

Protocols for the Management of Monkeypox in OPWDD Certified Facilities

This advisory provides guidance on the prevention and management of Monkeypox in NYS Office for People With Developmental Disabilities (OPWDD) certified facilities. The following guidelines apply to providers of services to individuals with intellectual and/or developmental disabilities (I/DD) certified and/or operated by OPWDD. Please note that the Centers for Disease Control and Prevention (CDC) and NYS Department of Health (NYSDOH) guidance is frequently updated, and this guidance is, therefore, subject to change.

Note that OPWDD has previously released an Informational Letter (22-INF-02) titled “Overview of Monkeypox” which provides background information, important links to additional information and resources on Monkeypox. Additionally, it provides more comprehensive information on symptoms, spread, prevention and treatment/vaccination. This can be found at the following link: <https://opwdd.ny.gov/system/files/documents/2022/07/inf-monkeypox-7-28-22.pdf>

What is Monkeypox?

Monkeypox is a contagious disease that is caused by infection with the monkeypox virus. Monkeypox can cause flu-like symptoms and a rash. In some cases, the rash may start first, followed by other symptoms, while others only experience a rash. Person-to-person contact is the main mode of transmission of the monkeypox virus by direct contact with lesions, infected body fluids, or from respiratory secretions during prolonged face-to-face contact. The virus may also be transmitted by touching items (such as clothing or linens) that previously touched the infectious rash or body fluids. A person is considered infectious until all scabs separate (fall off) and a fresh layer of skin is formed. Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness usually lasts 2 – 4 weeks.

Monkeypox can spread through:

- Direct contact with the infectious rash, scabs, or body fluids.
- Respiratory secretions during prolonged face-to-face contact, or during intimate physical contact.
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids.

Signs and Symptoms

- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body such as the hands, feet, chest, genitals, or anus
- Fever
- Headache
- Muscle aches and backache
- Flu-like symptoms
- Swollen lymph nodes
- Chills
- Feeling very tired / exhausted

Testing

There is currently no home test available for monkeypox.

Testing for orthopoxvirus (which is the family of viruses to which monkeypox belongs) is currently being completed at some national laboratories including:

- LabCorp
- Quest Diagnostics
- Aegis Sciences Corporation
- Mayo Clinic
- Sonic Healthcare

Additional national laboratories testing for the orthopoxvirus may be found at <https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/>.

Testing is also being done at the NYSDOH Wadsworth Center and the New York City Public Health Laboratory.

In order to be tested, the primary care physician should be contacted, and they should be made aware that a monkeypox infection is suspected. Note that if there are not any symptoms, or if the symptoms present are only fever and/or flu like symptoms, there is no way to test for monkeypox. In order for testing to occur, there needs to be a lesion to swab. If a person has even one lesion that looks like it could be monkeypox, it should be tested.

Prevention

Staff should be aware of simple steps to help to protect against monkeypox. These steps are especially important for those who may be at a higher risk for severe disease, including those with a weakened immune system.

In general, the following three steps are important in preventing monkeypox:

1. Avoid close, skin-to-skin contact with a person who has a rash or any lesion(s) that looks like monkeypox.
 - Do not touch the rash or scabs of a person with monkeypox without gloves.
 - Do not kiss, hug, or cuddle with anyone with monkeypox.
2. Avoid contact with objects and materials that a person with monkeypox has used.
 - Do not share eating utensils or cups with a person with monkeypox.
 - Do not handle or touch the bedding, towels, or clothing of a person with monkeypox without the appropriate personal protective equipment (PPE).
3. Wash hands often.
 - Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching one's face and after use of the bathroom.

Education

All staff should receive education and training on preventing the transmission of monkeypox. This should include adherence to hand hygiene and appropriate use of PPE.

