Mpox Response Guide for Health Care

PATIENT EVALUATION AND MANAGEMENT

There are no mpox-designated health care facilities. All Pennsylvania health care facilities and providers should actively develop their readiness to safely evaluate, test, and treat patients with the proper infection prevention and control precautions in place.

COMMUNICATION

Provide clear information to health care personnel (HCP), patients, and visitors about mpox prevention, including the potential for transmission of the mpox virus (MPXV) through close, sustained physical contact, including sexual activity. Keep messages fact-based to avoid introducing stigma.

TRANSMISSION

MPXV can be spread to anyone through close, personal, skin-to-skin contact, including:

- Direct contact with mpox rash, scabs, or body fluids from a person with mpox, as well as contact with their saliva, respiratory secretions, and areas around the anus, rectum, and vagina. This may occur during sexual or intimate contact, hugging, kissing, massages, or prolonged face-to-face contact.
- Touching objects (sex toys), fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with mpox.

Other modes of transmission:

- A pregnant person can spread the virus to their fetus through the placenta or to the newborn by close contact during and after birth.
- It's also possible for people to get mpox from infected animals, either by being scratched or bitten by the animal. People with mpox can also spread it to animals. If you have mpox, avoid contact with animals, including pets, domestic animals, and wildlife to prevent spreading the virus. Patients with mpox should ask friends or family members who live in a separate home to care for their animals until they fully recover.

PATIENT PLACEMENT

Any individual with suspected or confirmed MPXV infection should be placed in a single-patient room with dedicated bathroom. Special air handling is not required.

- Infection prevention and control staff should be notified immediately.
- If safe to do so, keep the patient's door closed.
- Portable fans should be avoided in the patient room as they can disperse dried materials from lesions.
- Any procedure likely to spread oral secretions (e.g., intubation, open suctioning of airway secretions, sputum induction) should be performed in an airborne infection isolation room, if available.
- Limit transport to only medically necessary purposes. If patient is transported out of their room, use well-fitting source control (e.g., medical mask) on patient and cover any exposed skin lesions with a dressing, sheet, or gown.

- Isolation precautions for mpox should be maintained for the duration of illness, and until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed. Many patients have been experiencing mild illness and have not required hospitalization.
- Questions about patient placement and isolation precautions should be directed to the local or state health department as needed.
- More information can be found here: Infection Prevention and Control of Mpox in Health Care Settings.

MANAGEMENT OF PATIENTS WITH MPXV EXPOSURE

In general, patients in health care facilities who have had an MPXV exposure and are asymptomatic do not require isolation precautions; however, they should be monitored. Monitoring involves daily assessments for signs and symptoms of mpox, including thorough skin exams at least daily for 21 days.

If a rash presents the patient should be placed in empiric isolation precautions for mpox until:

- The rash is evaluated;
- Testing is done, if indicated; and
- The results of testing are negative.

If other symptoms of mpox are present, but there is no rash, patients should be placed in empiric isolation precautions for mpox for 5 days after the development of any new symptom, regardless of the 21-day monitoring period.

- Empiric isolation precautions can be discontinued if after 5 days, no new symptoms have developed, and a thorough skin and oral examination reveals no new rashes or lesions.
- Empiric isolation precautions may be discontinued if mpox is ruled out within the 5-day period.
- Within the 21-day monitoring period, if new symptoms develop again, empiric isolation precautions for mpox should be placed for a new 5-day period.

Some patients may not be able to communicate onset of symptoms so a risk assessment should be done to assess the need for isolation precautions.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

HCP should use the following PPE when entering the room of a patient with suspected or confirmed mpox:

- Gown
- Gloves
- Eye protection (e.g., goggles or face shield that covers front and sides of face)
- National Institute for Occupational Safety and Health-approved particulate respirator equipped with N95 or higher filters

Recommendations for donning and doffing: CDC's Sequence for PPE

Ensure signage is posted on the patient's door to inform HCP of the PPE that is required.

