

# Mpox: Infection Prevention and Control Recommendations

INTERIM GUIDANCE – v2.0 January 2025

The occupational exposure risk of mpox transmission in healthcare settings is **LOW** when infection prevention and control strategies are applied.<sup>1</sup>

Mpox vaccine may be considered for healthcare workers **at risk of exposure to patients with mpox** based current Australian Technical Advisory Group (ATAGI) [Clinical Guidance on the use of vaccines for the prevention of Mpox](#) advice.<sup>2</sup>

Advice in this document should be used in conjunction with the [Mpox – CDNA National Guidelines for Public Health Units](#)<sup>3</sup> and is subject to change if the epidemiological risk and/or circulating clade change. The [hierarchy of controls](#) and clinical risk assessment should be used to guide infection prevention and control interventions to minimise infection transmission.

**Table 1. Mpox infection prevention and control interventions**

Strategy	Recommendation/advice
<b>Mode of transmission</b>	<ul style="list-style-type: none"> <li>• Direct close and sustained contact with an infected person.</li> <li>• Direct contact with broken skin or via mucous membranes.</li> <li>• Respiratory transmission during prolonged face to face contact.</li> <li>• Indirectly via fomites and exposure via aerosol-generating procedure without appropriate personal protective equipment (PPE).</li> <li>• Body fluid exposure of healthcare workers including needlestick injury and mucosal membrane exposure.</li> </ul>
<b>Patient placement</b>	<p>Isolate all suspected, probable, and confirmed cases:</p> <ol style="list-style-type: none"> <li>1. <b>SINGLE ROOM</b> with an ensuite<sup>^</sup>•.</li> <li>2. <b>NEGATIVE PRESSURE ROOM</b><sup>•</sup> (where available) if:               <ul style="list-style-type: none"> <li>• Confirmed clade I or there is a reasonable suspicion the case is infected with clade I: refer to <i>Box 1: Factors to consider in an mpox risk assessment</i> in <a href="#">CDNA Mpox SoNG</a> (page 22).</li> <li>• Systemically unwell (fever or respiratory systems) pending clade classification.</li> <li>• Disseminated lesions.</li> </ul> </li> </ol> <p><sup>^</sup>Cover skin lesions with dressings, a sheet or gown or clothing (if tolerated).</p> <p><sup>•</sup>Use of a disposable face shield for cases with extensive oral/facial lesions or who cannot wear a surgical mask when mobilising or moving outside of their room.</p>

<b>Personal protective equipment (PPE) for patient care</b>	<p>Two tiers of PPE are recommended as determined by mpox clade:</p> <ol style="list-style-type: none"> <li>Confirmed clade II – <b>STANDARD AND CONTACT PRECAUTIONS</b>. Add <b>DROPLET PRECAUTIONS</b> for cases with disseminated lesions, or who are systemically unwell (fever or respiratory symptoms) and during aerosol generating and dispersing procedures. <ul style="list-style-type: none"> <li>Gown/apron, and gloves.</li> <li>Add surgical mask and protective eyewear for droplet precautions.</li> </ul> </li> <li>Confirmed clade I or there is a reasonable suspicion the case is infected with clade 1: <i>refer to Box 1: Factors to consider in an mpox risk assessment in <a href="#">CDNA Mpox Song</a> (page 22)</i> – <b>STANDARD, CONTACT, AND AIRBORNE PRECAUTIONS</b>. <ul style="list-style-type: none"> <li>Gown/apron, gloves, particulate filter respirator (P2/N95), protective eyewear.</li> </ul> </li> </ol> <p>Avoid exposure to body fluids, lesion material or contaminated material from an infected person or their environment (for example bedding) unless wearing appropriate PPE.</p>
<b>Duration of precautions</b>	<p>Until all lesions and other symptoms have resolved.</p>
<b>Hand hygiene</b>	<p>Perform hand hygiene according to the <a href="#">5 moments for hand hygiene</a> with either alcohol-based hand rub or wash hands with soap and water.</p>
<b>Linen and waste management</b>	<p>Wear same level of PPE for handling linen and waste as used for patient care.</p>
<b>Environmental cleaning and disinfection</b>	<p>Use either:</p> <ul style="list-style-type: none"> <li>a 2-step clean, which involves a physical clean using detergent solution followed by use of a chemical disinfectant<sup>#</sup></li> <li>a 2-in-1 clean in which a combined detergent/disinfectant wipe or solution<sup>#</sup> is used, and mechanical/manual cleaning action is involved.</li> </ul> <p>Wear same level of PPE for cleaning as used for patient care.</p> <p><sup>#</sup>Listed Australian Register for Therapeutic Goods (ARTG) or a chlorine-based product containing sodium hypochlorite.</p>
<b>Patient care equipment</b>	<p>Reusable shared patient equipment must be cleaned and disinfected between patients, in accordance with manufacturer’s instructions and with listed disinfectants in the ARTG.</p>

