MPOX (Monkeypox)

Disease Overview

Mpox is a viral zoonosis (a virus transmitted to humans from animals) but can also transmit from human to human. Mpox virus is an enveloped double-stranded DNA virus that belongs to the Orthopoxvirus genus of the Poxviridae family with symptoms similar to those seen in the past in smallpox patients, although it is clinically less severe. There are two distinct genetic clades of the mpox virus: the central African (Congo Basin) clade and the west African clade. Mpox primarily occurs in central and west Africa countries

SYMPTOMS

Mpox illness can be divided into two periods:

- The invasion/prodromal period (lasts between 0–5 days) characterized by fever, intense headache, lymphadenopathy (swelling of the lymph nodes), back pain, myalgia (muscle aches) and intense asthenia (lack of energy).
    - Lymphadenopathy is a distinctive feature of mpox compared to other diseases that may initially appear similar (chickenpox, measles, smallpox)
- The skin eruption usually begins within 1–3 days of appearance of fever. The rash tends to be more concentrated on the face and extremities rather than on the trunk. It affects the face (in 95% of cases), and palms of the hands and soles of the feet (in 75% of cases). Also affected are oral mucous membranes (in 70% of cases), genitalia (30%), and conjunctivae (20%), as well as the cornea. The rash evolves sequentially from macules (lesions with a flat base) to papules (slightly raised firm lesions), vesicles (lesions filled with clear fluid), pustules (lesions filled with yellowish fluid), and crusts which dry up and fall off.
- Publications on the clinical presentation of the cases in the current outbreak are limited. However, information shared on national meetings suggest very mild and atypical clinical presentation including 1 or few skin lesions, on mucus membranes and the genitalia. Systemic symptoms are not always present and, in some cases, might develop after the skin lesions.

Mpox is usually a self-limited disease with the symptoms lasting from 2 to 4 weeks. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications. Pregnancy and underlying immune deficiencies may also lead to worse outcomes.

Based on mpox infections occurring in endemic countries, complications of mpox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. The extent to which asymptomatic infection may occur is unknown.

MODE OF TRANSMISSION

Animal-to-human transmission may occur by bite or scratch, bush meat preparation, direct contact with body fluids or lesion material, or indirect contact with lesion material.

Human-to-human transmission occurs through respiratory droplets or direct contact with body fluids or lesions, or indirect contact through contaminated materials (e.g., clothing, bedding, towels, etc.). Transmission can also occur via the placenta from mother to fetus (which can lead to congenital mpox) or during close contact during and after birth.

Sexual transmission has not been previously identified as a mode of transmission, though sexual partners also have close direct/intimate contact.

It is not known whether airborne transmission of mpox occurs, although it does not appear to be the primary mode of transmission. However, given evidence of airborne transmission with smallpox, there is a concern that mpox can also be transmitted by the airborne route.

INCUBATION PERIOD

Usually from 6 to 13 days but can range from 5 to 21 days.

PERIOD OF COMMUNICABILITY

Contagiousness may begin with the onset of symptoms. Individuals remain contagious until the scabs have fallen off on their own and the lesions are epithelialized.

Recent evidence suggests that some cases may be infectious up to 4 days before the onset of symptoms. It is currently unknown what proportion of mpox cases transmit the virus pre-symptomatically, and if the likelihood of pre-symptomatic transmission varies by route of transmission.

RISK FACTORS

High risk exposure includes living in the same household, having direct physical contact including sexual contact, and direct contact with a skin lesion of bodily fluid without appropriate personal protective equipment. Federal, provincial, and territorial health partners are working together to gather information on this evolving issue and to assess the possible risk of exposure to mpox virus in Canada. This includes the consideration of exposure timeframe, contact tracing and follow-ups.

Close, prolonged contact with infected persons is the most significant risk factor for mpox virus infection. Household members are at a greater risk of infection.

