Virginia Department of Health:
What Long-Term Care Facilities Need to Know about Monkeypox
August 31, 2022

Although monkeypox has not yet been identified among residents of long-term care facilities (LTCFs) in Virginia, LTCF administrators are advised to maintain situational awareness and take steps to prepare for monkeypox. Infection Preventionists (or designee) in LTCFs should review this guidance, ensure policies and procedures are in place and know how to contact your local health department to ask questions or report suspected/confirmed cases.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>What You Need to Know</th>
<th>How You Can Prepare or Help</th>
</tr>
</thead>
</table>
| Stay informed about monkeypox and the current outbreak | ● This outbreak is affecting many areas where monkeypox is not usually found. [Virginia cases](https://www.vdh.virginia.gov) are increasing rapidly and more cases are expected.  
● Monkeypox spreads from person to person through direct contact with sores, scabs, or body fluids; contact with contaminated items, like linens; and respiratory droplets during prolonged face-to-face contact. Monkeypox can spread during intimate contact, including sex.  
● Anyone can get and spread monkeypox. Most cases are in men who self-identify as gay, bisexual, or other men who have sex with men (MSM). MSM with multiple sex partners are currently at greatest risk. | ● Learn key concepts about monkeypox with [VDH’s fact sheet](https://www.vdh.virginia.gov).  
● Guidance is subject to change as more is learned; refer to the [VDH website](https://www.vdh.virginia.gov) and [CDC website](https://www.cdc.gov) for the most current information. |
| Communicate the facts | ● Communicate with staff and residents about monkeypox and how it spreads through close physical contact.  
● Stigma is harmful. It can create lost opportunities to detect and address infections in other populations and provide a false sense of security. | ● Combat stigma by providing fact-based information. Refer to [CDC’s Reducing Stigma website](https://www.cdc.gov/reducingstigma).  
● Refer to [VDH’s Communication Resources website](https://www.vdh.virginia.gov). |
| Encourage safer sex practices | ● Provide prevention guidance including considerations for [safer sex](https://www.cdc.gov). Keep messages fact-based to avoid introducing stigma when communicating about monkeypox. | ● Share CDC resources on [safer sex](https://www.cdc.gov) with residents and staff. |
| Rapidly identify and report suspected cases | ● [VDH’s Monkeypox Information Sheet for Healthcare Providers](https://www.vdh.virginia.gov) provides key information, including when to suspect monkeypox. Localized rashes in the mouth or around the genitals or anus might be the only symptom and can look like a sexually transmitted infection.  
● Healthcare personnel exhibiting symptoms of monkeypox should promptly inform their facility’s | ● Share resources with clinical staff.  
● Update facility disease reporting policies/procedures to include suspected or confirmed monkeypox.  
● Know how to contact your LHD, including after hours.  
occupational health department and stay home from work.
- Providers should **immediately** report all suspected cases to their local health department (LHD).

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<thead>
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<th><strong>Test to identify cases</strong></th>
<th><strong>Implement infection prevention and control measures</strong></th>
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</thead>
</table>
| ● Testing is recommended for people with [monkeypox symptoms](#). Resident screening upon admission is recommended; if symptoms are identified, implement infection prevention and control measures promptly.  
   ● VDH encourages using commercial lab testing whenever possible.  
   ● Free testing at [Virginia’s Division of Consolidated Laboratory Services](#) is available if criteria are met. | ● Develop a procedure for medical evaluation, including testing, if monkeypox is suspected.  
   ● Assess current supplies for specimen collection.  
   ● If staff do not have a healthcare provider, then facilitate evaluation at a public health clinic (e.g., LHD, Federally Qualified Health Center, STI clinic). |

| ● PPE (gown, gloves, eye protection, NIOSH-approved N95 respirator) is needed for healthcare personnel caring for residents with monkeypox, handling laundry of residents, cleaning resident areas, and collecting specimens for testing.  
   ● Follow [infection prevention and control guidance](#).  
   - Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should [wash their hands](#) immediately.  
   - Pay particular attention to handling soiled laundry. Do not reuse PPE with handling or sorting soiled laundry.  
   - Clean and disinfect environmental surfaces as well as equipment and furniture used by residents with monkeypox.  
     - Avoid activities such as use of fans, dry dusting, sweeping, or vacuuming. Wet cleaning methods are preferred.  
     - Avoid the use of porous furniture when possible; furniture made of surfaces that can be easily cleaned and disinfected are preferred.  
       - If upholstered furniture or other porous materials must be used, mitigate the risk of contamination by placing impermeable (i.e., fluid resistant) covers over these surfaces. | ● Ensure access to PPE for healthcare personnel (including non clinical staff such as environmental services staff).  
   ● Provide training about the correct PPE to wear and [donning and doffing](#) procedures.  
   ● Ensure access to hand hygiene products (e.g., soap and water or hand sanitizer with at least 60% alcohol), cleaning supplies, and disinfectants (i.e., EPA-registered with an Emerging Viral Pathogens claim).  
   ● Address other infection prevention and control measures such as [environmental infection control and waste management](#). |
### Isolate people with monkeypox

- People with monkeypox are contagious from when symptoms start until all sores have healed and a fresh layer of skin has formed. This can take 2–4 weeks.
- Healthcare personnel with monkeypox should be excluded from work until they are fully recovered (e.g. all sores healed and fresh skin layer formed).
- Residents with suspected or confirmed monkeypox infection should be placed in a private room with a dedicated bathroom and the door kept closed (if safe to do so).
- Resident transport and movement should be limited to medically essential purposes. If leaving the isolation room or when separating from others is not possible, residents with monkeypox should wear a well-fitting face mask, cover areas where rash or sores are present, and wash their hands.

### Support contact tracing to identify and assess close contacts

- When a case is identified, conduct contact tracing to identify, assess, and monitor close contacts.
- Close contacts should be monitored, but do not need to quarantine unless recommended by the facility.

### Treat residents to minimize severe disease

- There are no specific treatments approved by FDA for monkeypox, but antivirals available through CDC (e.g., TPOXX) might help those at risk of severe illness.
- Healthcare providers can access treatment by coordinating with the LHD.

### Vaccinate close contacts and high-risk groups to prevent infection

- A 2-dose vaccine for postexposure prophylaxis (PEP) is available for known close contacts and, as supply allows, adults with a high risk of exposure.
- The vaccine works best the sooner it is given; ideally, the first dose is given within 4 days of exposure.

### Find more information

- VDH Monkeypox website
- CDC Infection Prevention and Control of Monkeypox in Healthcare Settings and CDC Monkeypox website