



Health and
Wellness

Prince Edward Island Guidelines for the Management and Control of Monkeypox

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Department of Health and Wellness
Chief Public Health Office

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Monkeypox is an emerging infectious disease in Canada. As the investigation evolves, it is anticipated that guidance will adjust. This is an evergreen document that will be updated to be aligned with current recommendations and evidence.

Case Definition (1)

Confirmed case

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

Probable case

A person presents with an unexplained¹ acute rash² or lesion(s)²

AND

Has one or more of the following:

1. Has an epidemiological link to a probable or confirmed monkeypox case in the 21 days before symptom onset, such as
 - 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
2. Reported travel history to or residence in a location where monkeypox is reported³ in the 21 days before symptom onset.

Suspect case

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

1. An unexplained¹ acute rash² **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
 - Asthenia (profound weakness)
2. An unexplained acute genital, perianal or oral lesion(s)⁴

¹ Common causes of acute rash can include Varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid

² Monkeypox illness includes a progressively developing rash that usually starts on the face and then spreads elsewhere on the body. The rash can affect the mucous membranes in the mouth, tongue, and genitalia. The rash can also affect the palms of hands and soles of the feet. The rash can last for 2 to 4 weeks and progresses through the following stages before falling off: macules, papules, vesicles, pustules, scabs.

³ Reported travel history includes regional, national, or international travel in the 21 days before symptom onset to any area where monkeypox may be reported.

⁴ There are case reports from North America of an atypical monkeypox virus rash that includes genital, perianal or oral lesion or ulcers, some of whom do not present prodrome.

Reporting Requirements (2) (3)

1. Laboratories

The Provincial Laboratory shall, in accordance with the [Prince Edward Island \(PEI\) Public Health Act](#)(2), report all positive molecular tests and all serological evidence of infection by phone, and fax, or electronic transfer, as soon as the result is known, to the Chief Public Health Officer (CPHO) or designate as required by the [PEI Reporting of Notifiable Diseases, Conditions, and Events Regulations](#)(3).

2. Health Practitioners

Health practitioners shall, in accordance with the [PEI Notifiable Diseases and Conditions and Communicable Diseases Regulations](#) of the (PEI) [Public Health Act \(2\)](#), report all probable, suspect and confirmed cases by phone, fax or electronic transfer, as soon as the result is known, to the CPHO (or designate).

3. National Notification

The CPHO will notify the Public Health Agency of Canada (24-hour emergency line 1-800-545-7661) confirmed, probable and suspect cases.

Etiology (4) (5)

Monkeypox virus belongs to the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus.

Clinical Presentation (4) (5)

The illness is often mild and self-limiting, with symptoms usually resolving within a few weeks. Although rare, severe cases and death can occur.

People usually develop symptoms 5 to 21 days after being exposed to the monkeypox virus.

Symptoms occur in 2 stages and typically last from 2 to 4 weeks.

In stage 1, symptoms may include:

- fever
- chills
- swollen lymph nodes
- headache
- muscle pain
- joint pain
- back pain
- exhaustion

Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body.

Lesions progress through the following stages before falling off:

- Macules
- Papules
- Vesicles
- Pustules
- Scabs

Diagnosis

Diagnosis of monkeypox is made on the basis of clinical presentation, exposure history, and laboratory testing (see Appendix A: Specimen Collection).

If an epidemiological link to an already laboratory-confirmed case has been established, laboratory testing is not necessary to meet the confirmed case definition.

Key Investigation

- Obtain a history of illness, including date of onset, signs and symptoms.
- Facilitate collection of appropriate specimens (see Appendix A).

Epidemiology (4)

1. Reservoir

The natural reservoir is unknown. African rodents and non-human primates (like monkeys) may harbor the virus and infect people.

2. Transmission

Transmission of monkeypox virus occurs when a person comes into contact with the virus from an animal, human, or materials contaminated with the virus. The virus enters the body through broken skin (even if not visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth).

3. Incubation Period

The incubation period (time from infection to symptoms) for monkeypox is usually 7–14 days but can range from 5–21 days.

4. Period of Communicability

1 to 5 days before the rash develops and until the scabs have healed.