Surveillance Case Definition

Suspected case

A person of any age who presents with one or more of the following:

1. An unexplained [1] acute skin rash or lesion(s) [2] AND has at least one of the following signs or symptoms
    - Headache
    - Acute onset of fever (>38.5°C),
    - Lymphadenopathy (swollen lymph nodes)
    - Myalgia (muscle and body aches)
    - Back pain
    - Prostration/asthenia (profound weakness)
    - Fatigue
    - Pharyngitis (sore throat)
    - Proctitis (rectal inflammation/pain)
2. An unexplained [1] acute genital, perianal, anorectal and/or perioral, oral, or oropharyngeal rash or lesion(s) [2]

Probable case

A person of any age who meets the suspect case definition

AND

Has one or more of the following:

1. Has an epidemiological link to a probable or confirmed mpox (monkeypox) case in the 21 days before symptom onset
2. Has an epidemiological link to a location/event where transmission of mpox is suspected or known to have occurred in the 21 days before symptom onset
   An epidemiological link can be:
    - Face-to-face exposure, including health workers without appropriate personal protective equipment (PPE)

- Direct physical contact, including sexual contact; or contact with contaminated materials such as clothing or bedding

Confirmed case

A person who is laboratory confirmed for mpox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

*__See below for further details on lab confirmation__

Footnotes

[1] **Common infectious causes of acute rash or lesion(s)** can include Varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, hand-foot-and-mouth disease.

[2] **Acute rash or lesion(s)**

Mpox illness includes a rash or lesion(s) that can affect the mucous membranes in the oropharynx and anogenital area. The rash or lesion(s) can also affect the face, trunk, limbs, and palms of hands and soles of the feet. The rash or lesion(s) can last for 2 to 4 weeks and may appear as singular or multiple macules, pustules, vesicles, crusted lesions or ulcers. Lesions in varying stages can be present simultaneously. Anorectal lesions can manifest as anorectal inflammation (proctitis), pain and/or bleeding.

*It is not necessary to obtain negative laboratory results for listed infectious causes of rash or lesion(s) in order to classify a case as suspected

Diagnosis and Laboratory Guidelines

The main detection test for Mpox is a PCR targeting specific DNA sections for Mpox. It is done on a swab from the base of a lesion/vesicle/ulcer. The crust or membrane of a lesion is to be removed before swabbing. The sample should be kept at 4 C for a maximum of 72 hours. The New Brunswick Public Health Laboratory (NBPHL), located at the CHU-Dumont, has developed a PCR assay that allows for the presumptive detection of the Mpox virus in clinical samples

The recommended samples for this assay are:

- Swab of lesion surface or lesion exudate in UTM (recommended when the patient has active lesions). Dry swabs will also be accepted but are not the sample of choice.
    - Lesion swab submitted in UTM can also be used for the HSV, VZV and Enterovirus assays (only one sample needed).
- Throat or Nasopharyngeal swab in UTM (Recommended during the prodromal phase).
- For any other sample type, please contact the microbiologist on call.

The Mpox PCR assay will be performed 3 times a week (Monday, Wednesday, and Friday). Positive results will be reported as presumptive (Pos) and send to National Microbiology Laboratory for confirmation. As of August 10, 2022, negative results will no longer be reported as presumptive and will not be sent to NML. The Mpox confirmatory PCR result turnaround time from the NML is two (2) calendar days from reception of the sample. The presumptive positive result will need to be reported to Public Health within the hour.

PH do not need to wait on confirmatory testing to start case and contact management.

When testing for mpox, testing for other infections should be done either to rule them out or to detect co-infection: Herpes simplex virus, Varicella-Zoster virus, *Haemophilus ducreyi*, *Chlamydia trachomatis*, Lymphogranuloma Venereum (LGV) and *Neisseria gonorrhea*, Syphilis, Hepatitis B, hepatitis C, HIV

Reporting

Per Policy 2.2 Disease and Event Notification

During routine business hours:

- Complete a CD Urgent Notification for all confirmed and probable human cases and send to PHNB via the CDC Unit email (CDCunit@gnb.ca) as soon as possible by end of business day.
- Enhanced surveillance: For all confirmed and probable cases of Mpox complete the national case report form
    - All confirmed cases should be entered into the Reportable Disease Surveillance System (RDSS)

For after business hours: Follow routine after-hours protocol per the NDEG procedure.

