



Interim Public Health Guidance for the Management of Monkeypox Cases and their Contacts

4th October 2022

Version 1.9

This guidance is under ongoing review based upon emerging evidence at national and international levels and national policy decisions.

Version	Date	Summary
V1.9	04/10/2022	Update to MPX guidance to reflect alignment with updates to contact tracing matrix
V 1.8	02/08/2022	Update to include MPX as a PHEIC Update to include proctitis as a symptom Review of IPC section
V1.7	21/07/2022	Updated to reflect alignment with contact tracing matrices Changed recommendation on condom use post recovery from 8 weeks to 12 weeks as a precautionary approach. This may be reviewed as evidence emerges
V1.6	24/06/2022	Update to Section 7.0 resumption of sexual activities
V1.5	17/06/2022	Update of high-risk contacts
V1.4	15/06/2022	Added section on resumption of sexual activities under section 7.0
V1.3	14/06/2022	Minor update to language
V1.2	13/06/2022	Updated to reflect contact tracing matrix Inclusion of Section 7.0 De-isolation Criteria Update to Section 4.0 regarding wild or domestic pets
V1.1	07/06/2022	Updated to reflect contact tracing matrix
V1.0	03/06/2022	Initial document

Contents

1.0 Purpose	4
2.0 Scope.....	4
3.0 Background	4
3.1 Clinical Features of monkeypox	5
4.0 Management of confirmed cases of MPX in the household setting	6
5.0 Management of all contacts who are self-isolating in the household setting.....	8
5.1. High risk community contacts (Category 3).....	8
5.2. Advice for high risk community contacts.....	8
5.3 High risk (Category 3) contacts – healthcare workers (HCWs).....	9
5.4. Advice for high risk contacts – healthcare workers.....	9
5.5 Intermediate risk community contacts (Category 2).....	10
5.6 Advice for intermediate risk community contacts.....	10
5.7 Intermediate risk contacts (Category 2) – healthcare workers	11
5.8 Advice for intermediate risk contacts – healthcare workers.....	11
5.9. Low risk contacts (Category 1) – healthcare workers.....	12
5.10 Advice for low risk contacts – healthcare workers	12
5.11. Zero risk contacts (Category 0) – healthcare workers	13
5.12 Advice for zero risk contacts – healthcare workers.....	13
6.0 Infection Prevention and Control Advice.....	14
6.1 Hand Hygiene	14
6.2 Use of Personal Protective Equipment	15
6.3 Laundry.....	15
6.4 Environmental Cleaning	16
7.0 Ending self-isolation (de-isolation) in the household setting	18
7.1 Ending self-isolation.....	18
7.2 Resumption of sexual activity	19
References	20

1.0 Purpose

The purpose of this document is to meet the need for public health guidance on the management of human monkeypox infection (MPX) cases and contacts of confirmed cases of MPX. This guidance is relevant for people who have been diagnosed with MPX and who have been advised to self-isolate at home.

2.0 Scope

This document provides information on management of confirmed cases of MPX who are required to self-isolate in a household setting. This document also provides information for the management of high risk, intermediate and low risk contacts. Please see here for further information on [guidance for clinicians and public health](#).

3.0 Background

Monkeypox is a very uncommon infection that produces a spotty, itchy and sore rash, and sometimes a fever. It can affect the whole body. It is caused by the monkeypox virus which is found naturally in some animals in Central and West Africa. The virus does not spread easily between people and it takes close contact to spread. The biggest risk of transmission between people is through sexual contact or close contact with household members, in the context of the current outbreak in Ireland. It can also be spread through:

- touching clothing, bedding or towels used by someone with the monkeypox rash
- touching monkeypox skin blisters or scabs
- the coughs or sneezes of a person with monkeypox

Cases of monkeypox elsewhere across the world are suspected to be caused by contact with infected animals.

Monkeypox may cause swollen and painful lymph glands, fever, headache and muscle aches; chills or exhaustion. It can also take the form of rashes, spots, ulcers or blisters anywhere on the body, but often in the genital (groin) area.

Most of those affected by the current outbreak will probably need a period of a several weeks of recovery at home until they are better and no longer infectious; but a few people have been hospitalised due to their monkeypox symptoms or subsequent skin infections.

