Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox 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. Monkeypox is not related to chickenpox.

**Common Symptoms of Monkey Pox**
- 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 Monkey Pox 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 monkeypox. 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 monkeypox.

**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 monkeypox 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 an 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 monkeypox 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 monkeypox (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/monkeypox/clinicians/infection-control.html](http://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control.html).