HEALTH CARE PERSONNEL MANAGEMENT

Correct and consistent use of PPE when caring for a patient with MPXV infection will protect HCP. However, errors in PPE use can occur and create opportunities for transmission. HCP providing care for patients with suspected or confirmed mpox or entering clinical spaces contaminated with MPXV should be aware of the signs and symptoms of mpox.

In the event of HCP exposure, HCP should notify their occupational health department immediately for further evaluation. Depending on the risk level of exposure (high, intermediate, uncertain, and no identified risk) the HCP may need monitoring, post exposure prophylaxis (PEP), or a combination of both. The definitions for the risk levels of exposure can be found here: Infection Prevention and Control of Mpox in Health Care Settings.

Asymptomatic HCP with exposure to MPXV do not need to be excluded from work. If symptoms develop, the HCP will need to consult with their occupational health department about work restrictions.

VISITATION

Visitation should be limited to those essential for the wellbeing of the patient. Also, visitors must be educated on infection prevention measures including hand hygiene prior to entering the room.

WASTE MANAGEMENT

Waste Management (handling, storage, treatment, and disposal) of clinical waste containing clade I or II MPXV should be done in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulation (HMR; 49 CFR parts 171-180). Updated U.S. guidance advises that waste contaminated with clade I and II MPXV is designated as Category B infectious substances. However, any waste including **Clade I viral cultures are classified as Category A.**

Facilities should also comply with state and local regulations for handling, storage, treatment, and disposal of waste, including regulated medical waste. DOT has provided clarifications about enforcement of MPXV waste management on their website.

ENVIRONMENTAL CLEANING

Health care facilities should ensure the protection of environmental services staff by implementing PPE and other protocols in compliance with Occupational Safety and Health Administration standards.

Standard cleaning and disinfection procedures should be performed using an Environmental Protection Agency-registered hospital-grade disinfectant with an emerging viral pathogen claim (**List Q**). Activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, or vacuuming) should be avoided; wet cleaning methods are preferred.

TESTING

Providers should consider testing any patient for MPXV who presents with a rash or lesions that are consistent with mpox. Testing for MPXV should also be considered when determining the cause of a diffuse or localized rash. A thorough patient history should be conducted to assess possible exposures or epidemiologic risk factors.

Multiple commercial laboratories are currently offering testing. Clinicians seeking testing at a commercial diagnostic laboratory do not need to report or obtain approval from Pennsylvania Department of Health (PA DOH) prior to ordering the test. As an additional support, testing is available through the PA DOH Bureau of Laboratories (BOL) with approval from PA DOH or a local health department.

TREATMENT

Most patients with mpox will recover, only needing supportive care and pain control. Patients with severe illness from mpox or those who have high-risk conditions that put them at risk for developing severe illness may benefit from mpox-directed treatment. There are no specific treatments for mpox, but there are some FDA-regulated medications that could help. Providers can contact their local health department or the PA DOH, Bureau of Epidemiology at 717-787-3350 to ask for consultation on mpox-directed treatments. More information on clinical treatments for mpox can be found here.

VACCINE

Persons who have been exposed or have participated in activities that put them at risk of exposure to mpox should contact a health care provider to seek evaluation of their risk and discuss potential need for PEP.

Mpox vaccines are now commercially available to eligible patients with certain risk factors. Two doses of the vaccine provide the best protection. More vaccine information can be found by reviewing mpox vaccination basics.

PUBLIC HEALTH REPORTING

Consultations are available from PA DOH, Division of Infectious Disease Epidemiology, at 717-787-3350 or the local health department if clinicians have specific questions about the evaluation and treatment of mpox cases, or if clinicians want to obtain testing through BOL. Clinicians do not need to routinely notify PA DOH of suspected or confirmed cases as results from diagnostic labs are sent to PA-NEDSS, Pennsylvania's reportable disease database.

RESOURCES

For more information: CDC | Mpox & DOH | Mpox