

Monkeypox virus is part of the same family of viruses that cause smallpox. Monkeypox symptoms are milder, and monkeypox is rarely fatal.

Transmission in health care settings has been rarely described.

- Monkeypox is spread person-to-person via close skin-to-skin contact with infectious lesions.
- Transmission can also occur as indirect transmission via contaminated clothing, linens or surfaces.
- Respiratory transmission is possible but usually requires prolonged face-to-face contact.
- Avoiding close contact exposure to monkeypox lesions remains the best strategy for prevention.

WHAT TO DO IF A RESIDENT IS SUSPECTED TO HAVE MONKEYPOX

Immediately notify the primary care provider along with facility medical director, administrator and infection preventionist

Isolate the resident in a single person room with a dedicate bathroom

- The door to the room should be kept closed.
- Transport outside of the room should be limited to medically essential purposes only. If the resident must be transported, they should wear a well-fitting medical mask and have any exposed skin lesions covered with a sheet or gown.

Required PPE to enter the isolation room includes:

- Gown • Gloves • Eye Protection • Respirator (N95)

CARING FOR THE ENVIRONMENT

DISINFECTION

Disinfect surfaces and shared equipment with a facility approved product that has an emerging viral pathogen claim ([EPA: List Q](#)). Follow the manufacturer's directions for concentration, contact time, and handling.

Activities such as dry dusting, sweeping, or vacuuming should be avoided. Instead, a wet cleaning method should be used.

Do not use fans.

LAUNDRY

All linens (e.g., bedding, towels, clothing, non-disposable isolation gowns) should be handled carefully to avoid aerosolization and contact with lesion material that may be present.

Laundry should be gently and promptly contained in an appropriate laundry bag and never shaken or handled in a manner that may disperse infectious material.

Wear gown, gloves, eye protection and respirator (N95) when handling dirty laundry of isolated resident.

WASTE MANAGEMENT

PPE, resident dressings, and other disposable supplies that have come in contact with the isolated resident should be managed as Regulated Medical Waste.

Items should be gently and promptly disposed of in a red bag/red container. Red bags should be filled no more than ¾ full and sealed with a balloon knot or gooseneck closure

IF YOU HAVE SYMPTOMS SUSPICIOUS FOR MONKEYPOX:

- You must isolate and not work until you have been evaluated by a provider.
- Wear a well-fitting facemask and cover any lesions/rash with clean clothing when seeking medical evaluation.

One of the characteristic symptoms is a new rash.

Other symptoms include:

- Fever/chills
- Lymph node swelling
- Muscle and backache
- Headache
- Excessive exhaustion
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)



Photo Credit: NHS England High Consequence Infectious Disease Network

MONKEYPOX PREVENTION MEASURES

TRANSMISSION

Monkeypox can be transmitted through close, sustained physical contact, including sexual activity.

Visit CDC to learn how you can make informed choices when in spaces or situations where monkeypox could spread.

[Prevention | Monkeypox | Poxvirus | CDC](#)



VACCINATION

At this time, most clinicians in the US (who are less likely to see patients with monkeypox) are not advised to receive monkeypox vaccine for pre-exposure prophylaxis (PrEP)

Vaccine may be advised for individuals with known exposures to monkeypox in the last 2 weeks or for those with risk factors that increase the potential of exposure to someone with monkeypox, including but not limited to, men who have sex with men (MSM) who also have multiple partners, group sex, and/or skin-to-skin contact at certain venues. Visit with your healthcare provider for more information.

EXPOSURES

Healthcare personnel (HCP) should notify employee health of any known exposure to monkeypox. Asymptomatic HCP with exposures to monkeypox virus do not need to be excluded from work, but should be monitored (e.g., at least a daily assessment conducted by the exposed HCP for signs and symptoms of monkeypox infection) for 21 days after their last exposure.

References and Links:

- [What Healthcare Professionals Should Know | Monkeypox | Poxvirus | CDC](#)
- [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#)
- [Vaccines | Monkeypox | Poxvirus | CDC](#)
- [Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Monkeypox Outbreak | Monkeypox | Poxvirus | CDC](#)
- [Disinfectants for Emerging Viral Pathogens \(EVPs\): List Q | US EPA](#)
- [Monkeypox Resources and Updates - ICAP \(nebraskamed.com\)](#)