<p><b>Personal protective equipment (PPE) for patient care</b></p>	<p>Two tiers of PPE are recommended as determined by mpox clade:</p> <ol style="list-style-type: none"> <li>Confirmed clade II – <b>STANDARD AND CONTACT PRECAUTIONS</b>. Add <b>DROPLET PRECAUTIONS</b> for cases with disseminated lesions, or who are systemically unwell (fever or respiratory symptoms) and during aerosol generating and dispersing procedures. <ul style="list-style-type: none"> <li>Gown/apron, and gloves.</li> <li>Add surgical mask and protective eyewear for droplet precautions.</li> </ul> </li> <li>Confirmed clade I or there is a reasonable suspicion the case is infected with clade 1: <i>refer to Box 1: Factors to consider in an mpox risk assessment in <a href="#">CDNA Mpox Song</a> (page 22)</i> – <b>STANDARD, CONTACT, AND AIRBORNE PRECAUTIONS</b>. <ul style="list-style-type: none"> <li>Gown/apron, gloves, particulate filter respirator (P2/N95), protective eyewear.</li> </ul> </li> </ol> <p>Avoid exposure to body fluids, lesion material or contaminated material from an infected person or their environment (for example bedding) unless wearing appropriate PPE.</p>
<p><b>Vaccination</b></p>	<p>Undertake local risk assessment to support recommendations for proactive vaccination of healthcare workers at risk of exposure to patients with mpox without appropriate infection control measures such as PPE.<sup>2</sup> For example, during initial triage and assessment of patients.</p> <p>Refer to the <a href="#">ATAGI clinical guidance on the use of vaccines for the prevention of Mpox</a> for detailed advice and recommendations.</p> <p>Mpox vaccination is free (a Medicare card is not required) and recommended for the following groups at risk of exposure to mpox:<sup>4</sup></p> <ul style="list-style-type: none"> <li>All sexually active gay, bisexual and other men who have sex with men (cis and trans) and their sexual partners (including anonymous or intimate contacts).</li> <li>Sex workers.</li> <li>People with HIV who are at risk of exposure to mpox.</li> <li>People whose occupations might put them at increased risk, including, but not limited to: <ul style="list-style-type: none"> <li>sex-on-premises venue staff</li> <li>laboratory staff who analyse mpox specimens, based on a local</li> <li>healthcare workers at higher risk of exposure to individuals with mpox, including workers in primary care, sexual health clinics, hospital staff and others, based on a local risk assessment. The risk of transmission should also be minimised by using appropriate infection control measures.</li> </ul> </li> </ul>

## Mpox work restriction guidance

Table 2 provides work restriction guidance to healthcare workers, residential aged care facility staff and workers in early childhood education and care who are a high-risk contact or are a confirmed case of mpox. Local public health units or sexual health services are to complete a local risk assessment considering the location of lesions/rash, circulating mpox Clade and other potential factors which may impact high-risk activities.

