WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

INFECTION CONTROL MANUAL

SUBJECT: Mpox No: 411

EFFECTIVE DATE: 9/22 Page: 1 of 10

REVIEWED/REVISED: 1/24, 8/24

PURPOSE:

To outline procedures for the management of patients presenting with signs and symptoms of Mpox.

BACKGROUND:

Mpox is a rare disease caused by infection with the mpox virus. Mpox virus is part of the same family of viruses as variola virus, the virus that causes smallpox. Mpox symptoms are similar to smallpox symptoms, but milder, and mpox is rarely fatal.

Symptoms of mpox can include:

- Fever
- Headache
- Muscle aches and backache
- Exhaustion
- Swollen lymph nodes
- Chills
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.
    - The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks.
    - Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.

EXPOSURE DEFINITION

- Close or intimate contact, per CDC
- **Direct skin-to-skin contact** with mpox rash or scabs from a person with mpox
- Contact with saliva, upper respiratory secretions (snot, mucus), and bodily fluids or lesions around the anus, rectum, or vagina from a person with mpox
- Pregnant people with mpox can pass the virus to the fetus during pregnancy or to the newborn during and after birth.

- Direct contact can happen during intimate contact, including:
    - Oral, anal, or vaginal sex, or touching the genitals (penis, testicles, labia, and vagina) or anus
    - Hugging, massage, and kissing
    - Prolonged face-to-face interactions (such as talking or breathing)
    - Touching Objects
        - Mpox virus can spread to anyone through contact with objects, fabrics, and surfaces that have not been disinfected after use by someone with mpox. This includes items like clothing, bedding, towels, fetish gear, or sex toys.

When can a person spread mpox?

- From the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.
- Some people can spread mpox to others from 1 to 4 days before they have symptoms. It's not clear how many people this has affected during the current outbreak.
- There is currently no evidence that people who never have symptoms have spread the virus to someone else. CDC will continue to monitor the latest information about how mpox spreads.

Infected Animals

Some animals can be infected with mpox and spread it to people through close contact. This is more likely with wild animals, specifically small mammals like squirrels, rats, and mice that live in areas where mpox is endemic (found naturally, such as in West and Central Africa). A person can get mpox if they touch a rash, scab, crust, saliva, or other fluids from an infected animal. In areas where mpox is endemic, people may get mpox after hunting, trapping, or processing infected wild animals.

It's less likely to get mpox from a pet, but it's possible that a pet could get infected and spread mpox to a person during close contact like petting, cuddling, hugging, kissing, licking, and sharing sleeping spaces or food.

People should avoid close contact with an animal that might have mpox. It's also possible that people with mpox can spread it to animals, so someone with mpox should avoid contact with animals, including pets.

CDC Epidemiologic Criteria** (Within 21 days of illness onset)**:

- Contact with a person with a similar rash OR
- Contact with persons with confirmed or probable mpox OR
- Had close or intimate in-person contact with individuals in a social network experiencing mpox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application ("app"), or social event (e.g., a bar or party) OR
- Traveled outside the US to a country with confirmed cases of mpox or where MPXV is endemic OR

- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

POLICY:

All WCRH staff are responsible for following the guidelines below when managing a patient with suspected or known mpox.

- Isolation
    - All patients with suspected or known mpox will be placed on Enhanced Respiratory Precautions and in a private room with the door closed at all times.
    - Required PPE includes a fit tested N-95 respirator, eye protection, bouffant cap, gown, and gloves
    - Consider covering N95 with a procedural mask
    - Patients with suspected or known mpox who require aerosolizing treatments will be placed on Airborne and Contact Isolation if an Airborne Infection Isolation Room (AIIR) is available.
    - One visitor will be allowed for training purposes. Visitor must be trained on and wear appropriate PPE and remain in the patient room at all times during visit unless exiting the room to leave the building for the day.
    - Therapies will be in-room only
    - Exposed patients should be monitored for 21 days from their last exposure, and if a rash occurs, they should be placed on Enhanced Respiratory Precautions until the rash is evaluated, testing is performed, and the test has resulted negative.
        - If there is no rash but the exposed patient develops other mpox symptoms they will be placed on Enhanced Respiratory Precautions. These precautions may be discontinued after 5 days have passed without the development of any new symptom and a thorough skin and oral examination reveals no new rashes or lesions.
        - Isolation may also be discontinued before 5 days if mpox has been ruled out.
        - If a new symptom develops again at any point during the 21-day monitoring period, then the patient will be placed on Enhanced Respiratory Precautions again, and a new 5-day isolation period will begin.
- Transport
    - Patient transport will only be allowed when medically necessary.
    - Patient should wear a well-fitted source control mask and any lesions should be covered
    - Precautions must be communicated to Emergency Medical Services (EMS) staff, other facilities and transport services prior to transport.
- Discontinuation of Isolation:
    - Isolation Precautions should be maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.
    - Pustules must be crusted and scabbed over (usually about 14-21 days).

