

Monkeypox Virus Guidance for Healthcare Settings

These recommendations are intended for healthcare settings. Non-healthcare settings such as correctional facilities and homeless shelters should continue to follow [CDC's Preventing Monkeypox Spread in Congregate Settings](#).

Monkeypox is a virus that is transmitted by direct contact with lesion material or from exposure to respiratory secretions. Standard and Contact Precautions with the **addition** of an N95 and eye protection should be initiated until signs and symptoms are ruled out.

- Incubation Period: 5-21 days after exposure
- Symptoms:
 - Fever
 - Headaches
 - Muscle or back aches
 - Rash
 - Swollen lymph nodes
 - Chills
 - Exhaustion

EMS/Walk In Considerations

- EMS should notify the emergency department (ED) when they are transferring a patient with signs and symptoms of monkeypox.
- EMS staff should use single-use items and follow cleaning protocols after the patient is removed from the ambulance.
- Healthcare facilities could consider posting signage for symptomatic individuals to follow, which may include wearing a mask, performing hand hygiene, and covering all visual lesions.

Transmission-Based Precautions

- If a patient presents with signs and symptoms consistent with monkeypox, infection prevention and control personnel should be notified immediately.
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#).
- PPE should include a gown, gloves, eye protection that covers the front and sides of eyes (goggles or face shield), and NIOSH-approved particulate respirator N95.
- Those with **suspected** monkeypox infection should have recommended isolation precautions for monkeypox maintained until monkeypox infection is ruled out.
- Those with **confirmed** monkeypox infection should have recommended isolation precautions for monkeypox maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.

Isolation Procedures

- Patients with suspected or confirmed monkeypox infection should be placed in a single-person room. The door should be kept closed (if safe to do so).
- The patient should have dedicated equipment and bathroom.

- If the patient is transported outside of their room, they should use a well-fitted source control mask and have all skin lesions covered. Any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.
- Intubation and extubation, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.
- Some patients may be unable to communicate onset of symptoms.
 - *Outpatients*: Consider use of isolation precautions for monkeypox and monitoring for signs of infection until they are able to communicate about onset of symptoms or for up to 21 days after their last exposure.
 - *Inpatients*: Consider use of isolation precautions for monkeypox and monitoring for signs of infection until they are able to communicate about onset of symptoms (e.g. following delirium resolution) or for up to 21 days after their last exposure.

Lab Specimen Handling

- Protocols for collection and transport of lab specimens should be written and include considerations for delivery methods to ensure contamination risks are mitigated.

Linen Handling

- All linen should be handled in a manner to avoid contact with lesion material that may be present.
- The soiled laundry should be gently and promptly contained in a designated laundry bag.
- Ensure the laundry is not handled in a manner that may disperse infectious material.

Environmental cleaning

- Use standard cleaning procedures and ensure they are performed with an EPA approved disinfectant with an emerging viral pathogen claim found in list Q-[Disinfectants for Emerging Viral Pathogens \(EVPs\): List Q | US EPA](#)
- [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment]

Waste

- Items such as soiled PPE, patient dressings, etc. should be disposed of according to required waste management practices.
- The required waste management and category designation depends on the monkeypox virus clade (strain). See the DOT website for more information: [Planning Guidance for Handling Category A Solid Waste | PHMSA \(dot.gov\)](#)

Visitation

- Visitors to patients with monkeypox should be limited to those essential for the patient's care and wellbeing (e.g., parents of a child, spouse). Decisions about who might visit, including whether the visitor stays or sleeps in the room with the patient, typically take into consideration the patient's age, the patient'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 patient, and other aspects. In general, visitors with contagious diseases should not be visiting patients in healthcare settings to minimize the risk of transmission to others.

Monitoring Exposed Patients:

- In general, patients in healthcare facilities who have had a monkeypox virus exposure and are asymptomatic do not need to be isolated, but they should be monitored.
- Monitoring should include assessing the patient for signs and symptoms, at least daily, for 21 days after their last exposure. They should receive postexposure management according to [current recommendations](#).
- If a rash occurs during the 21-day monitoring period, patients should be placed on isolation precautions until (1) the rash is evaluated, (2) testing is performed, if indicated, and (3) the results of testing are available and negative.
- If OTHER symptoms are present, but there is no rash, patients should be placed on isolation precautions for monkeypox for 5 days after the development of any new symptom, even if this 5-day period extends beyond the original 21-day monitoring period. If a new symptom develops again at any point during the 21-day monitoring period, then the patient should be placed on isolation precautions for monkeypox again, and a new 5-day isolation period should begin.
 - If 5 days have passed without the development of any new symptom and a thorough skin and oral examination reveals no new rashes or lesions, isolation precautions can be discontinued
 - Isolation precautions may be discontinued prior to the 5 days if monkeypox has been ruled out