Case Management

Education

The case or relevant care giver should be informed about

- Nature of infection, length of communicable period, mode of transmission
- Hand washing: Wash your hands frequently with soap and water for at least 20 seconds and avoid touching your eyes, nose, or mouth with your hands. Alternatively, alcohol-based hand sanitizer may be used if hands are not visibly soiled.
- Cough/Sneeze Etiquette: When coughing or sneezing, the individual should cough or sneeze into a tissue or the bend of their arm, not their hand. Throw any used tissues into a waste container that has a plastic bag in it, as soon as possible. Perform hand hygiene immediately afterwards.

Recommendations for interactions with others inside the home.

- Remain in isolation until no longer contagious (i.e., once scabs have fallen off, and the wound is epithelialized and has a light pink / shiny pearl appearance). Stay in a separate

room/area away from other household members if possible and using a separate bathroom if available/feasible. When possible, isolating in a separate room/area should be prioritized for persons with extensive lesions that cannot easily be covered, draining/weeping lesions, or respiratory symptoms.

    - If a private room for sleeping is not possible, the case should maintain as much distance as possible from others (e.g., by sleeping in separate beds)
    - If a separate washroom is not possible, the case should clean and disinfect all surfaces and objects they have had contact with and immediately remove and launder used towels (see environmental cleaning).
    - Avoid non-essential household visitors.

- Avoid contact with vulnerable populations or those at higher risk of severe ,pox illness including immunosuppressed people, pregnant women, and children under age 12 years.
- Avoid direct touching of other people, including through sexual contact.
    - After being deemed no longer contagious, cases should wear a condom during any sexual activity for 12 weeks
- Cover all lesions with clothing or bandages as much as possible
- Do not share clothes, bedding, towels, utensils, toothbrush, razors, sex toys, needles, or any other items that may be contaminated with infectious particles from lesions or body fluid
- Wear a well-fitting medical mask when around others, at all times. When this is not possible, other household members should wear a medical mask when in the presence of the case.
- See a healthcare provider or go to nearest Emergency Department if experience the following after testing positive for mpox:
    - Worsening or new throat or rectal pain
    - Severe Fever or chills
    - Shortness of breath or chest pain
    - New pox lesions on multiple parts of your body

Recommendations for environmental hygiene

- Laundry:
    - Laundry should be performed prior to cleaning and disinfecting surfaces and objects, to decrease opportunities for cross-contamination. Handling laundry- The case should be responsible for handling their own laundry (e.g., clothes, towels, bed linens, etc.). Contaminated laundry must be washed in a standard washing machine using hot water (i.e., 70°C) with detergent, and must be completely dried in a drying machine. If the

case does not have access to laundry washing and drying machines, the Public Health Authority (PHA) may assist in identifying supports to ensure contaminated items can be laundered appropriately.

- Please note: If the case is unable to launder their own items and a caregiver needs to handle these items, they should wear a well-fitting medical mask and disposable gloves. The mask and gloves should be properly disposed of after use. The caregiver should ensure the contaminated laundry does not come into contact with their skin or clothing. The caregiver should cover any skin that could potentially come in contact with the contaminated laundry (e.g., consider wearing long pants, long sleeves, an apron, etc.) Any garments from the caregiver that may have come in contact with the contaminated laundry should be removed and cleaned in the same manner as the contaminated laundry. The caregiver may consider transporting the contaminated laundry in a leak-proof bag or garbage bag. The garbage bag used to transport the laundry should be disposed of afterwards, by being placed in another garbage bag that is then closed and disposed of immediately. The caregiver should avoid shaking or handling the contaminated laundry in a way that may dispense infectious particles in the air or on surrounding surfaces or objects. Surfaces should be cleaned and disinfected after use.

