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Mpox: Update for AFT Nurses and Health Professionals

February 2025

In August 2024, the World Health Organization alerted the international public health community about a new outbreak of mpox (formerly called monkeypox) in Central and Eastern Africa, specifically the Republic of the Congo, the Democratic Republic of the Congo, Central African Republic, Rwanda, Burundi, Kenya, Uganda and Zambia. As of February 2025, several travel-related cases have been found in other parts of the world, but no ongoing transmission, including four travel-related cases in the United States.

The outbreak is caused by a new strain (clade) of the virus. The clade I virus causes more severe symptoms, is more transmissible and has a higher mortality rate than the clade II virus circulating in 2022-23. Clade II mpox continues to spread at a low level in many countries around the world.

Risk in the U.S. is low for clades I and II. Both clades are transmitted in the same way and can be prevented using the same methods.

Although the current risk outside of Eastern and Central Africa remains 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.

On his first day in office, President Trump issued an executive order stating that the U.S. will withdraw from the WHO, removing American expertise and resources from global efforts to stop the spread of mpox and other infectious diseases. Other actions by President Trump will limit the Centers for Disease Control and Prevention's ability to respond, including freezing congressionally appropriated funds, stopping the CDC from communicating with external partners, layoffs of experienced staff, and a prohibition on staff travel.

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.

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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; and
    - 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.
- Mpox can be passed from animals to humans and vice versa.

Mpox Incubation and Infectious Period

- Incubation is three-17 days.
- 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 are sometimes infectious one to four days before symptoms appear.
- 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 U.S. Mandatory smallpox vaccination for healthcare workers ended in 1976.

Health and Safety Protections for Healthcare Workers

The risk of mpox clades I and II spreading within the U.S. 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 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 services 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

Questions? Contact 4healthandsafety@aft.org