In response to the escalating number of cases globally, on July 23rd 2022, the Director-General of the World Health Organisation (WHO) declared the global monkeypox outbreak a Public Health Emergency of International Concern (PHEIC). Currently, the vast majority of reported cases are in the WHO European Region. For further information please see [here](#).

3.1 Clinical Features of monkeypox

Monkeypox symptoms can appear in two stages, however, some people may only have a rash:

- **Initial symptoms:** The first stage usually begins with a sudden onset of fever (higher than 38.5°C) and chills, followed by a bad headache, swollen glands (in the neck, under the arms, in the groin) and exhaustion. There may also be muscle ache, backache, cough and runny nose, and gastrointestinal symptoms (vomiting and diarrhoea). Not everyone with monkeypox has these initial symptoms.
- **Rash:** 1 to 3 days after the fever starts, an itchy rash appears. It may first appear on the face and spread to other parts of the body. The rash generally is only seen on the face, palms of the hands, soles of the feet and occasionally in the mouth. The rash starts like pimples, that grow and turn into sores. Scabs then form, which eventually drop off. If acquired by sexual contact, the rash can also be found in the genitals and around the anus, and may not spread elsewhere.

NB: In cases involving gay, bisexual and other men who have sex with men (gbMSM), the rash commonly involves only the anogenital area. Although an anogenital rash may frequently appear characteristic, it may also appear atypical or it may be modified in appearance, proctitis (rectal pain/tenesmus) has also been observed in cases. For further information please (see Section 5. Clinical Features in Human Monkeypox Infection - Guidance for Clinicians and Public Health)

Data from elsewhere notes that the clinical course of MPX tends to be more severe in the case of infants, children aged under 13 years, pregnant women and in the immunosuppressed. Scabs/crusting may not be fully shed for more than three weeks. Cases are no longer infectious once all crusts have been shed, and scarred skin tissue is completely dry.

The clinical course of cases (all adults) associated with the latest May 2022 outbreak appear to have a modified clinical course, with milder systemic symptoms (fever may be absent) and a rash that is primarily, though not exclusively restricted to the anogenital region.

People with monkeypox generally recover in 2 to 4 weeks, depending on the severity of their infection.

For further information please refer to [Human Monkeypox Infection - Guidance for Clinicians and Public Health](#).

4.0 Management of confirmed cases of MPX in the household setting

Please see here for [case definitions](#) for probable and/or confirmed cases of MPX.

For advice on a probable case, please refer to the [Human Monkey Pox Infection Assessment and testing pathway for use in HIV/STI/ID Clinical Setting](#).

Newly identified cases of MPX will undergo an individual health risk assessment for severity and risk factors (e.g. underlying conditions¹ or medications affecting immune competence, untreated HIV infection, accommodation facilities etc). Those identified at increased risk of severe disease from MPX may require hospitalisation and/or treatment with antivirals.

Confirmed cases who are clinically well should do the following:

- All confirmed cases who are clinically well as determined by their treating clinician should **self-isolate** in the household setting until their rash has healed completely (which may last up to 4 weeks). You may be able to stop self-isolating following discussion and agreement with your treating clinician. Please refer to [section 7.0](#) for further information on ending isolation.
- Remain in their own room (if living with others) with a window they can open, when in the household setting.
- Use a different bathroom to others in their household, if possible. If this is not possible, please ensure to clean hands before entering the bathroom, after using the toilet and before leaving the bathroom. Pay attention to keeping shared toilets and surfaces clean using standard household cleaning products and disinfectants.

¹ Severely immunosuppressed patients, as per Green Book definition and includes those with: solid organ cancer, haematological disease and/or stem cell transplant, Child's-Pugh class B or C liver cirrhosis, stage 4 or 5 chronic kidney disease, immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months, uncontrolled HIV, solid organ transplant recipients, (UKHSA)