5. Host Susceptibility

The entire population is susceptible to Monkeypox.

Occurrence (5)

1. General

Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research, hence the name 'monkeypox.' The first human case of monkeypox was recorded in 1970 in the Democratic Republic of the Congo (DRC) during a period of intensified effort to eliminate smallpox. Since then, monkeypox has been reported in people in several other central and western African countries: Cameroon, Central African Republic, Cote d'Ivoire, Democratic Republic of the Congo, Gabon, Liberia, Nigeria, Republic of the Congo, and Sierra Leone. The majority of infections are in Democratic Republic of the Congo. Confirmed and probable monkey pox cases have now been reported in many countries outside Africa.

2. Canada (4)

On May 19, 2022 the Public Health Agency of Canada (PHAC) confirmed the first 2 cases of monkeypox in Canada. As of June 12, 2022, there have been 112 cases of Monkeypox infection reported in Canada.

3. Prince Edward Island

No lab-confirmed cases have been reported in PEI.

Control

Vaccination should be administered as soon as possible (ideally within 4 days) after an identified exposure to prevent or attenuate infection but can be administered up to 14 days post-exposure which may still theoretically attenuate disease if it occurs towards the end of the range of incubation period. If exposure has been intermittent or continuous, post-exposure vaccination should be ideally given within 4 days of the last exposure. Immunization is not indicated for those who have developed symptoms.

Guidance for vaccination and/or treatment will be provided in consultation with the CPHO following case and contact investigation.

[IMVAMUNE](#)[®] Smallpox and Monkeypox Vaccine Modified Vaccinia Ankara-Bavarian Nordic[®] (live-attenuated, non-replicating).

- The primary vaccination schedule in Vaccinia-naïve individuals consists of two doses of 0.5 mL administered four weeks apart by the subcutaneous route.
- Individuals previously vaccinated against smallpox with either a replicating smallpox vaccine or IMVAMUNE can be re-vaccinated with a single subcutaneous 0.5 mL dose of IMVAMUNE to boost their immune response.
- Each vial is for single use only and should not be used for more than one individual. The entire contents of the vial should be injected.

Vaccinia immunoglobulin (VIG)

[Vaccinia immunoglobulin](#) intravenous is a solution of gamma globulin from the serum of individuals recently immunized with smallpox vaccine. It is indicated to treat severe smallpox vaccine-associated adverse events: eczema vaccinatum, progressive vaccinia, severe or recurrent generalized vaccinia, and extensive lesions resulting from accidental implantation (transfer of vaccinia virus from the primary vaccination site to other parts of the body). VIG is ineffective in the treatment of post-vaccinal encephalitis and has no role in the treatment of smallpox. It is unknown whether a person with severe

monkeypox infection will benefit from treatment with VIG, however, its use may be considered in such instances. VIG can be considered for prophylactic use in an exposed person with severe immunodeficiency in T-cell function for which smallpox vaccination following exposure to monkeypox is contraindicated.

VIG should be given intravenously through a dedicated infusion line at a rate of 2 mL/min; VIG is compatible with sodium chloride 0.9%. Parenteral products should be inspected visually for particulate matter and discoloration prior to administration; it should not be used if the solution is turbid. The vial should not be shaken as it may cause foaming.

VIG should be administered at a dose of 6,000 units/kg as soon as symptoms appear and are judged to be due to a severe vaccinia-related complication. Two exceptions to this are vaccinia keratitis and encephalitis. VIG should not be given for vaccinia keratitis due to the potential of increased corneal scarring and should not be given for encephalitis due to lack of efficacy. For other VIG-treated complications, consideration may be given to repeat dosing, depending on the severity of the symptoms and response to treatment; however, clinical data on repeat doses are lacking. The administration of an additional dose of 9,000 units/kg may be considered in the event that the person does not respond to the initial 6,000 units/kg dose.

TPOXX (tecovirimat, ST-246®)

Treatment for monkeypox disease is mainly supportive. There are no well-established treatments for monkeypox, and there are very limited data available on the clinical effectiveness of specific treatments for monkeypox infection in humans.