**NOTE: To date, there have been no cases of Monkeypox transmitted by blood transfusion, organ transplantation, or implantation, transplantation, infusion, or transfer of human cells, tissues, or cellular or tissue-based products (HCT/PS). As a precaution, patients with exposures should not donate blood, cells, tissue, breast milk, or semen while they are being monitored for symptoms.*

Monitoring Exposed Healthcare Professionals:

- Decisions on how to monitor exposed HCP are at the discretion of the occupational health program and public health authorities. In general, the type of monitoring employed often reflects the risk for transmission with more active-monitoring approaches used for higher risk exposures. Self-monitoring approaches are usually sufficient for exposures that carry a lesser risk for transmission. Even higher risk exposures may be appropriate for a self-monitoring strategy if occupational health services or public health authorities determine that it is appropriate. Ultimately, the person's exposure risk level, their reliability in reporting symptoms that might develop, the number of persons needing monitoring, time since exposure, receipt of PEP, and available resources, are all factors when determining the type of monitoring to be used.

When to Use Work Restrictions in HCP:

- Asymptomatic HCP with exposures do not need to be excluded from work, but should be monitored (at least daily assessment conducted by the exposed HCP for signs and symptoms of monkeypox infection) for 21 days after the exposure. If a new symptom develops again at any point during the 21-day monitoring period, then the patient should be placed on isolation precautions for monkeypox again, and a new 5-day isolation period should begin.
- If symptoms develop, the HCP should be managed as described below:
 - During the 21-day monitoring period:
 - If a **rash** occurs, HCP should:

- Be excluded from work until (1) the rash can be evaluated, (2) testing is performed, if indicated, and (3) the results of testing are available and negative
- If **other symptoms are present, but there is no rash**, HCP should:
 - Be excluded from work for 5 days after the development of any new symptom, even if this 5-day period extends beyond the original 21-day monitoring period.
 - If 5 days have passed without development of any new symptom, and a thorough skin examination reveals no skin changes, HCP could return to work with permission from their occupational health program
- **NOTE: As a precaution, HCP with exposures categorized higher than 'No risk' in the above table should not donate blood, cells, tissue, breast milk, or semen while they are being monitored for symptoms.*

Return to Work for HCP:

- HCP with confirmed monkeypox infection should be excluded from work until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Ultimately, the decision on when to return to work will be made with their occupational health program, and potentially with input from public health authorities.

Autopsy and Handling of Human Remains:

- CDC guidance for autopsy and handling of human remains, can be found here: [Autopsy and Handling of Human Remains | Monkeypox | Poxvirus | CDC](#).

Definitions:

- **Healthcare personnel (HCP):** refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
- **Healthcare settings:** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute-care facilities, inpatient rehabilitation facilities, nursing homes, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others.
- **Active monitoring:** typically involves in-person visits, regular communications (e.g., phone calls, video conferences) between occupational health services, public health representatives, and the person being monitored.
- **Self-monitoring:** typically involves in-person visits, regular communications (e.g., phone calls, video conferences) between occupational health services, public health representatives, and the person being monitored.

Additional Resources:

- APIC Information Sheet: [Monkeypox in the United States: What You Need to Know - APIC](#)
- Clinician FAQs: [Clinician FAQs | Monkeypox | Poxvirus | CDC](#)
- CDC Infection Prevention and Control of Monkeypox in Healthcare Settings Guidance: [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#)
- [HAN Archive - 00468 | Health Alert Network \(HAN\) \(cdc.gov\) \[emergency.cdc.gov\]](#)
- [HANAD2022-16.pdf \(mt.gov\)](#)
- [HANAD2022-18.pdf \(mt.gov\)](#)

*Have questions related to infection control? Please contact the Infection Control and Prevention/Healthcare-Associated Infections Section at 406-444-0273 or contact your local health jurisdiction. Local public health jurisdictions must be notified of suspect and confirmed monkeypox cases. Specimens sent for testing at the Montana Public Health Laboratory **must** be pre-approved by local public health through a consultation prior to sending the specimen. Specimens that are not pre-approved will be rejected and returned to the sender.*