  - When the rash is resolved and all scabs have fallen off a person is no longer contagious.
  - Pitted scars and/or areas of lighter or darker skin may remain after scabs have fallen off.
- Environmental
  - Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim, found on EPA'S List Q.
  - Staff must follow the manufacturer's directions for concentration, contact time, and care and handling.
  - Staff must wear full PPE, gown, gloves, N95mask, eye goggles or face shield when cleaning rooms. Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.
  - Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with standard practices, avoiding contact with lesion material that may be present on the laundry
  - Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material
- Staff Exposures
  - Transmission of mpox requires prolonged close contact with a symptomatic individual. Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant post exposure prophylaxis (PEP).
  - Any employee who has cared for a mpox patient should be alert to the development of symptoms that could suggest mpox infection, especially within the 21-day period after the last date of care, and should notify Infection Control/Employee Health.
  - Employees who have unprotected exposures (i.e., not wearing PPE) to patients with mpox do not need to be excluded from work duty, but should undergo active surveillance for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.

REFERENCES:

Centers for Disease Control and Prevention. (2024, March 12). *Mpox*. https://www.cdc.gov/poxvirus/mpox/index.html

Attachment:

Health Care Worker Mpox Exposure Screening Form

- Name

  _____

- Date

  _____

- Area / Department worked

  _____

- Job Title / Position

  _____

- Work Shift

  _____

- Work phone

  _____

- Work email

  _____

Please answer the following questions

1. Have you had a close or intimate contact with anyone that has a known or suspected case of mpox?
   a. Yes
   b. No
   c. Unsure (please discuss with your screener)

2. Do you currently have any symptoms of mpox (rash – may be raised and / or painful, fever, swollen lymph nodes, chills, muscle aches, backache, fatigue, headache, respiratory symptoms)?
   a. Yes (if yes, refer to your facility's policies for employee evaluation and treatment and how to reduce contamination of the environment)
   b. No

If you answered No to questions #1 and #2 above, you are finished with this screening tool.
If you answered Yes, or are unsure, please continue to the following questions:

3. Did your mpox contact/exposure occur at work?

STEP 1: **Determine Health Care Worker (HCW) PPE and Type of Contact with Mpox Source**	**STEP 2:** **Determine Risk level**
HCW PPE and Type of Contact with Known or Suspected Mpox Source	**Exposure Level**
Meets one or more of the following: ☐ Unprotected contact between a HCW skin or mucous membranes and the Source Patient's skin, lesions, or bodily fluids (e.g., inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing) ☐ Being in the patient's room during any procedure that may create aerosols oral secretions, skin lesions, or re-suspension of dried exudates (e.g., shaking of soiled linens) **while NOT wearing both an N95 or equivalent respirator AND eye protection**	**HIGH RISK**
Meets one or more of the following: ☐ Being within 6 feet of an unmasked patient for **greater than or equal to 3 hours** while NOT wearing a facemask or N95/equivalent respirator ☐ Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown.	**INTERMEDIATE RISK**
Meets one or more of the following: ☐ Entered the patient's room one or more times without eye protection REGARDLESS of duration** ☐ Wore gown, gloves, eye protection, and at minimum, a facemask during one or more entries in the patient care area or room, but not an N95 or equivalent respirator** ☐ Was within 6 feet of an unmasked patient for less than 3 hours while NOT wearing a facemask	**LOW RISK** **--- UNCERTAIN RISK**

***If an aerosol-generating procedure was performed in the room while the employee was not wearing an N95 or equivalent respirator, refer to the "High Risk" criteria*	

a. Yes (if yes, please list the date, time, location and patient name of your contact / exposure in the spaces below)
b. No (If the exposure occurred outside of work – refer the employee to Employee Health and/or Infection Control per your facility's policies and procedures.)

If your mpox exposure occurred at work, please provide the following information:

Date of Exposure_____

Time of Exposure_____

Location (Hospital Unit and Room Number)

_____

Patient Name

_____

4. Has your supervisor / manager already been notified of your work related mpox exposure?
   a. Yes
   b. No

Supervisor / Manager Name

_____

If you answered Yes to question #3 (and you were exposed to mpox at work) please check the box that best describes your exposure:

CDC Resources for Symptomatic Individuals:

- What to do if you are sick, including how to manage symptoms and rash relief
- How to identify close contacts, and tips on what to say
- How to prevent spreading mpox to others
- How to disinfect your home

Step 3: **Implement Action Measures**	
Exposed Asymptomatic Employees	**Symptomatic Employees**