- Cover coughs and sneezes using a tissue – clean hands properly after. Hand hygiene should be performed regularly using soap and water or alcohol hand sanitiser.
- Not share household items (clothes, bed linen, towels, eating utensils, plates, glasses), with other members of the household.
- Avoid contact with immunosuppressed persons, pregnant women, and children aged under 13 years until rash is completely healed.
- Avoid close or intimate contact (hugging, kissing, prolonged face-to-face contact in closed spaces) with other people until their rash is completely healed.
- Abstain from sexual intercourse/intimacy for the duration of their self-isolation until rash is completely healed (which may last up to 4 weeks). As a precautionary approach, **the use of condoms for 12 weeks** following MPX recovery is recommended. This advice may be updated as evidence emerges.
- If symptoms worsen or deteriorate significantly, they should
 - Contact their treating clinician between the hours of 9-5pm. The treating clinician will determine the need for admission for care.
 - Outside the hours of 9-5pm, contact the out of hours GP service or if necessary, contact emergency services (112/999).
 - **It is important to advise the GP/emergency services that they are a confirmed case.**
- Avoid contact with wild or domestic pets if possible until their rash heals completely (which may last up to 4 weeks).. It is important that they avoid touching and handling pets.
 - Do not share a bed with pets.
 - Hygiene precautions must be followed if it is not possible to avoid contact with a pet, e.g., wear a mask and gloves, and avoid contamination from rash/ lesions.
 - Hygiene precautions should be taken when preparing a pet's materials such as food, feeding bowls, collars, bedding, toys or litter, e.g., wear a mask and gloves, and avoid contamination from rash/ lesions
- Advise their high-risk contacts to be vigilant (see section 5.2), self-isolate, abstain from sexual contact², and contact their GP/healthcare provider if they develop any symptoms. In the case of an emergency they should call 112/999 and advise that they have had contact with a case of monkeypox.

² Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys.

The following general advice also applies in the household setting:

- People should not visit the home unless for essential circumstances
- Household contacts who are not ill should limit contact with the confirmed case
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.0 Management of all contacts who are self-isolating in the household setting

The following outlines the risk categories for individuals identified as contacts of confirmed MPX cases [1].

5.1. High risk community contacts (Category 3)

- Sexual contacts³

5.2. Advice for high risk community contacts

- High risk contacts will undergo passive monitoring. Please see [here](#) for further information
- High risk contacts will receive a [Daily Monkeypox \(Category 3\) Contact Monitoring Form](#) and instructions for contacting their GP/health advisor
- High risk contacts do not need to restrict daily occupational and leisure activities, unless they develop symptoms. High risk contacts should restrict travel outside area of residence.
- **If symptoms develop, high risk contacts should immediately self-isolate, inform their GP/healthcare provider, and abstain from sexual contact.**
- If they are feeling very unwell then they should seek medical attention. In the case of an emergency call 112/999 and advise them that they have had contact with a case of monkeypox.
- High risk contacts should be offered an MVA-BN vaccine, once available, ideally within 4 days of exposure (up to a max. 14 days)
- Where a high-risk contact is advised to self-isolate but is required to attend a healthcare facility, transport from the home/area of residence to the healthcare facility should be via private transport. Where private transport is not available, public transport can be used but busy periods should be avoided. Any lesions should be covered by cloth (for example scarves or bandages) and a face covering must be worn.

³ Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

- If they have symptoms, and have to travel in a car with a friend or relative, they should wear a well-fitting surgical face mask or double-layered face covering while in the car. Friends or relatives should wipe down all hard surfaces after the journey using a standard detergent or detergent wipes while wearing gloves and surgical face mask or face covering
- Sexual contacts of cases should abstain from sexual contact⁴ for a duration of 21 days
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.3 High risk (Category 3) contacts – healthcare workers (HCWs)

- **HCW:** Direct exposure of broken skin or mucous membranes to patient (once symptomatic), their body fluids (incl. droplets/aerosol), skin squames/lesion fluid or potentially infectious material (including. clothing, personal bathroom/toileting belongings or bedding) without appropriate PPE⁵ This includes:
 - Penetrating sharps injury from contaminated device incl. through contaminated gloves
 - Mucosal exposure to splashes
 - Inhalation of droplets/lesion material/dust during cleaning of contaminated room
 - Being present in room during aerosol generating procedure without appropriate respiratory PPE⁷

5.4. Advice for high risk contacts – healthcare workers

- High risk contacts will undergo passive monitoring. Please see [here](#) for further information
- High risk contacts will receive a [Daily Monkeypox \(Category 3\) Contact Monitoring Form](#) and instructions for contacting their GP/health advisor
- Asymptomatic high risk contacts do not need to restrict activities, unless they develop symptoms.
- Asymptomatic high risk contacts should restrict travel outside area of residence.
- **If symptoms develop, high risk contacts should immediately self-isolate, inform their GP/healthcare provider, and abstain from sexual contact.**

