

Mpox - Infection Prevention and Control

Guidance for Healthcare Settings – Feb 2024

Mpox (formerly known as Monkeypox) is a rare disease caused by infection with the mpox virus. The mpox virus belongs to the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus. Mpox is not related to chickenpox.

Common Symptoms of Mpox

- Fever
- Headache
- Chills
- Exhaustion
- Muscle and back aches
- Lymphadenopathy; swollen lymph nodes
- A rash that may look like pimples or blisters that may appear on the face, inside of the mouth, hands, feet, chest, genitals, or anus.

How Mpox Spreads

- Direct contact with the infectious rash, scabs, or body fluid.
- Respiratory secretions during prolonged face-to-face contact or during intimate physical contact (kissing, cuddling, or sex).
- Touching items that previously touched the infectious rash or body fluids (clothing or linen).
- Mother to fetus through the placenta.

Precautions for Preventing Transmission

- Standard and Transmission Based Precautions should be used for all patient care including patients with **suspected** pox. Personal protective equipment should include:
 - Gloves
 - Gown
 - NIOSH-approved respirator equipped with N95 filters or higher
 - Eye protection
- Notify infection prevention and control personnel if a patient seeking care is suspected to have mpox.

Patient Placement

- If possible, patients should notify facility prior to arrival regarding any rash evaluations.
- Do not place patient in general waiting area.
- Patients with suspected or confirmed mpox infection should be placed in a single private room.
- Patient should have a dedicated bathroom.

- The door should be kept closed if safety allows.
- Limit patient transport and movement outside of the room.
- If movement outside of the room is required, patient should:
 - Wear well-fitting source control.
 - Have lesions covered with sheet or gown.
- Aerosol generating procedures should be performed in an airborne infection isolation room.
- Consider conducting virtual or telehealth visit.
- Pregnant or immunocompromised staff should avoid interacting with suspected patients.

Environmental Cleaning and Disinfecting

- Standard cleaning and disinfection should be performed using hospital grade disinfectant from [List Q](#).
- Soiled laundry (bedding, towels, personal clothing) should be handled with recommended standard practices avoiding contact with lesion material.
- Soiled laundry should never be shaken or handled in a manner that could disperse infectious material.
- Soiled laundry should be promptly contained in a n appropriate laundry bag.
- Wet cleaning methods are preferred avoiding dry dusting, sweeping, or vacuuming.

Waste Management

- Management of waste varies depending on clade or strain of mpox suspected or confirmed.
- Handle, contain, and label patient waste (e.g., soiled PPE, dressings, bandages) as [regulated medical waste](#) (RMW) using appropriate PPE.
- Quarantine waste from a suspect case until testing confirms diagnosis.
- Hold waste until the state laboratory and CDC determines specific clade.
- If clade is unknown, handle waste as [Category A](#) requiring a Department of Transportation special permit. Consult local and state authorities.

- Laboratory samples confirmed to be West African mpox (the clade associated with the outbreak to date) are considered Category B RMW. Refer to the facility's waste management policy.
- Reusable medical Equipment should be cleaned with an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (see EPA's [List Q](#)) in accordance with label instructions.
- Reusable medical instruments should be cleaned and either sterilized or subjected to high-level disinfection depending on their intended use as per the Spaulding classification.

Exposed Healthcare Personnel (HCP)

- Using the **HCP Exposure Risk Assessment**, determine steps for monitoring, post exposure prophylaxis, and other public health recommendations based on degree of exposure risk (e.g., high, intermediate, low/uncertain, no risk).
- Self-isolation is advised for HCP if any symptoms develop within the 21 days following the last exposure.
- HCP who are asymptomatic do not need to be excluded from work duty.
- If symptoms develop, HCP should immediately self-isolate and contact the health department for further guidance.
- HCP who has any exposure risk (i.e., low/uncertain, intermediate, or high) should avoid contact with anyone who is pregnant, children under 8 years old, and immunocompromised people.
- For additional information please visit: www.cdc.gov/poxvirus/mpox/clinicians/infection-control.html