

Monkeypox and Infection Prevention and Control FAQs

What is it?

Monkeypox is a rare infectious disease that is caused by the monkeypox virus. It is notifiable to Public Health. Due to the recent diagnosis of human monkeypox infections in [Canada](#) and [internationally](#), Infection Prevention and Control (IPAC) has developed this FAQs sheet for team members providing care within healthcare settings.

What treatment is available?

Treatment is supportive care and monkeypox usually resolves on its own in 2-4 weeks.

Some individuals may be at increased risk of poor health outcomes if infected with monkeypox including individuals who are immunocompromised, pregnant or under the age of 12.

An antiviral medication called tecovirimat (TPOXX) has been approved in Canada for treating smallpox, a virus in the same family as monkeypox, but is not widely available for use at this time.

Vaccination against smallpox offers some protection against monkeypox, but smallpox vaccination was discontinued in Canada in 1972. The Public Health Agency of Canada (PHAC) is working with Public Health to make [Imvamune vaccine](#) available as needed for a targeted immunization response to prevent monkeypox in exposed individuals.

Public Health will determine the need for post-exposure prophylaxis (PEP) on a case-by-case basis.

What are the symptoms and signs?

In the current outbreak, the common presenting symptoms are atypical from [classic monkeypox](#) and may include:

- Fever (may occur before or after appearance of lesions)
- Oral lesions
- Genital lesions
- Anal lesions
- Swollen lymph nodes
- Pain when swallowing
- Headache
- Muscle and body aches
- Back pain
- Profound weakness

With the current outbreak, there have been reports that some patients have had lesions (vesicular, pustular or ulcerated) presenting at different stages,

rather than all lesions at the same stage. Given that there may be some variation in presentation from what has been classically described, a high index of suspicion should be maintained for individuals with fever, rash or new skin lesions who may have been in contact in the last 21 days with someone with monkeypox.

The extent to which asymptomatic infection may occur is unknown. At this time, it is not known with certainty if a person can transmit the infection before they develop a fever or rash. However, it is believed that contagiousness may begin with the onset of symptoms. Individuals remain contagious until the scabs have fallen off on their own and the lesions are epithelialized.

Based on historical data, monkeypox has a typical incubation period of 6-13 days from exposure but can range from 5-21 days. The disease is usually self-limiting and resolves within 14 to 28 days

How can monkeypox spread?

Monkeypox can be spread to humans three ways: animal to human, human to human, and likely through unprotected contact with contaminated objects (fomites).

Person-to-person spread of monkeypox can occur through close physical contact. Person-to-person methods of transmission include direct contact with body fluids or lesion (sore/scab) material and indirect contact with lesion (sore/scab) material, such as through touching contaminated clothing, equipment or linens (fomites).

The possibility and extent of respiratory transmission is unclear at this time but may occur via contact with large respiratory droplets.

There is a theoretical risk that monkeypox can be spread by the airborne route. Therefore [Airborne Precautions](#) (in addition to [Contact](#) and [Droplet](#)) should be used as an additional preventive measure until more information about the potential for aerosol transmission is known.

Are health care workers at risk?

Transmission risk to health care workers following Routine Practices and Additional Precautions, with appropriate personal protective equipment (PPE) in the workplace, is considered low at this time.

Where can I get more information on Monkey Pox and how it presents and is investigated?

If you'd like to learn more, click the link to the Government of Canada website, [Monkeypox: For health professionals](#).

How do I care for a patient with suspect, probable or confirmed monkeypox?

Refer to the inpatient and ambulatory guidance below.

Guidance for Inpatient Care

What precautions are required for suspect, probable or confirmed monkeypox?

When a patient presents with fever and skin lesions, and monkeypox is suspected, immediate action is required.

- Always follow [Routine Practices](#) and implement [Contact](#), [Droplet](#), and [Airborne Precautions](#).
- Ask the patient to put on a medical mask and clean their hands.
- The health care provider should don a fit-tested, fit-checked N95 respirator, a long sleeved gown, eye protection and gloves.
- Escort the patient to an airborne infection isolation room and close the door.
 - If an airborne infection isolation room is not available, place the patient in a single room with the door closed.
- Limit access to the room.
- If the patient must leave the room, a medical mask should be worn, if medically able to tolerate or clinical condition allows.
- Notify Environmental Services to clean surfaces that could have been touched by the patient in waiting areas or public washrooms. Cleaning and disinfecting environmental surfaces can be accomplished with currently approved hospital grade cleaner/disinfectants.
 - Floors should be wet mopped rather than swept or dry mopped
 - Do not vacuum upholstered furniture and carpeted floors unless certain that the vacuum cleaner is equipped with a high-efficiency particulate air (HEPA) filter
 - Sweeping, dry mopping or vacuuming without a HEPA filter may spread infectious particles
- [Additional Precautions](#) are only discontinued in consultation with Infection Prevention and Control.

If a case is suspected, notify [Public Health](#), Infectious Diseases, and [Infection Prevention and Control \(IPAC.AcuteCare@nshealth.ca\)](mailto:IPAC.AcuteCare@nshealth.ca) immediately.

What PPE is required for health care providers?