Education for staff is available on the OPWDD Statewide Learning Management System (SLMS). Such education includes, but is not limited to:

- Background of Monkeypox
- Symptoms
- How it spreads
- Prevention (this includes information on how to deal with bedding, laundry, environmental cleaning, hand hygiene, use of PPE, etc.)
- Treatment / Vaccination
- Isolation
- Additional Resources available

Reporting

Staff must immediately report suspected cases of monkeypox to their Local Health Department (LHD). Reporting should be to the county in which the individual resides. Staff must also contact the Infection Control Nurse or Nursing Supervisor or their designee to make him/her aware that there is a suspected case of monkeypox and to receive further direction.

New York City residents suspected of having monkeypox infection should be reported to the New York City Health Department Provider Access Line (PAL) at (866) 692-3641. Outside of New York City, contact information is available at https://www.health.ny.gov/contact/contact_information

If staff are unable to reach the LHD where the individual resides, the NYSDOH Bureau of Communicable Disease Control should be contacted at (518) 473-4439 during business hours or (866) 881-2809 evenings, weekends and holidays.

Reporting of test results are not the responsibility of OPWDD staff. This must be done by the entity that is completing the testing and receiving results.

Vaccination

The determination for an individual with suspected monkeypox to receive the vaccination will be made by the LHD or the individual's primary care physician. Providers should reach out to the primary care physician for any individual who may meet the criteria for receipt of the vaccine. Information on such criteria can be found at:

<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>

JYNNEOS (also known as: IMVANEX or IMVAMUNE) is licensed by the Food and Drug Administration (FDA) as a 2-dose series for the prevention of monkeypox among adults 18 years and older.

If given within 4 days of exposure, this vaccine may reduce the likelihood of infection, and if given within 14 days, may reduce the severity of symptoms.

JYNNEOS is available only via the federal National Strategic Stockpile and is being made available by the federal government for the primary purpose of post-exposure prophylaxis (PEP) among those with a possible recent exposure to monkeypox. PEP may be further divided into two strategies:

1. PEP for an exposed contact of a suspected or confirmed monkeypox case; and
2. Broader community distribution for persons who are not known to be exposed contacts of a suspected/confirmed case but have behavioral/epidemiological criteria consistent with a possible recent exposure. This is being referred to "PEP++" by the CDC.

Anyone who falls into the first category (#1) listed above, who are identified by a LHD as exposed to a suspected or confirmed monkeypox case in the past 14 days will work directly with their LHD and healthcare provider to discuss obtaining the JYNNEOS vaccine. Vaccine distribution is currently being managed through the NYS DOH.

NYS DOH is also expanding eligibility for pre-exposure prophylaxis (vaccination) to any individual who may be at risk of future exposure to infection with monkeypox, even though they are not at high risk of recent exposure to monkeypox (PrEP).

Treatment

There are no treatments specifically for monkeypox. However, since monkeypox and smallpox are from the same virus family, certain drugs and vaccines created for smallpox may be used to treat and prevent monkeypox infections. An antiviral drug called Tecovirimat (TPOXX), may be recommended for individuals who are more likely to get severely ill, such as those who are immunocompromised.

Individuals who have been diagnosed with monkeypox may experience an extreme amount of pain in the areas of the rash. Staff should monitor the individuals for pain and notify the RN of any increase in or change in the type of pain. Speak with the RN to determine if the individual has an order for a pain reliever such as Ibuprofen or Tylenol and review the Plan of Nursing Service to see if there are any other comfort measures that may help.

Droplet Precautions

It is known that the monkeypox virus *may* be transmitted by respiratory droplets expelled by an infected person. While these droplets do not linger in the air over long distances, there is the possibility that respiratory droplets could be inhaled by others when at a shorter distance from an infected person.

The following components of droplet precautions must be followed by staff when there is prolonged face-to-face contact with an individual with suspected or diagnosed monkeypox. Prolonged face-to-face contact is defined as being less than 6 feet away from an infected individual (laboratory-confirmed or a clinical diagnosis) for a total of 15 minutes or more over a 24-hour period.