- **Cleaning and disinfecting surfaces and objects**:
  - It is recommended that surfaces and objects the case may come into contact with are frequently cleaned and disinfected, with particular attention paid to high-touch surfaces and objects (e.g., tabletops, countertops, toilets, door handles, light switches, computer keyboards, etc.).
  - If a surface or object is visibly soiled, it should first be cleaned with regular cleaning products followed by disinfection by a standard household disinfectant. Ensure manufacturer's instructions are being followed when using these products. If using household bleach to disinfect (i.e., a 0.1 % sodium hypochlorite solution), instructions on how to dilute bleach are available at the following webpage: Use household chemicals safely - Canada.ca
  - Single-use disposable cleaning equipment (e.g., disposable towels) is recommended. If disposable cleaning equipment is not available, the cleaning material (cloth, sponge etc.) should be washed (e.g., with rags) or placed in a disinfectant solution effective against viruses, or 0.1% sodium hypochlorite. If neither option is available, the cleaning material should be discarded.
  - Cleaning furniture and carpets: Vacuum upholstered furniture and carpeted floors using a vacuum cleaner equipped with a high-efficiency particulate air (HEPA) filter. Do not vacuum furniture or carpet with a vacuum cleaner without a HEPA filter as this may spread infectious particles. Clean upholstered furniture and carpets that require removal of visible soil using commercially available cleaning products or

professional steam cleaning. Individuals should consult their public health department if they have grossly soiled furniture.

- Cleaning dishware and utensils: Dishes and other eating utensils should not be shared with the case. It is not necessary for the case to use separate utensils if properly washed. Soiled dishes and eating utensils should be washed in a dishwasher or by hand with warm water and soap.

Recommendations for interactions with animals

- People with suspected or confirmed mpox should avoid contact with wildlife, including handling, feeding, live trapping, baiting or other activities that increase contact between humans and wildlife.
- People with suspected or confirmed mpox should avoid working with livestock, to protect them from possible infection. If contact with livestock is unavoidable, it is recommended to cover all lesions with clothing or bandages and wear gloves and a well-fitting medical mask at all times. Clean and disinfect high touch surfaces frequently.
- People with suspected or confirmed mpox should avoid close contact with household pets. Have another member of the household care for the animals until the infected individual is no longer contagious (scabs have fallen off and skin is healing and has a light pink or shiny pearl appearance).
    - If this isn't possible, instruct individual to cover all lesions with clothing or bandages and wear gloves and a well-fitting medical mask at all times when caring for or near their animal(s) and clean and disinfect high-touch surfaces frequently (see Environmental Hygiene).
- Avoid close contact activities that increase the risk of spreading mpox virus between infected people and their pets. Do not:
    - Pet animals (without wearing protective gloves or coverings)
    - Snuggle, hug, or kiss them
    - Sharing sleeping areas
    - Let them sit on your lap
    - Let them lick you
    - Share food with them
- Whether an animal becomes infected depends on the susceptibility of the particular species and individual animal. Clinical signs include fever, decreased appetite, conjunctivitis (red eyes with a discharge), coughing or sneezing, and skin lesions (which may or may not be itchy). Advise the individual to call a veterinarian if their animal(s)

develops clinical signs of mpox during this time or if there are other concerns. Be sure to alert the veterinarian that the pet has been exposed to mpox. The veterinarian will provide further instructions and help determine if the pet needs to be seen at a clinic.

- If your pet develops signs or is confirmed to be infected with the mpox virus, it is recommended that they are kept away from other people and animals for at least 21 days after the onset of their signs, or until they are fully recovered, whichever is longer. Follow all recommendations for caring for pets who may have mpox.

Investigation

- Based on the current evidence that pre-symptomatic transmission may occur, PHAs may consider extending contact tracing to certain contacts who were exposed to the case up to 4 days before their symptom onset. This tracing may be done based on a risk assessment of the case's behaviour up to 4 days prior to their symptom onset. When assessing the risk, PHAs could consider whether the case had engaged in an activity with a greater risk of mpox transmission and/or visited a high-risk setting or event during this pre-symptomatic period. (The decision to trace contacts exposed to a case in the pre-symptomatic period will depend on whether PHAs are opting for a more rigorous contact management approach and if the necessary resources are available.)
- Communication/outreach with populations at risk (related to potential source of infection) and their health care providers to promote awareness of signs/symptoms.
- Initiate contact tracing if the case is probable or confirmed.
- If anonymous sexual/intimate contacts are reported by the case, identifying events (and dates), venues (and dates), social media and dating apps used can be good probes to identify and reach out to attendees/contacts who were either potential source or at-risk of infection.