[TPOXX](#) (tecovirimat, ST-246®) is indicated to treat smallpox disease in adults and pediatric patients weighing at least 13 kg. Tecovirimat inhibits the production of extracellular viral forms, which are responsible for the systemic spread of infection, inhibiting virus-induced cytopathic effects. Tecovirimat does not inhibit the formation of intracellular forms of the virus; however, by inhibiting envelopment and therefore preventing the exit of viral particles from an infected cell, the smallpox infection is slowed to a point where the immune system can eliminate the virus.

Contact Tracing

The purpose of contact tracing is to:

- Ensure contacts are aware of:
 - their potential exposure,
 - expectations of monitoring for any signs and symptoms,
 - risk mitigation measures to practice,
 - and what to do if they develop MPX symptoms (i.e., immediate isolation, advising PHAs)
- If eligible, provide information about post-exposure prophylaxis and referral to their health care provider, to prevent the onset of disease and stop further transmission
- Identify any symptomatic contacts as early as possible
- Facilitate prompt clinical assessment by a health care provider, laboratory diagnostic testing and treatment if signs or symptoms develop.

Management of a Case (4)

The illness is often mild and self-limiting, with symptoms usually resolving within a few weeks. Although rare, severe cases and death can occur.

Treatment for monkeypox disease is mainly supportive. There are no well-established treatments for monkeypox, and there are very limited data available on the clinical effectiveness of specific treatments for monkeypox infection in humans.

For individuals in whom hospitalization is not clinically indicated, self-isolation at home (or in the community) is the mainstay of public health case management (Appendix B). Case isolation (or self-isolation at home / in the community) is indicated until the end of the period of communicability for a monkeypox case (i.e., until lesion scabs have fallen off and new intact skin has formed below, or until scabs can be covered and a mask worn as source control). Ending of the self-isolation period should be assessed on an individual case basis and in consultation with Public Health.

Public Health Nursing will actively monitor the confirmed cases (e.g., regular phone calls/communication).

Home Self-Isolation

- For individuals self-isolating at home, counselling should be provided on how to reduce the risk of transmission to other household members or caregivers.
- Stay in a separate room/area away from other household members if possible and using a separate bathroom if available/feasible.
- Isolate in a separate room/area should be prioritized for persons with extensive lesions that cannot easily be covered, draining/weeping lesions, or respiratory symptoms.
- Avoid contact with those at higher risk of severe monkeypox illness including immunosuppressed people, pregnant women, and children under age 12 years.
- Avoid leaving the home unless necessary (e.g., to seek essential medical care).
- Avoid contact with animals, including household pets.
- Avoid non-essential household visitors.
- If confirmed to have monkeypox or awaiting test results wear a mask in the presence of others (medical mask preferred), especially if respiratory symptoms such as a cough or sore throat are present.
- Cover skin lesions as much as possible (e.g., long sleeves, long pants).

Criteria that will be used to determine discontinuation of isolation measures include:

- No new lesions have formed within the last 48 hours
- Lesions are crusted AND/OR
 - Lesions can be covered with bandages and/or clothing
 - Facial or oral lesions that cannot be covered would exclude the case from isolation discontinuance
 - No fever for 24 hours
 - Must continue to avoid high risk populations; children under 12, pregnant, and immunocompromised persons until recovered

- Must continue to follow guidance from Chief Public Health Office to reduce transmission to others until recovered.

Advice for care providers and household members

- Designate one person, if possible, to care for the person who is self-isolating (this person should ideally not be immunocompromised or pregnant).
- Caregivers and household members should wear a medical mask when entering the case's isolation space (e.g., to deliver food, change linens, etc.).
- Care providers should wear a medical mask and disposable gloves for direct contact with lesions. These should be disposed of after single-use.
- Care providers should perform hand hygiene regularly, including after touching skin lesions or lesion material, before putting on and after removing gloves, or after handling clothing, linens, or environmental surfaces that may have come into contact with fluid from lesions.
- Monkeypox is classified under Transport Canada regulations as a Category A Infectious Substance and as such requires special handling and packaging.
- Safe disposal of contaminated waste will be under the direction of the CPHO.

Management of Contacts

Prince Edward Island Public Health Nursing (PHN) or First Nations Health (Abegweit, Lennox Island) will obtain the names of exposed contacts during the initial interview with the case and create a list of those who would be susceptible to infection.