**Table 2. Mpox work restriction recommendations – healthcare workers, residential aged care facility staff**

Contact/case category	Work restriction recommendation/advice
<p><b>High-risk contact</b> Local public health units or sexual health services will complete a local risk assessment to identify high-risk contacts.</p>	<ul style="list-style-type: none"> <li>• May return to work.</li> <li>• Be alert to signs and symptoms of mpox infection for 21 days after contact with the virus.               <ul style="list-style-type: none"> <li>– Signs and symptoms may include rash or skin lesions, fever, headache, back pain and muscle aches, fatigue, swelling of lymph nodes, pain on urination or rectal pain, discharge or bleeding.</li> </ul> </li> <li>• Avoid contact with others and seek medical attention from a GP or local sexual health clinic if symptoms develop.</li> <li>• Wear a mask if any systemic or respiratory symptoms or mouth lesions, or there is a concern about clade 1, and cover any exposed skin lesions when seeking medical care.</li> </ul>
<p><b>Confirmed mpox cases meeting the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Localised mpox lesions only AND</li> <li>• Systemically well – afebrile and no respiratory symptoms AND</li> <li>• Immunocompetent individual.</li> </ul>	<ul style="list-style-type: none"> <li>• Cover exposed lesions with a dressing.</li> <li>• Practice good hygiene, follow standard precautions at all times. Refer to: <a href="#">Standard and transmission-based precautions posters   Australian Commission on Safety and Quality in Health Care</a>.</li> <li>• Maintain hand hygiene in accordance with the 5 Moments for Hand Hygiene. Refer to: <a href="#">5 Moments for Hand Hygiene   Australian Commission on Safety and Quality in Health Care</a>.</li> <li>• <b>Cases who meet the following criteria cannot return to work until the rash and lesions have healed and a fresh layer of skin has formed:</b> <ul style="list-style-type: none"> <li>– exposed lesions on hands or lower forearms, <b>and/or</b></li> <li>– lesions that cannot be covered with a dressing or clothing (for example, around the mouth).</li> </ul> </li> <li>• Follow public health advice. Refer to: <a href="#">Mpox (monkeypox)   Australian Government Department of Health and Aged Care</a>.</li> </ul>
<p><b>Confirmed mpox who are:</b></p> <ul style="list-style-type: none"> <li>• Systemically unwell (fever or respiratory symptoms) AND/OR</li> <li>• Have disseminated lesions AND/OR</li> <li>• Exposed lesions on hands or lower forearms, or lesions that cannot be covered with a dressing or clothing (for example, around the mouth).</li> </ul>	<ul style="list-style-type: none"> <li>• Should not return to work until all blisters or sores have healed and a fresh layer of skin has formed. For example, all scabs have fallen off and a fresh layer of skin has formed.</li> <li>• Follow public health advice. Refer to: <a href="#">Mpox (monkeypox)   Australian Government Department of Health and Aged Care</a>.</li> </ul>

## References

1. Bailey A, Chai S, Snyder R, Bui D, Lewis L, Saadeh K. Healthcare personnel with laboratory-confirmed mpox in California during the 2022 outbreak. *Infection Control & Hospital Epidemiology*. 45(8):1003–5.
2. Australian Government, Department of Health and Aged Care. Australian Technical Advisory Group on Immunisation (ATAGI) clinical guidance on the use of vaccines for the prevention of Mpox in 2024.[Internet]. 2024. Available from: <https://www.health.gov.au/resources/publications/atagi-clinical-guidance-on-the-use-of-vaccines-for-the-prevention-of-mpox?language=en>
3. Commonwealth of Australia, Communicable Diseases Network of Australia. Mpox – CDNA National Guidelines for Public Health Units [Internet]. 2024. Available from: <https://www.health.gov.au/sites/default/files/2024-10/mpox-cdna-national-guidelines-for-public-health-units.pdf>
4. [Mpx \(previously known as monkeypox\) | Health and wellbeing | Queensland Government \(www.qld.gov.au\)](http://www.qld.gov.au)

## Document Approval

<b>Approved by</b>
Belinda Henderson, Chief Infection Control Nurse, QIPCU
Dr Brydie Edwards, Deputy Executive Director, Communicable Diseases Management Unit
Dr Heidi Carroll, Executive Director, Communicable Diseases Branch
<b>Approval date</b>
27 November 2024

## Version Control

Version	Date	Prepared by	Comments
1.0	29 November 2024	Kathryn O'Brien, Assistant Director of Nursing, Queensland Infection Prevention and Control Unit  Dr Olivia Williams, Public Health Physician, Communicable Diseases Management Unit	New document. Review November 2025, or earlier if advice changes
2.0	January 2025	Corinne Miles, Acting Assistant Director of Nursing, Queensland Infection Prevention and Control Unit	Minor amendments