Isolation/Exclusion/Social distancing

Home isolation (or isolation in the community) is recommended for the following individuals in whom hospitalization is not clinically indicated, with appropriate isolation protocols and infection control measures to be followed and until cleared by public health.

- Confirmed Case
- Suspect and Probable Cases pending their Mpox lab results: if their lab results came back negative and Mpox was ruled out, they can come out of the isolation.
- Individuals in whom mpox is clinically and epidemiologically suspected but testing is unavailable or not completed or specimens collected were not valid.

Regional PH will work with cases to identify and mitigate any barriers to effective isolation in the home, as well as provide appropriate supports when needed (e.g., help with essentials; voluntary alternate isolation spaces, adjustments according to living situations e.g., if living in a congregate living settings), with attention to a non-stigmatizing, equitable and client-centered approach.

- If a private room for sleeping is not possible, the case should maintain as much distance as possible from others (e.g., by sleeping in separate beds).
- If a separate washroom is not possible, the case should clean and disinfect all surfaces and objects they have had contact with and immediately remove and launder used towels.
- Wear a well-fitting, preferably medical, mask when around others. When this is not possible, other household members should wear a well-fitting, preferably medical, mask when in the presence of the case.

When isolating at home or in the community, Individuals can be allowed to leave home in the following situations:

- To access urgent medical care or for other such emergencies: when accessing medical care, cases should, as much as possible, alert health care providers of their infection in advance of the meeting.
- Going outside if there is no direct contacts with others (outdoor activities e.g., walking, running) or
- To a lesser extent, and if no other arrangements can be done, the individual can go for ESSENTIAL errands (i.e., groceries) with advice/guidance on risk reduction (cover as much as possible, no touching of products, masking, and hygiene before leaving house)
- Advice on ability to leave their house for work duties would be based on some form of risk assessment as to the nature of their work and potential for spread in the workplace.

Ending of the isolation period (i.e., de-isolation) should be assessed on an individual case basis and in consultation with regional PH

To minimize the negative effects of prolonged strict isolation (e.g., non-adherence, avoidance of being diagnosed), and in balancing the risk of transmission from this disease, different levels of precautions can be applied depending on the extent and severity of the condition:

Isolation can be discontinued when ALL of the following criteria are met:

- No new lesions have formed within the last 48 hours; **AND**
- No fever for 24 hours (without the use of antipyretics) and systemically well; **AND**
  a. No lesions on exposed skin (including the face, arms, and hands) **OR**

b. lesions (on exposed skin only) have scabbed over, the scabs have dropped off, and a fresh layer of skin has formed underneath, **OR**

c. lesions can be covered with clothing or bandages **AND**

- No lesions are oozing such that fluid can't be contained even if covered **AND**
- Until recovered (See below for definition), a case must follow **modified precautions** described below.

Modified Precautions:

- For individuals who can discontinue isolation based on the above criteria, but are not still recovered, guidance should be provided on risk reduction until deemed recovered i.e., non-contagious (see below for definition), including
  - Masking in closed settings including within household
  - Minimize movement outside of the house as much as possible, especially for non-essential outings.
  - No close or direct contact with lesions or mucous membranes with other individuals including no sexual activities
  - Hygiene before leaving house
  - Postpone elective medical visits and other elective procedures (e.g., elective dental visits, elective blood tests)
  - Avoid those at higher risk of complications should they become infected i.e., immunosuppressed, pregnant women, children under 12.
  - Do not donate blood or any other body fluid (including sperm) or tissue
  - Do not travel to other cities, regions/provinces/territories or to other countries during the isolation period

Active monitoring of reported probable and confirmed cases (e.g., phone calls / communication).

- For cases on home isolation: Active monitoring every other day to monitor progress of the disease and advise case when they can stop home isolation and either shift to modified precautions or cease isolation
- For cases on modified precautions: Active monitoring once a week to monitor progress of the disease and advice when case is considered recovered (see below for definition) and therefore cease restrictions.