As per current understanding, the incubation period for monkeypox is up to 21 days and the period of communicability begins at symptom onset. Contact management recommendations are based on exposure risk level (Appendix C).

Contacts should be counselled regarding the signs and symptoms and the need to report to their health care provider should they occur. Symptoms include:

- Fever $\geq 100.4^{\circ}\text{F}$ (38°C)
- Chills
- New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
- New skin rash

**Fever and rash occur in nearly all people infected with monkeypox virus.*

Asymptomatic contacts are not required to self-isolate and can attend routine daily activities (e.g., go to work, school). Should any symptom(s) of monkeypox develop (including prodromal symptoms of fever, headache, myalgia, or lymphadenopathy which can develop up to 3 days prior to the rash), individuals should self-isolate immediately.

Asymptomatic contacts should consider wearing a mask (medical mask preferred) for source control when in enclosed indoor settings.

Contacts are described as having 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

- Face-to-face interaction with a case, without the use of a medical mask by the case or contact

Examples include:

- Sexual partner
- Household members
- Roommate in a group home or student residence
- Skin/mucosa contact with a case's unwashed bedding, linens, towels, clothing, lesion dressings, utensils, razors, needles, sex toys, etc.

Post-Exposure Prophylaxis

While the evidence is limited, [Imvamune](#)[®], a non-replicating orthopoxvirus vaccine, may provide some protection against monkeypox. Imvamune[®] is authorized by Health Canada for immunization against smallpox, monkeypox and other pox viruses in adults 18 years of age and older who are at high risk for exposure.

A single dose of the Imvamune[®] vaccine may be offered to people with high risk exposures (**to be defined by PHAC**) of a probable or confirmed case of monkeypox, or within a setting where transmission is happening. This dose should be offered as soon as possible, ideally within 4 days of exposure, but may be considered up to 14 days since last exposure. PEP should not be offered to people who have current monkeypox infection.

A second dose may be offered after 28 days if an assessment indicates an ongoing risk of exposure.

People with a history of myocarditis and/or pericarditis linked to a previous dose of an orthopoxvirus vaccine should discuss the benefits and risks of receiving Imvamune[®] with their doctor.

It is important to obtain informed consent when offering the Imvamune[®] vaccine for monkeypox. The limited data available on monkeypox infection and disease, as well as the limited data available on the safety and efficacy of Imvamune[®], should be discussed along with potential benefits and risks.

Infection Prevention & Control in Health Care Settings (6)

Person-to-person spread of monkeypox is uncommon. However, when spread does occur between people, the mode is through close contact with an infected person such as through direct contact with their body fluids, respiratory droplets, and/or monkeypox sores, or by sharing clothing, bedding or common items that have been contaminated with the infected person's body fluids or sores. Sexual transmission has not been previously identified as a mode of transmission, though sexual partners also have close direct contact.

It is not known whether airborne transmission of monkeypox 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 monkeypox can also be transmitted by the airborne route. At this time, as more information is gathered, healthcare settings should implement droplet and contact precautions, in addition to airborne precautions until more information about the potential for aerosol transmission is known.

Precautions should be used when a patient presents with fever and vesicular/pustular rash (suspected case). Any lesions or respiratory secretions should be considered infectious material. Continue to follow routine practices including:

- Point of Care Risk Assessment (PCRA)
- Hand Hygiene
- Patient Placement
- Respiratory hygiene
- Personal Protective Equipment (PPE)
- Injection and Medication Safety
- Cleaning and Disinfection Procedures
- Waste Management

Contacts in the Health Care Setting

Asymptomatic intermediate and high-risk contacts should avoid non-essential interactions in enclosed indoor settings with those at higher risk of severe monkeypox illness including immunosuppressed people, pregnant women, and children under 12 years old.

High-Risk Susceptible Contact:

- ***Monitor for symptoms***
- ***Post-exposure prophylaxis (PEP) recommended***
- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing) -OR-
- Being inside the patient's room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances).

Intermediate Risk

- ***Monitor for symptoms***
- ***PEP- Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks***
- Being within 6 feet for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask -OR-
- Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances (e.g., if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from high to intermediate).

