Australian Government
Department of Health and Aged Care

Infection Prevention and Control Expert Group – Interim guidance on monkeypox for health workers

24 October 2022

Updates

Version	Date	Changes
Version 2.0	24 October 2022	Guidance updated to align with the monkeypox virus infection – CDNA National Guidelines for Public Health Units V.2 Updates to Personal Protective Equipment section
Version 1.0	24 June 2022	Developed by ICEG.

Contents

The Infection Prevention and Control Expert Group (ICEG) provides expert advice and information to support best practice for infection, prevention and control in community, hospital, and institutional settings.

ICEG developed this guidance based on infection prevention and control measures and the hierarchy of controls for health workers in the context of monkeypox. ICEG will continue to review emerging evidence on the current monkeypox virus outbreak and this guidance will be updated as appropriate. This guidance is for health workers1, including but not limited to those who work in sexual health clinics, primary care, acute care, and laboratories.

Key recommendations

- Monkeypox is spread by contact with lesions, body fluids and respiratory secretions, and contaminated materials. The extent to which transmission occurs via the respiratory route remains unclear. However, until more information is received, ICEG will advise higher levels of transmission-based precautions than may be required.
- Separate people with suspected, probable, or confirmed monkeypox from others to prevent further disease spread.
- Inpatients in acute settings with confirmed or probable monkeypox should be separated in a room with private bathroom facilities.
- Standard and transmission-based precautions, including contact and droplet precautions, are considered the minimum level of PPE when caring for a person with suspected, probable, and confirmed monkeypox.
- Health workers may consider applying a fit-checked particulate filter respirator (PFR) – P2/N95 or equivalent, when providing certain care for a patient with probable or confirmed monkeypox.
- Practice frequent hand hygiene by either using an alcohol-based hand rub or washing your hands with soap and water.
- The hierarchy of controls can be used to support infection prevention and control (IPC) measures to minimise disease transmission.

Background

Monkeypox virus is similar to the virus that causes smallpox (Variola virus), as it is in the same genus.

Monkeypox is a rare but potentially serious viral zoonotic disease endemic to Central and West Africa. It is occasionally exported to other regions. Since 13 May 2022, cases have been reported in countries not endemic for monkeypox, and reported cases thus far have no established travel links to endemic areas.

Monkeypox was first reported in Australia on 20 May 2022.

[1] Health worker: a person who works in a health care setting, whether paid or unpaid, clinical, or non-clinical, permanent, or casual (includes visiting, sessional and agency), full-time or part-time, in the facilities or services in scope for this guidance. The terms health worker and staff are interchangeable.

The disease is usually self-limiting with symptoms resolving within a few weeks, and it is expected that the majority of monkeypox cases will be managed in the community. However, severe illness can develop in a small percentage of people with confirmed monkeypox.

Transmission

The monkeypox virus is usually spread through close contact with an infected person or animals; or by contact with material contaminated with the virus.

Human-to-human transmission of monkeypox can occur through:

- close contact with lesions on the skin, including during intimate or sexual contact
- body fluids, including respiratory particles, containing infectious material
- fomites, such as contaminated linen, clothing, or towels.

Transmission via respiratory particles usually requires prolonged face-to-face contact, which potentially places healthcare workers, household members and other close contacts of active cases at greater risk.

Symptoms

For information on symptoms of monkeypox virus infection, refer to the *Monkeypox virus infection – CDNA National Guidelines for Public Health Units*.

Screening for monkeypox

People presenting to any health care setting with a rash or monkeypox-like symptoms should be assessed for clinical or epidemiological risk factors. Screening questions should assess for any other symptoms compatible with monkeypox, and identify all recent travel, potential contact with other cases of monkeypox, sexual history and smallpox immunisation history.

If a patient presenting for care at a hospital or other health care facility is suspected of having monkeypox, the local public health unit and infection prevention and control (IPC) personnel should be notified immediately. Jurisdictional requirements for notifiable diseases should also be followed.

For further information on case definitions, including suspected, probable, and confirmed monkeypox cases, refer to the *Monkeypox virus infection – CDNA National Guidelines for Public Health Units*.

Consider monkeypox-specific signage in sexual health clinics to provide public health advice and increase awareness of the symptoms and transmission of monkeypox virus. Non-specific communicable disease signage can be considered for health care facilities, primary care, and emergency departments.

Specimen collection

Specimens taken from people with suspected, probable, or confirmed monkeypox virus infection should be collected using the personal protective equipment (PPE) outlined in the section below. Specimens should be handled and processed by trained staff working in suitably equipped laboratories, in line with the *Public Health Laboratory Network (PHLN) Laboratory Case Definition*.

Specimens should be appropriately labelled to indicate they are being sent for monkeypox testing, and outside of a known outbreak, clinical laboratories should be contacted in advance of samples being sent. This will ensure patient specimens are safely prepared for transport and risk is minimised to laboratory workers[2].

Separation of monkeypox cases

Patients with suspected, probable, or confirmed monkeypox being assessed or managed in health care settings should ideally be placed in a single room with an ensuite.

In the clinic or emergency department setting, if a separate room is not available, patients with suspected, probable, or confirmed monkeypox should be separated from other patients in a cubicle and managed in standard and transmission-based precautions applied.

Do not place hospitalised patients with probable or confirmed monkeypox, in positive pressure rooms.