⁴ Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

⁵ PPE appropriate for assessment/sampling of patients in the clinic/community includes: fluid resistant surgical mask, nitrile gloves and apron. Eye protection is only necessary if sampling involves deroofting of lesions, or if patient has respiratory symptoms. On initial assessment, minimum mask requirement will be a fluid-resistant surgical face mask (Type 11R). This type of mask will be adequate if; 1) the patient has lesions, but no respiratory symptoms, 2) if there are no activities in the room that could cause dispersal of skin squames (such as bed making), and 3) if the HCW does not have any direct physical contact with the patient and/or their immediate surroundings. If a patient has respiratory symptoms and/or throat lesions and/or a diagnosis of varicella has not been out-ruled - FFP2/3 is required. In an STI/ID/GU clinic, or other setting where a diagnosis of monkeypox might be expected, recommend FFP2 mask and eye protection initially.

- If they are feeling very unwell then they should seek medical attention. In the case of an emergency call 112/999 and advise them that they have had contact with a case of monkeypox.
- High risk contacts should be offered an MVA-BN vaccine, once available, ideally within 4 days of exposure (up to a max. 14 days)
- Where a high-risk contact is advised to self-isolate but is required to attend a healthcare facility, transport from the home/area of residence to the healthcare facility should be via private transport. Where private transport is not available, public transport can be used but busy periods should be avoided. Any lesions should be covered by cloth (for example scarves or bandages) and a face covering must be worn.
- If they have symptoms, and have to travel in a car with a friend or relative, they should wear a well-fitting surgical face mask or double-layered face covering while in the car. Friends or relatives should wipe down all hard surfaces after the journey using a standard detergent or detergent wipes while wearing gloves and surgical face mask or face covering
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.5 Intermediate risk community contacts (Category 2)

Household contacts⁶:

- Sharing bed/bedroom with case
- Caring for case/cared for by case, or having skin/mucosal contact with a case's unwashed bedding, and personal items, subject to PHRA, etc.
- Prolonged continuous face to face contact (more than 6 hours within 1 metre of a case)

Or

- Passengers seated directly next to a case on plane for more than 8 hours

5.6 Advice for intermediate risk community contacts

- Intermediate risk contacts will undergo passive monitoring. Please see [here](#) for further information on passive monitoring
- Intermediate risk contacts will receive a monitoring form and instructions for contacting their GP/health advisor. **If symptoms develop, intermediate risk contacts should immediately self-isolate, inform their GP/healthcare provider, and abstain from sexual contact.**

⁶ Household contacts who are not considered Intermediate Risk contacts following PHRA will not undergo further monitoring/assessment

- If they are feeling very unwell then they should seek medical attention. In the case of an emergency call 112/999 and advise them that they have had contact with a case of monkeypox
- A [Daily Monkeypox Category 1 and 2 Contact Monitoring Form](#) and instructions for contacting GP/Health provider will be provided to intermediate risk (**Category 2 contacts only**).
- Intermediate risk contacts **should** be offered an MVA-BN vaccine, where supplies allow. Ideally, it should be administered within 4 days (up to a max of 14 days) from date of last contact with the case
- Asymptomatic intermediate risk contacts do not need to restrict activities or travel
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.7 Intermediate risk contacts (Category 2) – healthcare workers

- **HCW:** No direct contact with symptomatic patient or potentially contaminated surroundings, but within 1 metre of patient in a health care setting without wearing appropriate PPE⁷.
- Initial clinical assessment/examination of patient before diagnosis without appropriate PPE⁹
AND
 - a) coming within a distance of 1 metre of the patient
BUT
 - b) with no direct contact with patient or their body fluids/lesion material

5.8 Advice for intermediate risk contacts – healthcare workers

- Intermediate risk contacts will undergo passive monitoring. Please see [here](#) for further information on passive monitoring
- Intermediate risk contacts will receive a [Daily Monkeypox \(Categories 1 and 2\) Contact monitoring form](#) and instructions for contacting their GP/health advisor
- **If symptoms develop, intermediate risk contacts should immediately self-isolate, inform their GP/healthcare provider, and abstain from sexual contact⁸.**

