inpatient setting, place an individual with suspect, probable or confirmed monkeypox infection in a single-patient room with the door closed with a dedicated toileting facility or commode.<sup>4</sup>
- An Airborne Infection Isolation Room (AIIR) is not necessary, but may be used while ruling out other infectious diseases (e.g., varicella or measles are part of the differential diagnosis).<sup>2,4,7</sup>
- 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 with clothing, sheet or gown as best as possible.
- A fallow time between patients is not required for monkeypox.

### Hand hygiene:

- As per the [Four Moments of Hand Hygiene](#).<sup>8</sup>

### Personal Protective Equipment (PPE) for health care workers:<sup>4</sup>

- Gloves
- Gown
- Eye protection (e.g., face shields, safety glasses or goggles)
- Fit-tested and seal checked N-95 respirator (or equivalent); perform seal check after donning N95 respirator.

**Duration:**

- In health care settings, Additional Precautions are maintained until all scabs have fallen off and new skin is present.
- Individuals in self-isolation in the community, self-isolation is maintained until all scabs have fallen off and new skin is present AND they have been cleared by their PHU (no longer considered infectious).

**Patient Transport:** Have the patient wear clean clothes/gown, wash their hands, wear a medical mask and cover their lesions to the best extent possible for transport.

**Specimen collection:**

An AIIR is not required for specimen collection for monkeypox testing.

**Laundry:**

- Care should be taken in the management of soiled laundry to avoid shaking or handling in a manner that may cause dispersal of microorganisms.<sup>2-4,7</sup>
- **Point-of-care (i.e., within the patient environment):**
  - Follow Additional Precautions as indicated for entering the patient space. This includes wearing PPE (gloves, gown, fit-tested and seal-checked N95 respirator and eye protection) during collection and bagging of all linens.<sup>3,9</sup>
  - Do not sort or pre-rinse soiled laundry in care areas.<sup>9</sup>
- **Laundry area:**
  - Facilities for hand hygiene must be readily available in laundry areas.<sup>7</sup>
  - Routine practices are sufficient for managing laundry from patients with monkeypox (e.g., machine washing using hot water (70 degrees Celsius).<sup>3,7,9</sup> Usual laundry detergent is sufficient.
  - Laundry staff should protect themselves from potential cross-infection from soiled linen by wearing appropriate protective equipment, such as gloves and gowns or aprons, when handling soiled linens.<sup>7</sup>
- All persons handling laundry are to clean their hands upon removal of PPE.<sup>3,9</sup>

**Waste disposal:**

Containment and disposal of contaminated waste (e.g., dressings) in accordance with facility-specific/public health guidelines for infectious waste.<sup>3</sup>

**Environmental cleaning and disinfection:**

Contaminated surfaces and equipment contribute to the transmission of microorganisms and to the risk of health care-associated infection. Environmental contamination is increased when patients are coughing, sneezing, have large draining wounds, or extensive skin lesions.<sup>9</sup> Effective environmental cleaning, disinfection and hand hygiene will interrupt direct patient to surface to patient or health care worker transmission.<sup>9</sup>

Routine environmental cleaning and disinfection is adequate for monkeypox. This includes:

- Emergency rooms and outpatient settings (e.g., primary care, clinics): ensure all horizontal surfaces that may be touched by the patient, and equipment that may have been used by or shared between patients are cleaned and disinfected after every use.<sup>9</sup>
- Inpatient rooms are to be cleaned and disinfected at least once daily, upon discharge and discontinuation of Additional Precautions. Additional cleaning as required.<sup>9</sup>
- Shared showering facilities, including shower chairs, are to be cleaned after each use.<sup>9</sup>

Use health care grade cleaning and disinfecting agents, with a Drug Identification Number (DIN) appropriate 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).<sup>2,3,7,9</sup>

Activities that could re-suspend dried material from lesions (e.g., use of portable fans, shaking of linens, dry dusting, sweeping, or vacuuming) should be avoided. Wet cleaning methods are preferred.<sup>5</sup>

**Food Services:**

Food service items are to be managed in accordance with Routine Practices. Dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergent. Reusable dishware and utensils may be used; disposable dishes are not required.<sup>2,7</sup>

**Care of the deceased:**

- Prepare the body for transfer to the morgue or funeral as per routine organizational policies (e.g., cleaning, containing body fluids, placing in a body bag).<sup>10</sup>
- Follow the same Additional Precautions used while the person was alive.<sup>10</sup>
- Care is to be taken to avoid contaminating the exterior of the body bag.<sup>10</sup>

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## Citation

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

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## Publication History

Published: May 2022

1<sup>st</sup> Revision: May 2022

2<sup>nd</sup> Revision: June 2022

## Public Health Ontario

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