

Monkeypox Emergency Infection Control Plan

Updated 08/12/2022

The Monkeypox situation continues to evolve.

All recommendations in this document are based on guidelines provided by the Centers for Disease Control (CDC).

Always follow any guidance or instructions from health care providers; local or state health departments; state regulatory agencies; and your organization's policies and procedures.

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Introduction

The information contained herein is adapted from the Centers for Disease Control and Prevention. Follow any guidance or instructions from health care providers; local or state health departments; state regulatory agencies; and your organization's policies and procedures.

Monkeypox is a disease that can cause flu-like symptoms and a rash. Human-to-human transmission of monkeypox virus occurs by direct contact with lesions or infected body fluids, or from exposure to respiratory secretions during prolonged face-to-face contact. A person is considered to be infectious until there is full healing of the rash with formation of a fresh layer of skin.

Symptoms of Monkeypox

Symptoms of monkeypox usually start within 3 weeks of exposure. Monkeypox can be spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed (typically 2-4 weeks).

People with monkeypox get a rash that may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butthole) and could be on other areas like the hands, feet, chest, face, or mouth.

- The rash will go through several stages, including scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.

Other symptoms of monkeypox include:

- Fever
- Chills
- Swollen Lymph Nodes
- Exhaustion
- Muscle aches and backache
- Headache
- Respiratory symptoms (sore throat, nasal congestion, or cough)

People may experience all or only a few symptoms:

- Sometimes, people have flu-like symptoms before the rash.
- Some people get a rash first, followed by other symptoms.
- Others only experience a rash.

Examples of Monkeypox Rashes



Transmission

There is still more to be learned, but according to the CDC, the virus is thought to spread mainly from person-to-person contact.

Monkeypox can spread to anyone through close, personal, often skin-to-skin contact, including:

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

This direct contact can happen during intimate contact, including:

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

A pregnant person can spread the virus to their fetus through the placenta.

It's also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.

A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

Preventing Monkeypox in the Community

Community-Wide Precautions

1. Standard Precautions should be applied for all resident-resident care, including for residents with suspected monkeypox.
2. If a resident is suspected to have monkeypox, they should be isolated infection prevention and control personnel should be notified immediately.
3. If a resident or staff member is suspected of having monkeypox, they should be tested and evaluated by a physician.
4. Residents and staff suspected of having monkeypox should follow guidelines for confirmed cases until they receive a negative test result.
5. At this time, it is not recommended that communities suspend dining, activities, or visitors unless required to do so by the health department.

Individual Precautions

1. Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
2. Do not touch the rash or scabs of a person with monkeypox.
3. Do not kiss, hug, cuddle or have sex with someone with monkeypox.
4. Avoid contact with objects and materials that a person with monkeypox has used.
5. Do not share eating utensils or cups with a person with monkeypox.
6. Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
7. Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face and after you use the bathroom.

Monkeypox Exposure in the Community

Current CDC guidelines do not require someone who has been exposed to monkeypox to quarantine. If you have a confirmed exposure in the community follow these steps:

1. Identify anyone who may have had contact with the individual. Monitor those persons for signs/symptoms for 21 days.
2. If residents were exposed, notify their physician and responsible party.
3. If anyone who was exposed begins to display signs or symptoms, isolate them and contact their physician.
4. Based on level of exposure, it may be recommended to treat the exposed individuals with “post exposure prophylaxis.” That decision should be made by the physician or health department based on CDC Exposure Risk Assessment (see below).

Exposure Risk Assessment

Use the following table to identify people who had high degree of exposure to someone with monkeypox, where possible. The state or local health department can provide post-exposure vaccination for people with high degree exposures.

In communities where contact tracing is not feasible, anyone who spent time in the same area as someone with monkeypox should be considered to have intermediate or low degree of exposure, depending on the characteristics of the setting.

