

Monkeypox Infection Prevention and Control Recommendations for Healthcare Settings

These recommendations apply to different types of healthcare facilities including local health districts' clinics.

Screening and Communication

- Ensure screening is occurring to identify potential cases. Clinical and epidemiologic criteria are outlined on the [CDC website](#).
- If a patient is suspected to have monkeypox, infection prevention and control and the local health department should be notified immediately.

Patient Placement

- Isolate patients with suspected or confirmed monkeypox in a single-person room with a dedicated bathroom.
 - Keep the door closed if safe to do so.
 - Patient transport should be minimized and limited to medically essential purposes.
 - If transport occurs outside of the room, the patient should wear well-fitting source control (e.g., medical mask) and cover any exposed skin lesions with a sheet or gown.
 - Special air handling is not required for routine patient care, but aerosol-generating procedures or any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

Isolation Precautions and Personal Protective Equipment

- Use standard and transmission-based precautions while providing patient care.
 - Recommended personal protective equipment includes: gown, gloves, NIOSH-approved N95 filtering facepiece or equivalent, or higher-level respirator, and eye protection.
 - Avoid activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, vacuuming)
 - Collect specimens following [CDC IPC guidance](#)
 - Decisions to discontinue isolation precautions should be made in consultation with the local health department.
 - In general, isolation should be continued until all lesions have crusted, the crusts have separated, and a fresh layer of healthy skin has formed underneath.

Environmental Cleaning and Disinfection, Linen Management

- Perform environmental cleaning and disinfection using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (see EPA's [List Q](#)).
 - Employ wet cleaning methods to avoid resuspending dried material from lesions.

- Handle soiled linen in accordance with standard precautions, avoiding contact with lesion material that may be present on the laundry. Laundry should be bagged or contained at the point of use.
 - Handle laundry gently; contain linens in an appropriate laundry bag, and do not shake the linens.
 - Consult the healthcare facility's linen vendor to determine if there are vendor-specific instructions on how to bag or separate the soiled linen.

Waste Management

- Waste management (e.g., handling, storage, treatment, and disposal of soiled PPE, patient dressings, etc.) should be performed in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR; 49 CFR parts 171-180.)
- Waste management practices and category designation varies depending on the monkeypox virus clade (strain).
 - If a facility and/or their local health district determine that a patient does not have known epidemiologic risk for the Congo Basin clade of monkeypox virus (e.g., history of travel to the Democratic Republic of the Congo, the Republic of Congo, the Central African Republic, Cameroon, or Gabon in the prior 21 days) it is appropriate to manage the patient's waste as Regulated Medical Waste (RMW).
 - If epidemiologic risk factors indicate a risk for Congo Basin clade monkeypox virus, waste should be managed as a Category A infectious substance pending clade confirmation, and while local and state public health authorities are consulted. See the DOT website for more information.
 - The DOT indicates that waste contaminated with the West African clade of monkeypox virus should be managed as UN3291 Regulated Medical Waste (RMW) in the same manner as other potentially infectious medical waste (e.g., soiled dressings, contaminated sharps).
 - Appropriate personal protective equipment must be worn when handling RMW.
 - Facilities should also comply with state and local regulations for handling, storage, treatment, and disposal of waste, including RMW.
 - In the absence of known clade, waste is to be handled as Category A requiring a Department of Transportation special permit. Local and state health authorities should be consulted.
 - The surfaces of reusable medical equipment should be cleaned with an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (EPA's List Q) in accordance with label instructions.
 - Disposable medical instruments and patient-care devices should be placed in an appropriate containment bag for safe handling and discarded as per state regulations for the routine handling of medical waste.
 - All reusable medical instruments should be cleaned and then be either sterilized or subjected to high-level disinfection depending on their intended use as per the Spaulding classification.

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, and whether the visitor already had a higher risk exposure to the patient.
- In general, visitors with contagious diseases should not be visiting patients in healthcare settings to minimize the risk of transmission to others.

Healthcare Personnel Risk Assessment and Monitoring

- Identify and monitor exposed healthcare personnel (HCP).
 - Use the [VDH Guidance for Assessing and Managing Exposed Healthcare Personnel](#) tool to assess healthcare facility exposures to healthcare personnel.
 - Based on the degree of exposure risk (e.g., high, intermediate, low/uncertain, no risk), determine next steps for monitoring, post exposure prophylaxis, and other public health recommendations.
 - HCP who are determined to be intermediate or high risk should undergo active monitoring by the healthcare facility, which includes measurement of temperature at least twice daily for 21 days following the last exposure.
 - HCP should be advised to self-isolate if any symptoms develop within the 21 days following the last exposure.
 - If an exposed HCP is unable to communicate symptom onset (e.g., patient with delirium), they should be isolated for 21 days after their last exposure or until they are able to communicate symptom onset (e.g., following delirium resolution) and monitored for the remaining duration of their incubation period.
 - Asymptomatic HCP do not need to be excluded from work duty.
 - HCP who are immunocompromised can continue regular activities, including attending work, as long as they remain asymptomatic.
 - If symptoms develop, HCP should immediately self-isolate and contact the health department for further guidance.
 - HCP who have been determined to have any exposure risk (i.e., low/uncertain, intermediate, or high) should avoid contact with immunosuppressed people, people who are pregnant or breastfeeding, and children aged under 8 years, where possible.
 - Healthcare facilities are responsible for determining the degree of exposure and monitoring HCP, but are encouraged to consult with the local health department if there are questions about how to classify exposure in unusual situations.

References:

- [CDC Infection Prevention and Control of Monkeypox in Healthcare Settings](#)
- [CDC Preparation and Collection of Specimens](#)
- [EPA Disinfectants for Emerging Viral Pathogens List Q](#)
- [VDH Assessing and Managing Exposed Healthcare Personnel](#) risk assessment tool
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