• Employee may continue to work
• Employee must check for fever (temp greater than or equal to 100.4 F) twice per day, once before a work shift
• Employee must actively self-monitor for **symptoms*** for 21 days from the 1st date of exposure
*** Symptoms to be monitored include**:
  • Fever (temp > 100.4 F) or Chills
  • New Rash
  • New Lymph Node Swelling
• HCW should notify their supervisor and / or Employee Health / Infection Control that they are fever and symptom free prior to each work shift
• **If "High" or "Intermediate Risk," employee may be eligible for the Mpox vaccine – refer for treatment evaluation immediately**
	• **Immediately remove employee from work**
	• Contact Employee Health / Infection Control (employeehealth@weismanchildrens.com) and refer for further treatment evaluation
	• Notify employee Supervisor or Manager of their inability to work
	• Provide employee with treatment and isolation guidance

For Screeners:

Date Reviewed _____

Was this employee referred for further treatment evaluation / what action was taken?

_____

_____

Name of screener

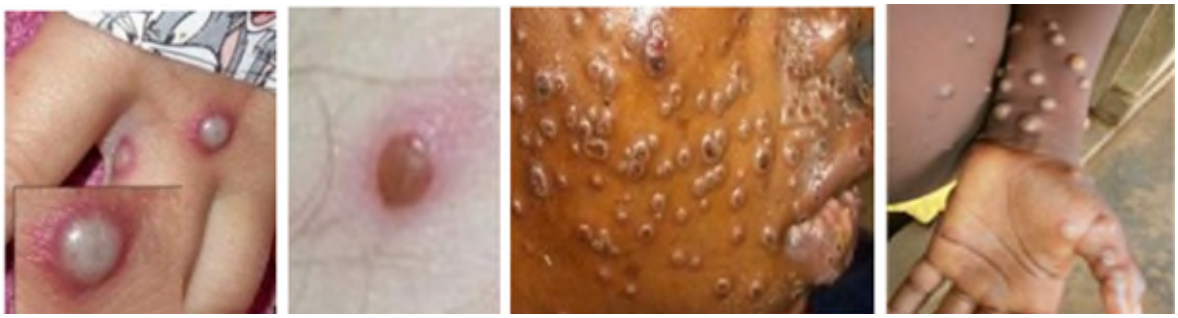
_____

Signature of screener

_____

Self-Monitoring Table

- **Employee must check for fever (temp greater than or equal to 100.4 F) twice per day, for 21 days, and once before their work shift. Day 1 is the day of exposure.**
- **Assess skin for indications of a rash.**



See CDC Clinical Recognition page for images of Mpox rash.

- **Assess for swollen glands using your fingertips and a gentle circular motion on the sides of your neck.** Swollen lymph nodes will feel like soft, round bumps, and they may be the size of a pea or a grape. They might be tender to the touch, which indicates inflammation. In some cases, the lymph nodes will also look larger than usual which is likely to indicate swelling. With swollen glands you may experience pain while making sudden or strained movements. Such movements include sharply turning the neck, bobbing the head, or eating foods that are difficult to chew.
- **Document your findings in the table below**
- **If you develop fever, rash, swollen glands please contact Infection Control/Employee Health for further instructions.**

Name

_____

Day#	Date	Temperature (must not be ≥100.4 F)	Rash	Swollen glands
1		AM: PM:	_____Yes _____No	_____Yes_____No
2		AM: PM:	_____Yes _____No	_____Yes_____No
3		AM: PM:	_____Yes _____No	_____Yes_____No
4		AM: PM:	_____Yes _____No	_____Yes_____No
5		AM: PM:	_____Yes _____No	_____Yes_____No
6		AM: PM:	_____Yes _____No	_____Yes_____No
7		AM: PM:	_____Yes _____No	_____Yes_____No
8		AM: PM:	_____Yes _____No	_____Yes_____No
9		AM: PM:	_____Yes _____No	_____Yes_____No
10		AM: PM:	_____Yes _____No	_____Yes_____No
11		AM: PM:	_____Yes _____No	_____Yes_____No
12		AM: PM:	_____Yes _____No	_____Yes_____No
13		AM: PM:	_____Yes _____No	_____Yes_____No
14		AM: PM:	_____Yes _____No	_____Yes_____No
15		AM: PM:	_____Yes _____No	_____Yes_____No
16		AM: PM:	_____Yes _____No	_____Yes_____No
17		AM: PM:	_____Yes _____No	_____Yes_____No
18		AM: PM:	_____Yes _____No	_____Yes_____No
19		AM: PM:	_____Yes _____No	_____Yes_____No
20		AM: PM:	_____Yes _____No	_____Yes_____No
21		AM: PM:	_____Yes _____No	_____Yes_____No

I attest that the above information is accurate.

Employee signature

_____

Date _____