Other precautions should be taken to minimise exposure to surrounding persons and areas. These include the person with suspected, probable, or confirmed monkeypox:

- regularly performing hand hygiene
- wearing a surgical mask if tolerated for source control, and
- covering any exposed skin lesions with non-stick dressings, a sheet or gown.

Standard and transmission-based precautions

Ensure staff are trained on the clinical presentation of monkeypox, and training in standard and transmission-based precautions is provided.

Ensure the health care setting has adequate hand hygiene facilities, including alcohol-based hand rub, available for patients and staff. Alcohol-based hand rubs containing 60-80% alcohol are most effective.

Consider staff allocation of patients. Avoid allocation of immunocompromised staff to a patient with suspected, probable, or confirmed monkeypox. Staff who have received smallpox or monkeypox vaccination are preferred when caring for a suspected, probable, or confirmed monkeypox patient.

Consider the use of dedicated patient equipment, or single use equipment, to limit disease spread associated with reuse of shared patient equipment.

Personal Protective Equipment (PPE)

Standard and transmission-based precautions, including contact and droplet precautions, are considered the minimum level of PPE when caring for a person with suspected, probable, and confirmed monkeypox. This includes:

- Fluid repellent surgical mask
- Gloves
- Disposable fluid resistant gown

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[2] For further information, refer to the PHLN Laboratory Case Definition.

- Eye protection – face shields or goggles.

When providing care which may include particulate dispersion for a patient with probable or confirmed monkeypox, a fit-checked particulate filter respirator (PFR) – P2/N95 or equivalent is recommended. These activities include, but are not limited to:

- Showering patients (this may be of particular risk due to the creation of aerosols from oral secretions, skin lesions or resuspension of dried exudates)
- Handling contaminated linen, clothing, or towels
- Caring for patients with a cough
- Performing aerosol-generating procedures.[3]

A fit check should be performed each time the PFR is applied.

Handling linen and laundry

Health workers should put on PPE in line with the above section when handling patients clothing and linen. Items should not be shaken or handled in a manner that may disperse any infectious particles into the environment.

All clothing and linen should be bagged at the location of use and placed within an impermeable bag for transport to the laundry facility.

Environmental cleaning and disinfection

The monkeypox virus will be inactivated through the use of a detergent, followed by a Therapeutic Goods Administration (TGA) listed hospital-grade disinfectant with activity against viruses (according to the label and product information) or a bleach solution. A TGA-listed 2-in-1 (single step) combined cleaning and disinfection product with activity against viruses may also be used, e.g., a combined detergent/disinfectant wipe or solution. If disposable wipes are being used, ensure an adequate number of wipes are used for the area and surfaces being cleaned and disinfected. The manufacturer's instructions for contact time should also be adhered to. If using a bucket and mop, and reusable cloths, ensure these are only used once and cleaned or laundered before reuse.

Activities such as dry dusting, sweeping, or vacuuming should be avoided to prevent dispersal of infectious particles. Wet cleaning methods are preferred.

Pay particular attention to frequently touched surfaces such as tables, door handles, toilet flush handles and taps.

Standard and transmission-based precautions, including the use of PPE as outlined in the PPE section above, should be used when cleaning and disinfecting rooms of patients with suspected, probable, or confirmed monkeypox.

Non-inpatient setting

For non-inpatient settings, post consultation with a person with suspected, probable, or confirmed monkeypox, high touch surfaces and used equipment (or utilised area) should be

[3] This includes any procedure involving the oropharynx.

thoroughly cleaned and disinfected, as outlined in the above section. Remove PPE worn during the patient interaction and apply a new set of PPE before cleaning and disinfecting the room. Once surfaces are dry, the room can be safely used for the next patient consultation.

Inpatient setting

Rooms of patients with suspected, probable, or confirmed monkeypox, should be cleaned and disinfected regularly. Consultation or procedure rooms where patients with suspected or confirmed monkeypox have spent time should be cleaned and disinfected after they have left the room. On discharge, cleaning and disinfection should be carried out as per terminal cleaning of an isolation room.

Waste management

At a minimum, standard precautions apply, and waste should be disposed of in line with state and territory legislation regarding clinical and related waste.

Vaccination and IPC considerations

For guidance on post-exposure vaccination and vaccination as pre-exposure prophylaxis for monkeypox, refer to advice from the *Australian Technical Advisory Group (ATAGI) clinical guidance vaccination against monkeypox*.

Health workers who receive the Vaccinia vaccination (ACAM2000™), should be aware of IPC precautions for the vaccination site, as transmission from the Vaccinia vaccine lesion is rare but possible. Health workers that receive the ACAM2000 vaccine should cover the vaccination site with an occlusive dressing whilst it is healing. Those working with infectious vaccination lesions should not care directly for patients who are immunosuppressed or have extensive disruptive skin disorders. Health workers should ensure the vaccination site remains covered when in contact with other household members.

In the case of serious adverse events associated with Vaccinia vaccination, refer to the *Monkeypox Treatment Guidelines*.

About ICEG

ICEG advice represents a broad consensus among experts across a diverse range of fields, including infection prevention and control, infectious disease, pathology, primary care, nursing care, emergency care, critical care, care of older people, occupational and environmental health.

Further ICEG guidance on face masks, personal protective equipment and other infection prevention and control measures can be found on the Department's website.