

MED STAFF INFECTION PREVENTION MONKEY POX

Communicable Disease: Monkey Pox

Monkeypox is a rare viral disease which most commonly is found in West Africa that is causing an expanding outbreak in Western Europe, Canada and most recently in the United States. A case has most likely been found now in King County. The following is information clinicians should be aware of regarding Monkeypox

Regions where outbreak is occurring: Western Africa, typically Nigeria and Democratic Republic of Congo, Western Europe including the UK, Spain and Portugal, Canada including Quebec province and the US including the Northeast, Florida, and Utah

Incubation period:

7-14 days but up to 5- 21 days

Clinical features:

Prodrome: Chills, myalgias, fever, headache, sore throat, cough or **lymphadenopathy** followed in 1-3 days by a rash.

- Rash features: Centrifugal, more on limbs than trunk including hands, feet and face, current outbreak appears to also include frequent rash in genital area
- Rash in genital area may be difficult to distinguish from other vesicular/ulcerating STI's
- Same size and stage on a given body site
- 5 stages: Mouth and tongue enanthem, macules, papules, vesicles, pustules often with umbilication
- Lesions are painful
- Last 2-3 weeks with scabbing and resolution

Infection risk:

The following are considered infectious until lesions have crusted and resolved, skin lesions, bodily fluids, respiratory droplets, crust and scabs.

Patients with potential Monkeypox (PUI):

Febrile illness in patient with travel in the last 30 days to location with outbreak, men who have sex with men (MSM) are at increased risk

Febrile illness in MSM

Fever/rash syndrome consistent with the above regardless of other risk factors.

Febrile illness in patient with known or suspected exposure to Monkeypox (respiratory secretions, body fluids, lesions, items contaminated by the patient)

Isolation requirements: for any Monkeypox PUI or confirmed positive

Airborne Contact precautions should be followed especially when exposed to respiratory secretions, bodily fluids, skin lesions or scabs or crusts

Gloves and gown during patient contact are critical.

Patients should be placed in separate room with the door closed, negative pressure if available, patient should have a dedicated bathroom

Patient should be masked if possible and lesions covered to degree possible.

Limit patient transport-source control mask and lesions covered with clothing or blanket are required.

If an Aerosol Generating Procedure (AGP), rooms without negative pressure should be removed from use for up to 45 minutes to allow HVAC system to clear air.

Visitors:

Visitors are not allowed for Monkeypox PUI or positive patients in acute care areas.

Exception: Birth Center patients: two banded support people

Minors, Pediatrics and NICU patients: 2 banded parents or Caregivers.

-NO visitors are allowed into VMC if symptomatic and list symptoms of colds, COVID, monkey pox

PPE:

Gown, gloves, eye protection and fit tested respirator or CAPR

Contaminated waste:

All disposable items including dressings that come in contact with patient should be disposed per standard Regulated Medical waste procedures (red-bin biohazard disposal).

Linens:

Care should be taken with cloth items to avoid shaking or dispersing infectious particles prior to being placed in standard laundry. Linens used by patients are to be placed directly into laundry bags. Avoid placing on chairs, counters or other surfaces. Launder following routine healthcare protocols is sufficient.

Room cleaning:

All environmental surfaces will be cleaned and disinfected with an EPA registered hospital disinfectant for as needed, daily and terminal cleaning. Activities that could resuspend dried material from lesions, e.g., use of fans, dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning is recommended.

(Examples: Oxivir, Super-Sani wipes)

Equipment:

Single use disposable items to be used when possible. Do not take re-usable equipment into isolation rooms unless necessary. For re-usable equipment, clean with FDA registered hospital grade disinfectant after use.

Dishes/Utensils

Management of food service items should be performed following routine procedures

Monkeypox DNA, PCR Testing by LabCorp: Submit one Universal transport media (UTM) or Viral transport media (VTM) swab kit (Contact Laboratory) per each sample.

Note: some UTM kits may contain 2 swabs, only one swab is needed.

Collect specimens from multiple lesions for testing

- Specimens should be collected from the lesions with a swab (polyester, rayon or Dacron). 1 swab from each lesion. Lesions should be brushed vigorously with the swab.
- Insert the swab into the UTM/VTM container and screw cap tightly.

- If multiple lesions with differing appearances are present, consider submitting multiple samples.
- **Transport and Storage**
 - Samples are to be immediately walked down to the lab double bagged. Do not use the pneumatic tube system to transport samples.
 - Stable 7 days.
- **LabCorp Ordering:**

Test Name	Test Number	Specimen/sample	Specimen container	TAT	Storage
Monkeypox (Othopoxvirus), DNA, PCR	140230	Swab of lesion (polyester, rayon or Dacron)	UTM or VTM Container	2-3 days	Refrigerated

Notify suspected cases to:

Infection Control Valley Medical Center, Seattle King County Public Health Department at 206- 296-4774.

Counseling on isolation and quarantine

1. Patients with extensive lesions that cannot be easily covered should be isolated in a room or area separate from other people when possible
2. Patients with Monkeypox should not leave home except for follow up medical care
3. Unexposed persons should not visit unless there is an essential need
4. Household members who are not ill should limit contact with patient
5. No pets in patient's environment
6. Lesions should be covered as much as possible and handled only with disposable gloves
7. Patients and other household members should wear masks, surgical procedures masks if available
8. Perform regular hand hygiene
9. Launder exposed bedding, towels, and clothing in warm water with detergent
10. Do not share utensils or personal items, wash in dishwasher or with soap and warm water
11. Clean contaminated surfaces with standard household disinfectants per manufacturer's directions.
12. Exposed but not sick people should monitor their temperatures twice a day for 21 days and notify provider if over 100.5 for further instructions.
13. Launder exposed bedding, towels, and clothing in warm water with detergent

JOB AID INFORMATION PANEL:

Approved by:	Infection Control
Title of responsible individual or committee or department:	Infection Control Committee
Date of Origin:	5/25/22
Last review/revise date:	8/8/22
Next review due:	8/8/25
VMC cross-references:	None