

# MPOX

## Infection, prevention and control guidance for healthcare and health settings.

December 2024

<b>Overview</b>	See <a href="#">Communicable Disease Control Manual on Mpox</a> (CDCM)
<b>Symptoms</b>	Initially: Fever and chills, headache, muscle and back aches, swollen lymph nodes, exhaustion.  Then: A rash that progresses from macular to vesicles to pustules, that crust, over a 2-4 week period. Proctitis is a common symptom. See <a href="#">CDCM</a> for full list.
<b>Assessment</b>	For latest Mpox epidemiological risk factors see: <a href="#">CDCM</a> . Isolate on suspicion.
<b>Transmission</b>	Mpox transmits person-to-person, or animal to person from close contact with skin lesions, body fluids, and contaminated materials such as bedding or other shared items. Transmission through respiratory aerosols or droplets is plausible if respiratory involvement, or lesions in oral cavity, however low risk. Infectivity is from start of symptoms, until lesions are crusted over, and new skin has formed.
<b>Precautions and room</b>	Clade 11 Mpox suspected: Standard, Contact and Droplet Precautions (With P2/N95 use in certain circumstances). Single room with own bathroom. Use AIIR (Airborne infection isolation room) for aerosol generating procedures).  Clade 1 Mpox suspected: Standard, Contact and Airborne Precautions. Isolate in airborne infection isolation room. AIIR, with own bathroom. Attendance log for staff as restricted access.  Clear signage in place.
<b>PPE and hand hygiene</b>	Clade 11: Gloves and long-sleeved <u>gown</u> .  Facial PPE: Fluid resistant mask; or P2/N95 for extended care interaction and aerosol generating procedures, if the patient has respiratory

	<p>symptoms, and/or with severe disease and/or extensive vesicular lesions. Eye protection if splash anticipated to eye, and during any procedure involving lesion care, and for hospital level care.</p> <p>Clade 1: Gloves and long-sleeved gown, P2/N95 and eye protection/ face shield.</p> <p>Remove and replaced gloves and gown after contact with lesions e.g. dressing change or swabbing.</p> <p>Gloves and gown to be removed carefully in room, or anteroom. Perform hand hygiene once PPE items are removed. Alcohol based hand rub is effective against Mpox.</p> <p>Note: Evidence is evolving regarding Clade1 transmission and PPE requirements. Discuss with local IPC team.</p>
Sample taking	<p>PPE as above. To minimise the risk of environmental contamination and transmission, HCWs are to remove gloves, perform hand hygiene, and put on a new pair of gloves after completing the specimen collection. Check <a href="#">CDCM</a> for swab type and transport.</p>
<b>Patient Equipment</b>	<p>Single use equipment or dedicated equipment.</p> <p>Cleaned after removal from room, wear PPE.</p> <p>Patient notes and charts must not be designated for in room or external to room as per local procedure.</p> <p>Portable fans, dry dusting and vacuuming must not be used</p>
<b>Patient requirements</b>	<p>Encourage patient to stay in room.</p> <p>Clade 11: Patient may go outside hospital. Encourage patient to</p> <ul style="list-style-type: none"> <li>• do hand hygiene frequently and wear mask</li> <li>• all lesions covered with no strike-through of exudate</li> <li>• NB: lesions on hands, and extensive lesions will preclude above.</li> </ul>
<b>Visitors</b>	<p>Clade 11: Essential well visitors only.</p>

	<p>Staff to advise visitors on visiting restrictions, hand hygiene and not to touch lesions/dressing</p> <p>Clade: 1: Visiting needs discussion with IPC/ ID</p>
<b>Transport/ transfers</b>	<p>Inform new area and transport staff that contact/ droplet precautions are required. Cover all lesions and contain all body fluids. Patient to wear a mask.</p> <p>If above cannot occur transport separately and seek advice from public health and or IPC</p>
<b>Waste management</b>	<p>Use infectious waste bag (yellow). Wear PPE for waste bag handling.</p>
<b>Linen</b>	<p>Clade 11: Infectious laundry stream (as per local district procedures)</p> <p>Wear PPE for linen and linen bag handling.</p> <p><u>Note</u>: caution when handling used linen taking care not to shake potentially contaminated items e.g. clothing, towels bedsheets etc.</p> <p>Clade1: Laundry should be disposed of as waste.</p>
<b>Food services</b>	<p>Use PPE as above. Dispose of uneaten food in room.</p> <p>Clade 11: place tray directly on returning food trolley.</p> <p>Clade 1: use disposable items</p>
<b>Cleaning</b>	<p>Wear gloves and gown and P2/N95 respirator when cleaning room.</p> <p>Clean frequently touched points at least twice daily e.g. bed rails, call bell to decrease bioburden.</p> <p>Isolation/ terminal clean/clinical clean with disinfectant on discharge. <u>Use appropriate product.</u></p> <p>Clean and disinfect all equipment on discharge</p>
<b>Curtains</b>	<p>Clade 11 Change or steam clean shower and cloth privacy curtains on discharge/bed space movement. Change curtains including antimicrobial curtains when visibly soiled.</p>

	Clade 1 disposal of curtains on discharge
<b>Care of deceased</b>	PPE as above. For postmortem see (CDC, January 20, 2023)
<b>Discharge and de-isolation</b>	<p>Designate liaison with Public Health on discharge from facility. Public Health will liaise on ongoing restrictions.</p> <p>Generally may de-isolate when scabs have fallen off and new skin has formed see <b>CDCM</b> for further detail and consult Public Health.</p>
<b>HCW exposure</b>	<p>All HCWs to monitor for symptoms for 21 days from confirmed exposure.</p> <p>Consult with Occupational Health service or if not available contact Public Health if HCW considered a close contact:</p> <p><b>Healthcare close contacts</b></p> <p>A healthcare worker may be deemed a close contact if they have had one or more of the following exposures without appropriate PPE.</p> <ul style="list-style-type: none"> <li>• Direct physical contact with case materials, crusts from lesions, or bodily fluids.</li> <li>• Direct contact with potentially contaminated materials (bed linens, healthcare equipment) which may contain crusts from lesions or bodily fluids from a case.</li> <li>• Presence in an enclosed room within 1.5 metres of a case during aerosol generating procedures.</li> <li>• Sharps injury (including to cleaning or laboratory staff).</li> </ul>

## Resources:

ACIPC playbook: [Mpox Playbook August 14 2024.docx \(live.com\)](#)

[Infection Prevention and Control Information for clinicians - Mpox \(V2.3\) \(nsw.gov.au\)](#)

<https://www.england.nhs.uk/long-read/infection-prevention-and-control-measures-for-clinically-suspected-and-confirmed-cases-of-mpox-in-healthcare-settings/>

<https://www.nipcm.hps.scot.nhs.uk/media/2310/2024-09-06-mpx-ipc-guidance-v18.pdf>

<https://www.standards.govt.nz/shop/nzs-43042002>

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