Low Risk

- **Monitor for symptoms**
- **PEP not recommended**
- During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask -OR-
- Being within 6 feet of an unmasked patient for less than 3 hours without wearing at minimum, a surgical mask -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances (e.g., uncertainty about whether Monkeypox virus was present on a surface and/or whether a person touched that surface).

More detailed information for IPAC in the health care setting can be found here : [Interim guidance on infection prevention and control for suspect, probable or confirmed monkeypox within Healthcare settings](#)

References

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Appendix A: Specimen Collection

MONKEYPOX PCR	
Cerner Orderable	Miscellaneous Micro
Specimen *Preferred specimen	<ul style="list-style-type: none"> • Lesion fluid and/or crust, scab, skin material* • CSF/Blood from encephalitic patients only (NOT ROUTINE) • Formalin fixed and/or paraffin embedded tissue
Specimen Container	<ul style="list-style-type: none"> • Lesion fluid and/or crust, scab, skin material: UTM/VTM container • Blood(from encephalitic patient): Large red top/SST tube • CSF: 5.0 mL CSF container • Fresh frozen tissues: 50.0 mL Sterile container • Formalin fixed tissue: container clearly identified as containing formalin • Paraffin embedded tissue: sent as entire block or four to six 10uM sections in plastic tube or vial •
Specimen Storage/Stability	<ul style="list-style-type: none"> • Lesion fluid and/or crust, scab, skin material: store refrigerated (Do Not freeze) • Blood/CSF: store refrigerated or frozen • Tissue: store at -70°C • Formalin fixed tissue: store room temperature •
Turn Around Time	2 calendar days

Appendix B - Fact Sheet: Monkeypox

Monkeypox (MPX) is a disease caused by the monkeypox virus. It enters the body through broken skin (even if not visible), the respiratory tract or the eyes, nose, or mouth.

How it spreads

Monkeypox can spread from animals to humans, from person to person and through contaminated objects.

- Monkeypox is spread through contact with sores and items like bedding or towels that have monkeypox virus. It can also spread through respiratory droplets such as coughs and sneezes during close, face-to-face contact with a person who has monkeypox.
- Monkeypox is not known to be transmitted sexually. This means the virus does not spread through semen, vaginal or rectal fluids and is not a sexually transmitted infection (STI). It can spread through close contact during sexual activity.

Symptoms

Symptoms can last 2 to 4 weeks and occur in two stages. In the **first stage**, symptoms can include:

- Fever
- Chills
- Intense headache
- Swollen lymph nodes
- Back pain
- Muscle pain
- Fatigue or exhaustion
- Other less common symptoms can include sore throat, cough, nausea or vomiting, and diarrhea

The *second stage* usually starts 1 to 5 days after the first stage. **Second stage** symptoms can include:

- A rash that often starts on the face or legs and arms, and can affect other parts of the body, such as the hands, feet, mouth and genitals.
- Monkeypox sores usually last between 2 to 3 weeks. The sores change in appearance over time from raised spots to small blisters filled with fluid. They eventually form a scab and fall off.

Some people experience symptoms differently. For example, they may not experience first-stage symptoms but will develop sores. They may develop sores on only one or a few parts of the body.

If you have been exposed

- Public health is following up with all known contacts of the cases.
- Monitor for symptoms if you have had contact with a person with known or suspected MPX.
- It can take around 1 to 3 weeks after exposure for a person to develop symptoms.

If you become ill

- Contact your healthcare provider to get tested. Tell your healthcare provider if you have had contact with a person with known or suspected MPX.
- Stay home and self-isolate until you see a healthcare provider.
 - Stay away from people you live with if you can and do not share towels, clothing or linens.
 - If possible, ask other members of your household, family or friends to look after any pets so you do not spread monkeypox to animals.
- If MPX is confirmed, public health will contact you to give more instructions.
- Monkeypox is usually a mild illness and most people recover on their own after a few weeks.
- There are no well-established treatments for MPX. Antiviral medication may be considered on a case-by-case basis.