Case Recovery

The case is considered recovered when all lesions are epithelialized, they are afebrile for 24hrs (without the use of antipyretics), improved symptoms (e.g., headache, muscle pain, fatigue, respiratory symptoms), and they feel well enough to resume normal activities.

Due to unknowns about potential transmission, **for 8 weeks after lesion epithelialization**, recovered individuals should use condoms during all sexual activity and should not donate blood or any other bodily fluid (including sperm) or tissue.

Treatment

Currently there is no specific treatment; antiviral medications with activity against orthopoxviruses can be considered. NB has one course of TPOXX. 1.3.1 Product Monograph (hres.ca)

Public Health Staff: See **Appendix A** for details on the process to request TPOXX

Immunization

The Imvamune (Mpox) Vaccine is currently being offered to eligible New Brunswickers.

Cisgender, transgender or two-spirit individuals of any age and who also self-identify as belonging to the gay, bisexual, or men-who-have-sex-with-men community and who are or plan to become sexually active with more than one partner as well as individuals who self-identify as sex workers, and staff or volunteers in sex-on-premises venues

Individuals may now receive 2 doses of the vaccine as a public health measure to increase protection. A second dose at a 28-day interval is recommended for a primary series for those who are immunocompromised. The criteria may change as the situation evolves

Imvamune® is an orthopoxvirus vaccine made by Bavarian Nordic that is authorized by Health Canada for immunization against smallpox, mpox and other pox viruses in adults 18 years of age and older who are at high risk of exposure.

Discuss eligibility criteria for mpox vaccine. Contacts of those who test positive for mpox may be eligible for publicly funded vaccine.

Discuss mpox vaccine as per the recommendations outlined in the *National Advisory Committee on Immunization (NACI) statement* Guidance on use of Imvamune in monkeypox outbreaks in Canada: NACI rapid response, September 23, 2022 - Canada.ca

Offer immunizations as recommended in the Mpox Vaccination Clinical Resources and the New Brunswick Eligibility Criteria for Publicly Funded Vaccine/ Biologics.

Imvamune Product Monograph: Imvamune Product Monograph (March 10, 2023)

New-Brunswick Immunization Program Guide.

Canadian Immunization Guide - Canada.ca

Contact Management

Education

See table 2 for education and recommendation.

Investigation

- Assess the risk of exposure for contacts to facilitate determining the public health recommendations. Table 1 provides guidance for classifying contacts as either high, intermediate, or low risk, depending on their exposure, for the purposes of determining recommended actions.
- Based on the risk assessment, Table 2 outlines the PH recommendations for the contacts.
    - Active daily monitoring for high and intermediate risk contacts are to be conducted by PH (to be determined in consultation with the medical officer of health). Active Monitoring (gnb.ca)

Table 1: Contact management recommendations by exposure risk level.

Exposure risk	Description	Examples
High	**Prolonged or intimate contact,** including: • Skin/mucosa to skin contact with a case (regardless of the case's lesion location) • Skin/mucosa contact with a case's biological fluids, secretions, skin lesions or scabs • Skin/mucosa contact with surfaces or objects contaminated by a case's secretions, biological fluids, skin lesions or scabs • Prolonged close face-to-face interaction with a case (for 3 hours within 2 meters), without the use of	• Sexual partner • Household members • Roommate in a group home or student residence • HCP without appropriate PPE as per IPAC guidance[A] • Skin/mucosa contact with a case's unwashed bedding, towels, clothing, lesion dressings, utensils, razors, needles, sex toys, etc. • Risk assessment for the duration and distance from unmasked individuals needs to be conducted depending on the setting or the situation; for example, less time and distance may be applied for closed crowded

