



Mpox Alert: World Health Organization Warns About New Outbreak

Updated Information for Healthcare Workers: Symptoms, Transmission, Preventative Measures

August 2024

On Aug. 14, 2024, the World Health Organization alerted the international public health community of a growing mpox outbreak in the Democratic Republic of the Congo that has spread to several neighboring countries (Republic of the Congo, Central African Republic, Rwanda, Burundi and Kenya). Mpox (formerly known as monkeypox) is endemic in the DRC but not in all of its neighbors. Travel-related cases in Sweden and Thailand also have been identified.

The outbreak is more widespread and dangerous than previous ones, including the 2022-2023 outbreak. This one is caused by a clade 1b mpox virus, which causes more severe symptoms, is more transmissible and has a higher mortality rate than the clade II virus that was circulating in 2022-2023.

While the current risk outside of these countries remains very low, the WHO issued its highest level of global alert, calling on governments and international public health authorities for an immediate and coordinated response to prevent a global emergency and expedite vaccine access for affected nations.

For information on the Biden-Harris administration's international and domestic response to the mpox outbreak, see the Center for Disease Control and Prevention's fact sheet: "[United States Response to the Clade I Mpox Outbreak in Several African Countries,](#)" Aug. 22, 2024."

What Is Mpox?

- Mpox is an orthopoxvirus related to variola (smallpox), vaccinia (cowpox) and chickenpox.
- It causes flu-like symptoms and a painful rash that develops into pustules, causing permanent scarring.
- People with weakened immune systems, the elderly, children under age 8, people with a history of eczema, and people who are pregnant or breastfeeding, are at highest risk for severe outcomes.

How Is Mpox Spread?

- Mpox can be spread through:
 - Direct skin contact with the infectious rash, scabs or bodily fluids;
 - Contact with contaminated clothing, bedding and other fomites;
 - Respiratory secretions.



- studies have suggested that the virus may be transmitted through aerosolized particles from lesions, respiratory secretions and contaminated objects.
- Routes of entry include the nose, mouth, eyes and broken skin.
- Infected pregnant people can pass the virus on to a fetus through the placenta.
- It can be passed from animals to humans.

Mpox Incubation and Infectious Period

- Incubation lasts one to two weeks, on average, but may last up to 21 days.
- People are not thought to be infectious during the incubation period, but research is ongoing.
- Patients are known to be infectious from the onset of symptoms until all lesions have crusted over, the crusts have separated, and a fresh layer of healthy skin has formed, generally two to four weeks.
- Patients must isolate during the infectious period to avoid contact with people and animals.

Symptoms

- Patients may first experience fever, chills, sore throat, headache and muscle aches.
- A rash follows and develops into painful pustules on the face, mouth, tongue and body.
- Swollen lymph nodes are a significant indicator of mpox infection. Chicken pox and measles do not cause swollen lymph nodes.
- Complications can include pneumonia, encephalitis and eye infections.

Treatment

- Most infected people can isolate at home with advice from their healthcare provider about over-the-counter topical agents, antihistamines and pain medication.
- Patients with more severe disease are hospitalized and treated with antiviral drugs developed for smallpox or with vaccinia immune globulin intravenous (VIG-IV). Tecovirimat (TPOXX), a new investigational drug, is available from the Strategic National Stockpile.
- See [“Information for Healthcare Professionals,” CDC, Aug. 26, 2024.](#)

Prevention for the General Public

For most people, preventing mpox infection comes down to commonsense hygiene practices:

- Wash hands frequently with soap and water.
- Avoid close, skin-to-skin contact with people who have a rash that looks like mpox.
- Do not handle bedding, towels or clothing of an infected person.
- Do not share eating utensils or cups with an infected person.
- Clean and disinfect frequently touched surfaces.



Vaccines

- The Jynneos vaccine can be very effective at preventing mpox if administered within four days of exposure. If administered within four to 14 days of exposure, it limits the severity of mpox. Eligibility information is here: "[Mpox Vaccine Recommendations.](#)" CDC, Aug. 22, 2024.
- Jynneos was approved for the prevention of mpox and smallpox by the Food and Drug Administration in 2019 for people 18 and older. It is a live, attenuated, nonreplicating vaccine with two doses given four weeks apart. Immunity is developed two weeks after the second dose.
- It is critically important that global supplies of Jynneos be targeted to the nations that are most in need.
- People who were vaccinated against smallpox in the past may have residual immunity. Routine smallpox vaccination ended in 1972 in the United States. Mandatory smallpox vaccination for healthcare workers ended in 1976.

Health and Safety Protections for Healthcare Workers

The risk of mpox spreading within the United States is very low currently, but facilities should be prepared to protect staff and other patients. Mpox clade I is highly infectious, dangerous and potentially fatal.

Request your facility's mpox infection control plan or the general infectious disease control plan. It should include plans to identify and isolate patients and to train and protect staff.

1. Identification and Isolation

- Provide training for nurses, physicians and physician assistants on identification and treatment of mpox. See "[Mpox Case Definitions.](#)" CDC, last updated June 10, 2024.
- Implement a screening tool for patients who present with rashes and/or flu-like symptoms, and develop procedures to isolate people under investigation.
- Designate isolation rooms, preferably airborne infection isolation rooms (known as AIIRs), as well as make plans to increase the number of isolation rooms if needed.
- Limit patient transport outside of the room. If the patient must be moved, mask the patient and cover exposed skin lesions.

2. Personal Protective Equipment

PPE for contact and airborne precautions must be provided to staff (direct care providers, environmental service workers and food service workers) who are exposed to:

- Patients with suspected or confirmed mpox;
- Their soiled clothing, bedding, and towels;
- Their used dishes; and
- Their trash and waste.



This includes:

- Gown;
- Nitrile gloves;
- Eye protection (goggles or face shield); and
- NIOSH-approved and fit-tested N95 respirator or a stronger respirator.

3. Environmental Services Workers

These workers play an incredibly important role in reducing the spread of infection. Training and support for them is vital for protecting patients and staff.

- Provide training on donning and doffing PPE as needed.
- Implement updated training to EVS staff on cleaning and infection control protocols.
- Use wet cleaning methods, according to infection control protocols. Avoid cleaning practices that may aerosolize the virus, including vacuuming, dusting and sweeping.
- Soiled laundry should be gently and promptly contained in the laundry bag designated for infectious material. Avoid contact with lesion material that may be present on the laundry, according to facility infection control procedures. Soiled laundry and trash receptacles must never be shaken.
- Trash bags should be removed before full and tied off without “burping” the air out.

4. Notification and Contact Tracing

- Implement a confidential log of patients and staff with confirmed mpox for contact tracing purposes.
- Within 24 hours, notify any employee who was exposed to cases of confirmed mpox and provided direct care without a gown, gloves, face mask or eye protection. Exposure would include skin-to-skin contact, contact with bodily fluids or contact with fomites. Offer a vaccine to exposed workers as soon as possible after the exposure, but within four days to prevent infection.
- Visitors should be limited to those essential for the patient’s care and well-being. Visitors should be required to sign in and out for contact tracing purposes.

Resources:

[Global strategic preparedness and response plan launched by WHO to contain mpox outbreak](#)

[Mpox global strategic preparedness and response plan \(who.int\)](#)

[Mpox | Poxvirus | CDC](#)

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