- Use of gloves and face mask at a minimum, when providing care for an individual with monkeypox.
- Provide a mask to individuals with suspected or diagnosed monkeypox. To the extent the individual can tolerate wearing a mask, it should be worn when they need to leave their room for activities that may include personal care activities such as toileting and bathing. If wearing of a mask cannot be tolerated by the individual, additional precautions should be taken to ensure the individual with suspected or diagnosed monkeypox does not come into close contact with others in the home when leaving their bedroom.
- Staff should wear a gown, gloves, eye protection and a NIOSH approved particulate respirator equipped with N95 filters or higher when entering the room of an individual who is being isolated.
- Separate ill and well individuals to the extent possible.

- Dedicate medical equipment to infected individuals for the duration of the symptomatic period. Any equipment that must be shared must be cleaned and disinfected as outlined in this document before use with another individual.

Personal Protective Equipment

PPE is to be used by staff who enter an individual's room who is diagnosed with or suspected of having monkeypox, and includes:

- Gown
- Gloves
- Eye protection
- N95 Respirator

PPE should be worn during the following activities:

- Entering isolation areas — Staff who enter isolation areas should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher. Note that in OPWDD residential settings, isolation of an individual should occur in their bedrooms. Efforts should be made, where possible, for the individual to have a single bedroom. When there are multiple individuals diagnosed with monkeypox, they can be cohorted in the same room. Efforts should also be made, where possible, for a dedicated bathroom to be used by those individuals in isolation.
- Laundry — When handling dirty laundry from individuals with known or suspected monkeypox infection, staff should wear a gown, gloves, eye protection, and a well-fitting mask or respirator. PPE is not necessary after the wash cycle is completed.
- Cleaning and disinfection — Staff should wear a gown, gloves, eye protection, and a well-fitting mask or respirator when cleaning areas where individuals with monkeypox spent time.

Quarantine

Currently, there is not a requirement to quarantine for staff or individuals exposed to monkeypox. Close contacts of a person with monkeypox must be monitored (or self-monitored in the case of staff) for the development of symptoms for 21 days after their last exposure, and should avoid close physical contact with young children, pregnant women and those who are immunocompromised. Should symptoms develop during this monitoring time, the person who was exposed should immediately isolate themselves and their physician should be notified.

Isolation

Individuals with confirmed or suspected monkeypox infection should be isolated immediately for a minimum of 21 days or until fresh skin has formed over the lesions.

Staff must implement the following protocols when isolation of an individual with monkeypox is required:

- Isolation must begin at the start of symptoms. At this time, the physician or primary care provider (PCP) should be notified and arrangements for testing should be made. If an individual needs to be taken out for testing, he/she should wear a well-fitting mask and the areas of the rash should be covered. If the individual cannot or will not comply with this, and monkeypox is strongly suspected, attempts should be made for a telehealth visit to discuss this further with the physician/PCP. If the physician continues to strongly suspect monkeypox, but testing cannot be done, the individual must isolate.
- Isolation **must** continue until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed, which could be **longer** than the minimum 21-day isolation period.
- It is not recommended that friends or family of an individual suspected of or diagnosed with having monkeypox infection have in-person visitation during the isolation period. Visitation to the other individuals residing in the home should be based on the ability to effectively isolate any suspected or infected individuals within the home.
- The individual should avoid close contact with others in the home.
- If applicable, the individual should avoid contact with pets in the home and other animals.
- The individual should not engage in sexual activity that involves direct physical contact with others.
- Staff should ensure that any potentially contaminated items, such as bed linens, clothing, towels, wash cloths, drinking glasses or utensils, are not shared or used by others in the home, and staff must follow cleaning and disinfecting procedures as outlined below.
- The individual should wear a well-fitting mask if tolerable when in close contact with others in the home.
- The individual should avoid the use of contact lenses to prevent inadvertent infection of the eye.
- The individual should avoid shaving rash-covered areas of the body, as this can lead to spread of the virus.