	a medical mask by the case or contact • PHAs **may** consider extending contact tracing to certain contacts who were exposed to the case up to 4 days before their symptom onset.	setting with hot humid environment e.g., sauna. • This tracing may be done based on a risk assessment of the case's behaviour up to 4 days prior to their symptom onset. PHNs could consider whether the case had engaged in an activity with a greater risk of mpox transmission and/or visited a high-risk setting or event during this pre-symptomatic period.
Intermediate	• Not meeting high-risk exposure criteria above AND: o Limited or intermittent, close proximity exposure to a case without wearing adequate PPE for the type of exposure risk (i.e., medical mask and gloves) o Shared living space where there are limited interactions with a case or their belongings	• Sitting next to case on plane • Person sharing a close proximity workspace for long periods of time
Low or Uncertain	• Not meeting the high- or intermediate-risk exposure criteria above AND: o Very limited exposures to a case o Wearing adequate PPE for the type of exposure	• Brief social interactions • Colleagues not sharing a confined or close-proximity office space

	risk (i.e., medical mask and gloves)	

Acronyms:

- HCP: Health care provider
- PPE: Personal protective equipment
- IPAC: Infection prevention and control

[A] This guidance is focused on community settings and does not replace point-of-care risk assessments by health care providers in health care settings, or a risk assessment conducted by PHAs to determine the exposure risk for a health care provider. Guidance is available for infection prevention and control of mpox cases in healthcare settings.

Table 2: Public health measures recommendations for contacts based on exposure risk.

Exposure risk	Recommendations
For all exposures	☐Can be permitted to continue routine daily activities, with some specific PHMs in place ☐Self-monitor for signs and symptoms of mpox infection for 21 days from last exposure ☐Practice proper hand hygiene and respiratory etiquette ☐Practice safe sex behaviours[b] ☐Notify the PHA and isolate immediately if signs or symptoms develop ☐Avoid fever lowering medications during observation period as long as possible ☐Alert any health care providers that provide medical care of the potential exposure ☐Until further evidence is available about safety of acetylsalicylic acid (Aspirin) for fever reduction in ☐Mpox, cases and

	contacts should avoid ASA or compound containing ASA ☐Provide information on when and where to access diagnostic testing
For both intermediate- and high-risk exposure contacts	☐Avoid high-risk settings (e.g., congregative living settings, such as jails or shelters) and vulnerable populations (e.g., children under 12 years of age, pregnant women, immunocompromised individuals) [1], where possible o If this is unavoidable, consider wearing a well-fitting medical mask in these settings or around vulnerable populations o For contacts who work in high-risk settings, refer to occupational health and safety advice or defer to the advice of their local PHA, based on a risk assessment ☐As a precaution to prevent possible spread to animals, including pets and livestock, and until more is known, it is recommended that contacts: o Have another member of their household care for their animals o If this is not possible, contacts should wear a well-fitting medical mask and gloves when near the animals, and clean and disinfect high touch surfaces frequently

	☐Avoid handling, feeding, or working closely with wildlife to prevent any possible spread of the virus – this is to limit risk of creating a wildlife reservoir for this virus in Canada
For high-risk exposure contacts	☐Wear a well-fitting medical mask whenever in the presence of others (including household members) ☐Refrain from sexual contact with others ☐Be especially vigilant when self-monitoring for symptoms if working with vulnerable populations
[b], While condom use and reduction of the number of partners is not completely protective in the case of mpox, it could reduce the risk of exposure	

Exclusion/Social distancing

Contacts DO NOT need to isolate as long as they remain asymptomatic. They should self-monitor for mpox symptoms for 21 days from last exposure to the case. If they develop any symptom, they should self-isolate and call PH for further actions.

Isolation of contacts that develop symptoms (probable case as per case management).

Vaccination of contacts

Post-exposure vaccination using a single dose of Imvamune® may be offered to individuals with high-risk exposures to a probable or confirmed case of monkeypox, or within a setting where transmission is happening. Post-exposure vaccination should be offered as soon as possible, ideally within 4 days (but up to 14 days) of last exposure. A second dose may be offered after 28 days from the first dose if an assessment indicates an ongoing risk of exposure or if the individual is in a high-risk group for whom pre-exposure vaccination is recommended. Those with a prior documented history of monkeypox infection need not be vaccinated.

Outbreak Management

Activate the local outbreak plan when an outbreak is declared.

References

Interim guidance on infection prevention and control for suspect, probable or confirmed mpox within Healthcare settings - Canada.ca