- A disposable long sleeved gown
- Gloves
- A fit tested and fit checked, N95 respirator
- Eye protection (face shield or goggles)

All PPE (including respirators) must be discarded after each contact with the patient and hand hygiene performed. All PPE should be donned before entering the patient's room. All PPE should be disposed of prior to leaving the isolation room except for the N95 respirator, which should be removed outside of the room once the door is closed, and hands should again be cleaned.

Are there any other considerations?

- The patient's skin lesions should be kept covered with a gown, clothes, sheet or bandage, except when being examined.
- Ensure the patient is placed in a room with a dedicated bathroom or commode.
- Visitors should be restricted to those necessary for care or compassionate grounds. If permitted, visitors are required to wear the same PPE as health care providers.
- Perform proper hand hygiene with alcohol-based hand rub (ABHR) or soap and water before and after every contact with an infected patient and/or their environment of care. If hands are visibly soiled, soap and water is the preferred method.
 - Hand hygiene should always be performed after removal of gloves.
- Ensure correct containment and disposal of contaminated waste (e.g., dressings) in biohazardous waste disposal bags.
- Wear PPE and take care when handling soiled laundry (e.g., bedding, towels, personal clothing) to avoid contact with lesion material.
 - Soiled laundry should never be shaken or handled in a manner that may disperse infectious particles or contaminate the health care provider's clothing.
 - The soiled laundry should carefully be placed in a leak-proof bag, sealed or tied, and placed inside an impermeable bag for transport to laundry area.

- Ensure that equipment is dedicated for use with this patient and is cleaned and disinfected before being used with another patient.
- Cleaning and disinfecting environmental surfaces in the patient care environment can be accomplished with currently approved hospital grade cleaner/ disinfectants. Attention should be paid to high-touch surfaces.

What type of environmental cleaning and disinfection is required after a discharge of a patient with Monkeypox?

For discharge environmental cleaning and disinfection:

- Environmental Services staff must wear a gown, gloves, fit-tested and fit-checked N95 respirator, and eye protection during cleaning and disinfection
- Use standard discharge cleaning and disinfection protocols.
 - Floors should be wet mopped rather than swept or dry mopped
 - Do not vacuum upholstered furniture and carpeted floors unless certain that the vacuum cleaner is equipped with a high-efficiency particulate air (HEPA) filter
 - Sweeping, dry mopping or vacuuming without a HEPA filter may spread infectious particles.
- All disposable items in the patient's room should be discarded.
- Privacy curtains must be changed.
- Equipment/supplies that cannot be disinfected must be discarded.
- Ensure that sufficient time has elapsed for clearance of infectious particles from the air before admitting a new patient to the room.

Guidance for Ambulatory Care

How are patients who present with signs and symptoms of monkeypox managed in ambulatory care?

Always follow [Routine Practices](#) and implement [Contact](#), [Droplet](#) and [Airborne Precautions](#).

- Have the patient put on a medical mask and perform hand hygiene.
- Health care providers wear PPE:
 - A disposable long sleeved gown
 - Gloves
 - A fit tested and fit checked N95 respirator
 - Eye protection (face shield or goggles)
- Place patient in a private exam room, with door closed. Limit access to that room.
 - If possible, this exam room should not be used for another patient until sufficient time has passed based on the number of air exchanges per room. See [IPC-RP-025 Airborne Precautions Policy](#) for time requirements.
- Clean and disinfect surfaces in the waiting room or public washroom that may have been touched by the patient.
 - Floors should be wet mopped rather than swept or dry mopped
 - Do not vacuum upholstered furniture and carpeted floors unless certain that the vacuum cleaner is equipped with a high-efficiency particulate air (HEPA) filter
 - Sweeping, dry mopping or vacuuming without a HEPA filter may spread infectious particles.
- Practice proper hand hygiene with alcohol-based hand rub (ABHR) or soap and water before and after every contact with an infected patient and/or their environment of care. If hands are visibly soiled, soap and water is the preferred method.
 - Hand hygiene should always be performed after removal of gloves.
- Use approved low level disinfectant to clean and disinfect equipment and surfaces after the patient leaves.
 - Floors should be wet mopped rather than swept or dry mopped

- Do not vacuum upholstered furniture and carpeted floors unless certain that the vacuum cleaner is equipped with a high-efficiency particulate air (HEPA) filter
 - Sweeping, dry mopping or vacuuming without a HEPA filter may spread infectious particles.
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- Place contaminated waste (e.g., dressings) in biohazardous waste disposal bags.
 - Wear PPE and use care (e.g. do not shake the items) when handling soiled laundry (e.g., bedding, towels, personal clothing) to avoid contact with lesion material or dispersing it into the environment.
 - Soiled laundry should carefully be placed in a leak-proof bag, sealed or tied, and placed inside an impermeable bag for transport to laundry area.
 - In ambulatory care settings, standard medical laundry facilities should be used. If not available, the items may be washed in a standard washing machine using hot water (70 degrees C) with detergent and must be completely dried in a commercial dryer.
 - If the patient is being sent to any other health care facility, (e.g. Emergency Department or specialty clinic(s)), call ahead and notify the transport service and receiving department.
 - The patient should not use public transportation (e.g. taxi, bus).
 - Patients should wear a medical mask if able and have lesions covered during transport.

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