Bathroom usage:

- If possible, the individual should use a separate bathroom. If this is not possible, the bathroom should be cleaned and disinfected using an Environmental Protection Agency (EPA)-registered disinfectant after each use. This may include activities such as showering/bathing, using the toilet or changing bandages that cover the rash. All surfaces should be cleaned and disinfected including toilet seats, faucets, counter, shower/bathtub. PPE should be worn when cleaning.

- EPA registered disinfectants can be found at <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-g>.

Limit contamination within the household:

- The individual should avoid contaminating upholstered furniture or other porous materials that cannot be laundered. Staff may assist in this by placing coversheets, waterproof mattress covers, blankets, or tarps over these surfaces.
- Staff may take additional precautions such as steam cleaning upholstered furniture if there is a concern about contamination.
- If the individual with monkeypox had minimal contact with soft furnishing, disinfect the surface with a surface-appropriate disinfectant. Staff may clean & disinfect soft surfaces by using a product from the [EPA List N](#) that is approved for use on soft surfaces.

Laundry

Staff should ensure that used or contaminated clothing, linens, bedding materials, towels and other fabric items should be contained until laundering.

Laundry procedures:

- Staff must wear PPE when handling laundry (gown, gloves, mask).
- Soiled laundry should be handled by staff according to standard practices. Staff should avoid contact with contaminants that may be present on the laundry by holding it away from their body.
- Soiled laundry should never be shaken or handled in a manner that may spread infectious particles.
- Staff should transfer soiled laundry in an impermeable container or bag that can be cleaned and disinfected afterwards. A fabric bag may be used that can also be laundered along with the soiled item. A plastic bag may also be used that can be disposed of immediately after use.
- Staff must not wash the soiled laundry of an individual infected with monkeypox with another individual's laundry.
- Staff should wash laundry in warm water in a standard washing machine with detergent, following label instructions. Laundry sanitizers may be used but are not necessary.

Environmental Hygiene

Staff can assist in decreasing the transmission of monkeypox by maintaining a germ-free environment. Staff must take the following measures at all facilities:

- Clean and disinfect all high-touch surfaces such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every shift. Bedroom and bathroom doorknobs are prime locations for germ transmission.
- Clean any surfaces that may have blood, stool, or body fluids on them using an EPA-registered disinfectant. Blood spills should be cleaned up as per Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen standard 29 CFR 1910.1030.
- If the residence requires the use of a shared bathroom, staff must clean and disinfect bathroom surfaces after each use, as noted in the "bathroom usage" section above.
- Staff should wear disposable gloves, a gown and a mask when handling soiled items and keep soiled items away from the body. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water should be used if hands are visibly dirty.
- Activities such as dry dusting, sweeping or vacuuming may cause dried materials from lesions to move within the air or "resuspend". Staff should avoid these types of activities/tasks during any period of isolation unless necessary.
- The use of portable fans should be suspended during any periods of isolation to avoid the spread of any dried materials from lesions being moved into the air.

Disposal of Waste

Staff should ensure that the individual with monkeypox has a dedicated, lined trash can in the room where they are isolating.

- Any gloves, bandages, or other waste and disposable items that have been in direct contact with skin of an individual infected with monkeypox should be placed in a sealed plastic bag, then thrown away in the dedicated trash can.
- Staff should wear gloves when removing garbage bags and handling and disposing of trash.

Additional Resources

Visit the CDC website and/or the NYS Department of Health websites for additional information on monkeypox.

<https://www.health.ny.gov>

<https://www.cdc.gov>

If you have any questions or concerns, or require assistance in implementing these strategies, please feel free to contact Susan B. Prendergast, RN, BS, Director of Nursing and Health Services at: Nusingandhealthservices@opwdd.ny.gov