




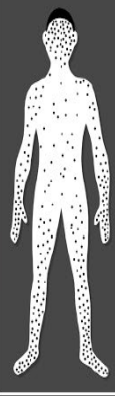
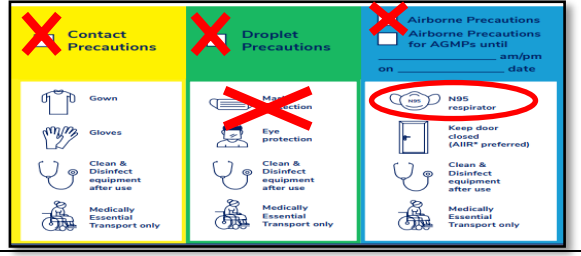


<b>Contact IP&amp;C</b>	For any persons presenting with <a href="#">mpox</a> and see protocol for complete information.	
<b>GENERAL INFORMATION</b>		
<b>Period of Communicability</b>	An individual with mpox infection is considered infectious from the start of their symptoms, including prodromal symptoms, and until the rash/lesions have scabbed, fallen off, and new skin is present. This includes healing of all mucosal surfaces (mouth, throat, eyes, vagina and anorectal area). At this time, it is not known with certainty if a person can transmit mpox before they become symptomatic.	
<b>Transmission</b>	<p>Mpox does not generally spread easily between people. Current evidence suggests mpox spreads in 4 ways:</p> <ol style="list-style-type: none"> <li><b>FROM PERSON TO PERSON</b></li> <li><b>INDIRECT CONTACT</b> with contaminated objects used by or with an infected person</li> <li><b>FROM ANIMALS TO HUMANS</b> via a bite or scratch or through meat preparation or consumption of undercooked infected meat</li> <li>Transmission from <b>MOTHER TO INFANT</b> via vertical transmission across the placenta (which can lead to congenital mpox) or during close contact during or after birth</li> </ol>	
<b>Signs &amp; Symptoms (Clinical Presentation)</b>	<p>Symptoms are typically “flu-like” and typically occur 0 – 5 days before appearance of rash (lesions) and can include:</p> <ul style="list-style-type: none"> <li>fever</li> <li>chills</li> <li>muscle aches</li> <li>swollen lymph nodes</li> <li>headache</li> <li>exhaustion</li> <li>back aches</li> </ul> <p>However, they may occur during or after the onset of rash (documented in the 2022 outbreak).</p> <p>Several days after these symptoms appear, a rash may appear anywhere on the body, but is typically found on the face, palms of the hands and soles of the feet. The lesions progress through four stages before scabbing over and resolving, over a period of 2-3 weeks. Close intimate contact during sex is known to be a risk factor, and lesions may start and be localized to sites of contact</p> <div data-bbox="719 854 1588 1257" style="display: flex; align-items: center;"> <div style="display: flex; justify-content: space-around; text-align: center;"> <div><b>Macule</b> </div> <div><b>Papule</b> </div> <div><b>Vesicle</b> </div> <div><b>Pustule</b> </div> <div><b>Crust</b> </div> </div> <div style="margin-left: 20px;"></div> </div>	
<b>INFECTION PREVENTION &amp; CONTROL MEASURES</b>		
<b>People with Signs/Symptoms (Source Control)</b>	As soon PRC is identified as a contact, probable or confirmed case of mpox, have PRC clean their hands and put on/change to a new medical mask. Cover any lesions as best as possible with a clothing, sheet, gown or dressing. PRC should always be at least 2 meters from anyone not in appropriate PPE.	
<b>Additional Precautions (AP) &amp; Personal Protective Equipment (PPE)</b>	<p>Place all suspect, probable and confirmed cases of mpox on Contact, Droplet and Airborne Precautions. Use eye or face protection as directed in Droplet Precautions. Instead of medical mask, use N95 respirator or better, as directed in Airborne Precautions.</p>	
<b>Accommodation</b>	As soon as possible, place a PRC with suspect, probable or confirmed mpox infection in an Airborne Isolation Room or a single room with the door closed with a dedicated toilet or commode.	
<b>Testing</b>	<p>Routine laboratory testing should be performed to rule out other more common diagnoses. Consult Infectious Diseases for further advice on laboratory testing, diagnosis, and treatment. Refer to <a href="#">Mpox Specific Disease Protocol</a> for additional important information on Specimen Collection.</p>	
<b>Transport</b>	<p>Notify re: PRC on Additional Precautions (Contact, Droplet and Airborne) for contact, suspect or confirmed mpox:</p> <ul style="list-style-type: none"> <li>Receiving department, program, area</li> <li>Receiving facility</li> <li>Patient Transport Services</li> <li>Emergency Medical services</li> </ul>	<p>Prior to transport:</p> <ul style="list-style-type: none"> <li>PRC and staff to perform hand hygiene</li> <li>PRC to wear medical mask, cover skin lesions with a clean gown, clothes sheet or bandages if lesions are weeping</li> <li>transporting staff to don/change to clean PPE just prior to transport.</li> </ul>
<b>Duration of AP</b>	On discharge, PRC and accompanying individuals should not take public transport with multiple passengers (e.g., bus). Instead use a private vehicle with previously exposed individuals. If not possible call site/program ICP or designate to discuss best options.	
<b>Duration of AP</b>	Maintain precautions until all lesions have crusted over and fallen off and new skin can be seen.	
<b>Visitor Management</b>	<p>Only essential Visitors/Accompanying Individuals (AI)/Designated Caregivers (DC) should be allowed (close family members and those providing care, including essential emotional support as specified by PRC or alternate decision maker).</p> <p>All persons must clean their hands when entering and exiting the room, and wear PPE, including N95 respirator:</p> <ul style="list-style-type: none"> <li>Staff shall show visitor/AI/DC how to seal check an N95 respirator</li> <li>Although this is an N95 respirator the protection afforded by this respirator is at a reduced level as it has not been FIT tested. Visitor/AI/DC must be made aware of this risk.</li> </ul>	