Monkeypox Exposure Guidelines

The Centers for Disease Control and Prevention (CDC) are reporting a new illness of fever, headaches, muscle aches, and blister like rash. It is seen in people who have had direct or close contact with recently purchased ill prairie dogs or Gambian giant rats. The causative agent is monkeypox virus, a member of the orthopoxvirus group of viruses. Similar viruses are smallpox and cowpox. This disease spreads to humans by a bite or contact with an infected animal's sores or from body fluid. It should be assumed that any household pet can possibly carry the disease in the rare chance they are exposed to an infected animal. It can also be spread from droplets from the lungs of an infected person when there is close contact. As of November 2003, there have been no cases of this disease spread from person to person. The infection normally lasts about two to four weeks and usually is not fatal (will not cause death).

INFECTION CONTROL: GENERAL PRECAUTIONS

Persons seeking medical care with fever or rash should be asked about possible exposure to small mammals, especially pet prairie dogs and Gambian giant rats. If a patient with suspect monkeypox infection is seen as an outpatient or admitted to the hospital, infection control personnel should be notified immediately. A combination of Standard, Contact, and Airborne Precautions (www.cdc.gov/ncidod/hip/isolat/isolat.htm) should be applied in all health-care settings. These include:

- Hand hygiene after all contact with an infected patient and/or the environment of care.
- Use of gown and gloves for any contact with the patient and/or the environment of care.
- Eye protection (e.g. goggles or face shield) if splash or spray of body fluids is likely.
- Respiratory protection including a NIOSH-certified N95 filtering disposable respirator for entering the room or patient care area. If N95 respirators are not available for health-care personnel, then surgical masks should be worn.
- Airborne isolation room with negative pressure relative to the surrounding area. If a negative pressure room is not available, place the patient in a private room.
- Contain and dispose of contaminated waste (e.g., dressings) in accordance with facility-specific guidelines for infectious waste, or local regulations pertaining to household waste.
- Use care when handling soiled laundry (e.g., bedding, towels, personal clothing) to avoid contact with oozing from sores. Soiled laundry should not be shaken or otherwise handled in a manner that may spread infectious particles through the air.
- Handle used patient-care equipment in a manner that prevents contamination of skin and clothing. Ensure that used equipment has been cleaned and reprocessed appropriately.
- Ensure that procedures are in place for cleaning and disinfecting surfaces in the patient care environment. Any EPA-registered hospital detergent-disinfectant currently used by health-care facilities for environmental sanitation may be used. Manufacturer's recommendations for use-dilution (i.e., concentration), contact time, and care in handling, should be followed.

INFECTION CONTROL: OUTPATIENT MANAGEMENT

- Keep the infected person away from others and preferably in a private room. Place a surgical mask over the patient's nose and mouth. Care should be taken to cover exposed skin lesions (sheet and/or gown on patient) to prevent contact with infectious material.

MONITORING OF EXPOSED HEALTH-CARE PERSONNEL

- Health-care workers who have unprotected exposures to patients with monkeypox need not be excluded from duty, but should undergo active surveillance for symptoms, including measurement of body temperature at least twice daily for 21 days following the exposure. Prior to reporting for duty each day, the health-care worker should be interviewed regarding symptoms and have their temperature measured by an employee health care worker or other designee.
- Health care workers who have cared for, or otherwise been exposed to, monkeypox patients while adhering to recommended infection control precautions should be instructed to be vigilant for fever and other

symptoms. This should include measurement of body temperature at least twice daily for 21 days following the last exposure to a monkeypox patient. These health care workers should be contacted by occupational health, infection control, or their designee, regularly over the 21-day period following exposure to inquire about fever or other symptoms.

HOME MANAGEMENT - HOME ISOLATION

Patients who do not require hospitalization for medical indications may be isolated at home. Persons with extensive *lesions* (sores) that cannot be easily covered (excluding facial lesions), or draining/weeping lesions, or respiratory symptoms (e.g., cough, sore throat, or rhinorrhea) should be isolated in a room or area separate from other family members when possible. For movement outside the isolation area, a surgical mask should be worn if respiratory symptoms are present.

- Skin lesions should be covered to the extent possible (e.g., long sleeves, long pants) to minimize risk of contact with others.
- Family members who enter the room or area should wear a surgical mask that fits snugly. Disposable gloves should be worn for direct contact with the patient.
- Unexposed persons should not enter the home. Health-care personnel and others who must enter the home to provide patient-related services should wear an N95 respirator.
- Hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) should be performed by infected persons and household contacts frequently, and particularly after touching body sites, clothing, linens, or environmental surfaces that may have had contact with infectious lesions.
- Laundry (e.g., bedding, towels, clothing) may be washed in a standard washing machine with warm water and detergent; bleach may be added but is not necessary. Care should be used when handling soiled laundry to avoid direct contact with contaminated material. Soiled laundry should not be shaken or otherwise handled in a manner that may spread infectious particles through the air.
- Dishes and other eating utensils should not be shared, but separating specific utensils for use by the infected person is not necessary. Soiled dishes and eating utensils should be washed with warm water and soap.
- Contaminated surfaces should be cleaned and disinfected. Standard household cleaning/disinfectants may be used in accordance with manufacturer's instructions.
- Dressing, bandages, and other materials contaminated with lesion drainage should be bagged and placed in another container for disposal with other household waste.

DURATION OF ISOLATION PRECAUTIONS

Isolation precautions, either in health-care facilities or home settings, should be continued until all lesions are crusted.

ASYMPTOMATIC (WITHOUT SYMPTOMS) CONTACTS

- Asymptomatic contacts to animals or humans suspected to have monkeypox must be placed under symptom surveillance for 21 days after their last exposure. Symptoms of concern include fever (temperature at or above 100.5° F), sore throat, cough, or skin rash.
- Asymptomatic contacts may continue routine daily activities (e.g., go to work, school) but should remain close to home for the duration of surveillance. However, it may be prudent (sensible) to exclude pre-school children from daycare or other group settings.
- Contacts must monitor their temperature twice daily. In addition, they must maintain daily telephone contact with designated health department personnel. If resources permit, closer monitoring is desirable.

Respirators should be used in the context of a complete respiratory protection program in accordance with OSHA regulations. This includes training and fit testing to ensure a proper seal between the respirator's sealing surface and the wearer's face. Where possible, a qualitative fit test should be conducted for N95 respirators.

Most of this information is courtesy of US Government CDC. In times of an emergency much of this material may not apply when it comes to specialized care and testing. These are guidelines to help you when that care is not available. Some of this information is very technical and difficult to understand, but hopefully

someone will be available for help in treatment and understanding.

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