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July 25, 2022

HEALTH ADVISORY: MONKEYPOX CASES IN HEALTHCARE DELIVERY SETTINGS

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Monkeypox is a rare disease spread through human-to-human direct contact with lesion material or from exposure to respiratory secretions. Transmission in healthcare settings has been rarely described. Infection prevention and control recommendations for healthcare settings can be found here [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#) and here [NYSDOH Health Alert Notice for providers in New York State - July 8, 2022 \(PDF\)](#). These guidelines pertain to the care of patients or individuals who are receiving health care delivery services in healthcare facilities and other congregate or residential medical treatment facilities as determined by the licensing and/or regulating agencies. Additional information is provided below.

Precautions for Preventing Monkeypox Transmission

Standard and Contact Precautions using eye protection and a National Institute for Occupational Safety and Health (NIOSH)-approved particulate respirator equipped with N95 or higher-rated filter should be used when caring for patients and residents with suspected or confirmed monkeypox. If a patient seeking care is suspected of monkeypox, personnel responsible for overseeing infection prevention and control in the setting should be notified immediately. 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 using liquid/wet wipe products should be used instead.

Patient Placement

A patient or resident with suspected or confirmed monkeypox infection should be placed on transmission-based precautions as outlined above in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient or resident should have a dedicated bathroom. Transport and movement of the patient or resident outside of the room should be limited to medically essential purposes. If the patient or resident is transported outside their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet, wound dressing, or gown. Any procedures likely to spread oral secretions (e.g., suctioning of airways or sputum induction) should be performed in an airborne infection isolation room (AIIR).

Personal Protective Equipment (PPE)

PPE used by healthcare personnel, housekeeping, environmental services, or other staff who enter the patient's or resident's room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with an N95 or higher-rated filter

Proper procedures and sequencing for donning and doffing PPE should be followed.

For more information on infection prevention and control of monkeypox, please visit the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html> or the monkeypox main information page at <https://www.cdc.gov/poxvirus/monkeypox/index.html>.

Waste Management

In June 2022, the U.S. Department of Transportation (USDOT) released additional guidance on the handling of regulated medical waste (RMW) from suspected or confirmed cases of monkeypox. The USDOT June 2022 guidance can be found at: https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/Interim_Planning_Guidance_for_Handling_Category_A_Solid_Waste.pdf. The previous position of the USDOT was that facilities should hold untreated RMW generated from suspected cases of monkeypox and wait until testing confirms the diagnosis and identifies the strain (clade) before disposing of the waste.

However, the USDOT, in conjunction with other Federal partners, has issued new guidance indicating that during the ongoing 2022 multi-national outbreak of West African clade monkeypox, if clinician teams determine that a patient does not have known epidemiological risk for the Congo Basin clade of monkeypox (e.g. history of travel to the Democratic Republic of the Congo, the Republic of Congo, the Central African Republic, Cameroon, Gabon, or South Sudan in the prior 21 days) it is appropriate to manage waste from suspected monkeypox patients as RMW. If the Congo Basin clade of monkeypox is excluded, medical waste does not have to be held pending clade confirmation and medical waste needs to be packaged, transported, and treated as RMW. The waste must be packaged in accordance with 49 CFR § 173.197, labelled as United Nations (UN) 3291, Regulated medical waste (Monkeypox waste), and treated by incineration or by autoclaving at 121°C/250°F for at least 30 minutes.

Additional information can be found on the CDC web site at: <https://www.cdc.gov/csels/dls/locs/2022/06-21-2022-lab-advisory-interagency-partners-update-planning-guidance-disposal-shipment-material-suspected-contain-monkeypox-virus.html>

However, if epidemiological risk factors indicate a risk for Congo Basin clade, waste should be managed as a Category A infectious substance pending clade confirmation. If testing shows any clades except the West African clade, it needs to be packaged, transported, and treated as Category A waste. The waste must be packaged in accordance with 49 CFR § 173.196, labelled as United Nations (UN) 2814, Infectious substances, affecting humans (Monkeypox waste), and managed as Category A waste. A packaging for a Category A infectious substance is a triple packaging consisting of a leakproof primary receptacle, a leakproof secondary packaging, and a rigid outer packaging. For a detailed description of these packaging requirements, see

<https://www.ecfr.gov/current/title-49/subtitle-B/chapter-I/subchapter-C/part-173/subpart-E/section-173.196>.

Environmental Infection Control

Standard cleaning and disinfection procedures should be performed using a US Environmental Protection Agency (EPA)- and NYS Department of Environmental Conservation (DEC)-registered hospital-grade disinfectant with an emerging viral pathogen claim. Products with emerging viral pathogens claims may be found on EPA's List Q. Always follow manufacturer's instructions for use for concentration, contact time, and care and handling. Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with recommended standard practices, avoiding contact with lesion material that may be present on the laundry. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material. Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods using liquid/wet wipe products should be used instead.

Management of food service items should also be performed in accordance with routine procedures.

Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the Environment].

Duration of Precautions

If a patient or resident requires inpatient medical care and is isolated for monkeypox, decisions regarding the discontinuation of isolation precautions in a healthcare facility should be made with **the local or state health department**. [Isolation Precautions](#) should be maintained until **all** lesions have crusted, separated, and a fresh layer of healthy skin has formed underneath.

Management of healthcare personnel and patients with monkeypox exposure

Healthcare personnel and patients in healthcare facilities who have had an exposure to monkeypox should be monitored and receive postexposure management according to current recommendations. Additionally, if an inpatient is unable to communicate symptom onset (e.g., a patient with delirium), they should be isolated for 21 days after their last exposure or until they are able to communicate symptom onset (e.g. following delirium resolution) and monitored for the remaining duration of their incubation period.

Visitation

Visitors to patients with monkeypox should be limited to those essential for the patient's care and wellbeing (e.g., parents of a child, spouse). Decisions about who might visit, including whether the visitor stays or sleeps in the room with the patient, typically take into consideration the patient's age, the patient's ability to advocate for themselves, ability of the visitor to adhere to infection prevention and control (IPC) recommendations, whether the visitor already had higher risk exposure to the patient, and other aspects. In general, visitors with communicable diseases should not be visiting patients in healthcare settings to minimize the risk of transmission to others.