Recommendations for interactions with others living in the home

- Remain in isolation until deemed no longer contagious (i.e., once scabs have fallen off, and the wound is healed and has a light pink/shiny pearl appearance)
- Avoid contact with vulnerable populations (e.g., children under 12 years of age, immunocompromised individuals, pregnant women), where possible
- Avoid direct touching of other people, including through sexual contact
- 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 fluids
- Isolate in a separate space (e.g., private room for sleeping and washroom) whenever possible, especially if the case has respiratory symptoms, lesions that are hard to cover (e.g., on the face), or weeping lesions.
- 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 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.
- Maintain proper hand hygiene and respiratory etiquette.
- Cases should consult their health care provider for advice if breastfeeding.
- Avoid contact with animals, including pets, when possible.
- The current spread of MPX in Canada is a result of human-to-human transmission of the virus; the risk of people passing the virus to animals is unknown.
- To prevent possible spread to animals, including pets and livestock, cases should have another member of their household care for their animals. If this isn't possible, cases should cover all lesions with clothing or bandages, wear a well-fitting medical mask and gloves when near the animals, and clean and disinfect high-touch surfaces frequently.

- As a precaution and until more is known, cases should 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.

Recommendations for interactions with others outside the home

- Only leave isolation 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
- Limit contact with others from outside the home during their isolation period
 - This includes not having visitors inside the home, with the exception of a health care provider who follows relevant infection prevention and control measures to provide necessary patient care services
- As much as possible, have necessities delivered to the home, such as medication, groceries, etc.
- Postpone elective medical visits and other elective procedures (e.g., elective dental visits, elective blood tests)

Advice for handling soiled laundry/linens and cleaning

- Avoid direct contact when handling contaminated laundry/linens (i.e., wear disposable gloves).
- Do not shake or otherwise agitate soiled laundry in a way that could disperse infectious particles.
- Wash laundry in a standard washing machine with warm water and detergent.
- Do not share dishes or utensils when eating; however, dishes/utensils can be used by others in the home if these are properly washed between uses either in a dishwasher or in a sink, using warm water and soap.
- Clean and disinfect contaminated surfaces (e.g., bathroom, if shared, after use by the person isolating).
- No special cleaning products are required, usual household cleaning and disinfecting products are sufficient to inactivate the virus.

Advice for waste disposal

- Monkeypox is classified under Transport Canada regulations as a Category A Infectious Substance and as such requires special handling and packaging.
- Contaminated household waste (such as dressings and bandages) should not be disposed of with household garbage in landfills or dumps. Disposal of contaminated waste will be under the direction of the CPHO.

Prevention and vaccination

- Health Canada maintains a limited stockpile of a vaccine that protects against MPX (Imvamune™) that will be made available to provincial and territorial public health authorities if there are cases of monkeypox. It is not currently available for the general public.
- Discussions are underway in Canada to determine how best the vaccine could be used to help control infections.

Appendix C- Contact Management Recommendations by Exposure Risk Level.

Exposure Risk	Description	Examples
High	<p>Prolonged or intimate contact, including:</p> <ul style="list-style-type: none"> • 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 • Face-to-face interaction with a case, without the use of a medical mask by the case or contact 	<ul style="list-style-type: none"> • Sexual partner • Household members • Roommate in a group home or student residence • HCP without appropriate PPE as per IPAC guidance Footnote a • Skin/mucosa contact with a case’s unwashed bedding, towels, clothing, lesion dressings, utensils, razors, needles, sex toys, etc.
Intermediate	<ul style="list-style-type: none"> • Not meeting high-risk exposure criteria above AND: <ul style="list-style-type: none"> ○ 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) ○ Shared living space where there are limited interactions with a case or their belongings 	<ul style="list-style-type: none"> • Sitting next to case on plane • Person sharing close proximity workspace for long periods of time
Low or Uncertain	<ul style="list-style-type: none"> • Not meeting the high- or intermediate-risk exposure criteria above AND: <ul style="list-style-type: none"> ○ Very limited exposures to a case ○ Wearing adequate PPE for the type of exposure risk (i.e., medical mask and gloves) 	<ul style="list-style-type: none"> • Brief social interactions • Colleagues not sharing a confined or close-proximity office space
<p>Acronyms: • HCP: Health care provider • PPE: Personal protective equipment • IPAC: Infection prevention and control</p>		