Exposure Risk Assessment		
Degree of Exposure	Exposure Characteristics	Recommendations
Higher	<ul style="list-style-type: none"> • Unprotected contact between a person's broken skin or mucous membranes and the skin, lesions, or bodily fluids from a resident, or contaminated materials • Being inside the resident's room or within 6 feet of a resident with confirmed monkeypox infection during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens) without wearing an N95 respirator and eye protection 	<ul style="list-style-type: none"> • No quarantine required • Monitor for symptoms for 21 days • Post-Exposure Prophylaxis: Recommended
Intermediate	<ul style="list-style-type: none"> • Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with monkeypox without wearing a surgical mask or respirator • Contact between an exposed individual's intact skin with the skin lesions or bodily fluids from a person with monkeypox or contaminated materials • Contact between an exposed individual's clothing with the person with monkeypox's skin lesions or bodily fluids, or their soiled linens or dressings. 	<ul style="list-style-type: none"> • No quarantine required • Monitor for symptoms for 21 days • Post-Exposure Prophylaxis: By physician recommendation

Lower	<ul style="list-style-type: none"> • Entry into the living space of a person with monkeypox (regardless of whether the person with monkeypox is present), and in the absence of any exposures above 	<ul style="list-style-type: none"> • No quarantine required • Monitor for symptoms for 21 days • Post-Exposure Prophylaxis: Not Recommended
No Risk	<ul style="list-style-type: none"> • No contact with the person with monkeypox, their potentially infectious contaminated materials, nor entry into their living space 	<ul style="list-style-type: none"> • No Action Needed

Residents with Monkeypox

A resident with suspected or confirmed monkeypox infection should:

1. Be placed in a single-person room with dedicated bathroom (special air handling is not required)
 - a. Multiple residents who test positive for monkeypox can stay in the same room
 - b. The door should be kept closed (if safe to do so).
 - c. Transport and movement of the resident outside of the room should be limited to medically essential purposes.
2. Ensure that residents with monkeypox wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, bandages, or a sheet or gown if they need to leave the isolation area or if isolation areas are not yet available.
3. Consult with the resident's physician and/or your local health department before discontinuing isolation.
4. Communities should work with their state or local health department to identify and monitor the health of any staff, volunteers, or residents who might have had close contact with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases
5. If the resident cannot be isolated to a private room with a dedicated bathroom it may be necessary to temporarily relocate the resident during isolation.
6. Activities that could resuspend dried material from lesions, e.g., use of portable fans, dry dusting, sweeping, or vacuuming should be avoided.
7. Any areas visited by a confirmed positive resident or staff member should be disinfected using an EPA-registered disinfectant with an Emerging Viral Pathogens claim, which may be found on [EPA's List Q \(https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q\)](https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q)

8. Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material
9. Reduce the number of staff who are entering the isolation areas to staff who are essential to isolation area operations.
10. Manage waste from isolation areas (i.e., handling, storage, treatment, and disposal of soiled PPE, resident dressings, etc.) in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR; 49 CFR, Parts 171-180.)
11. Communities should also comply with state and local regulations for handling, storage, treatment, and disposal of waste.
12. Visitors to residents with monkeypox should be limited to essential visitors. Decisions about who might visit, including whether the visitor stays or sleeps in the room with the resident, typically take into consideration the resident's age, the resident's ability to advocate for themselves, ability of the visitor to adhere to IPC recommendations, whether the visitor already had higher risk exposure to the resident, and other aspects.
13. Notify your health department and state licensing agency.
14. Notify residents, staff, and responsible parties.

Staff with Monkeypox

A staff member with suspected or confirmed monkeypox infection should:

1. Isolate staff or volunteers who have monkeypox away from the community until they are fully recovered.
2. Communities should work with their state or local health department to identify and monitor the health of any staff, volunteers, or residents who might have had close contact with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases.
3. The state or local health department can provide post-exposure vaccination for people with high degree exposures.
4. Notify your health department and state licensing agency.
5. Notify residents, staff, and responsible parties.

Appropriate PPE for Monkeypox

The following PPE should be donned when entering an isolation area, handling soiled linens from a resident with confirmed monkeypox, and when disinfecting an area visited by a resident with confirmed monkeypox:

1. Gown
2. Gloves
3. Eye Protection
4. N95 respirator