⁷ PPE appropriate for assessment/sampling of patients in the clinic/community includes: fluid resistant surgical mask, nitrile gloves and apron. Eye protection is only necessary if sampling involves deroofting of lesions, or if patient has respiratory symptoms. On initial assessment, minimum mask requirement will be a fluid-resistant surgical face mask (Type 11R). This type of mask will be adequate if; 1) the patient has lesions, but no respiratory symptoms, 2) if there are no activities in the room that could cause dispersal of skin squames (such as bed making), and 3) if the HCW does not have any direct physical contact with the patient and/or their immediate surroundings. If a patient has respiratory symptoms and/or throat lesions and/or a diagnosis of varicella has not been out-ruled - FFP2/3 is required. In an STI/ID/GU clinic, or other setting where a diagnosis of monkeypox might be expected, recommend FFP2 mask and eye protection initially.

⁸ Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

- If they are feeling very unwell then they should seek medical attention. In the case of an emergency call 112/999 and advise them that they have had contact with a case of monkeypox
- Intermediate risk contacts **should** be offered an MVA-BN vaccine, where supplies allow. Ideally, it should be administered within 4 days (up to a max of 14 days) from date of last contact with the case
- Asymptomatic intermediate risk contacts do not need to restrict activities or travel
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.9. Low risk contacts (Category 1) – healthcare workers

- **HCW:** entering patient room without appropriate PPE⁹
AND
a) without direct contact with patient or their body fluids/lesion material
AND
b) maintaining a distance greater than 1 metre from patient

5.10 Advice for low risk contacts – healthcare workers

- Intermediate risk contacts will undergo passive monitoring. Please see [here](#) for further information on passive monitoring
- **If symptoms develop, low risk contacts should immediately self-isolate, inform their GP/healthcare provider, and abstain from sexual contact¹⁰.**
- If they are feeling very unwell then they should seek medical attention. In the case of an emergency call 112/999 and advise them that they have had contact with a case of monkeypox. Category 1 contacts will undergo passive monitoring.
- Category 1 contacts will be provided with a [Daily Monkeypox \(Categories 1 and 2\) Contact Monitoring Form](#)

⁹ PPE appropriate for assessment/sampling of patients in the clinic/community includes: fluid resistant surgical mask, nitrile gloves and apron. Eye protection is only necessary if sampling involves deroofing of lesions, or if patient has respiratory symptoms. On initial assessment, minimum mask requirement will be a fluid-resistant surgical face mask (Type 11R). This type of mask will be adequate if; 1) the patient has lesions, but no respiratory symptoms, 2) if there are no activities in the room that could cause dispersal of skin squames (such as bed making), and 3) if the HCW does not have any direct physical contact with the patient and/or their immediate surroundings. If a patient has respiratory symptoms and/or throat lesions and/or a diagnosis of varicella has not been out-ruled - FFP2/3 is required. In an STI/ID/GU clinic, or other setting where a diagnosis of monkeypox might be expected, recommend FFP2 mask and eye protection initially.

¹⁰ Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

- Category 1 contacts can continue with routine activities and travel, **as long as they remain asymptomatic**
- Post exposure prophylaxis (PEP) (vaccine) is not usually required
- Further advice on infection prevention and control precautions can be found in [Section 6.0](#).

5.11. Zero risk contacts (Category 0) – healthcare workers

- **HCW:** Any patient contact wearing appropriate PPE¹¹

5.12 Advice for zero risk contacts – healthcare workers

- No surveillance and PEP is not required
- See general [monkeypox factsheet](#) on HPSC website

¹¹ PPE appropriate for assessment/sampling of patients in the clinic/community includes: fluid resistant surgical mask, nitrile gloves and apron. Eye protection is only necessary if sampling involves deroofting of lesions, or if patient has respiratory symptoms. On initial assessment, minimum mask requirement will be a fluid-resistant surgical face mask (Type 11R). This type of mask will be adequate if; 1) the patient has lesions, but no respiratory symptoms, 2) if there are no activities in the room that could cause dispersal of skin squames (such as bed making), and 3) if the HCW does not have any direct physical contact with the patient and/or their immediate surroundings. If a patient has respiratory symptoms and/or throat lesions and/or a diagnosis of varicella has not been out-ruled - FFP2/3 is required. In an STI/ID/GU clinic, or other setting where a diagnosis of monkeypox might be expected, recommend FFP2 mask and eye protection initially

6.0 Infection Prevention and Control Advice

For Infection Prevention and Control advice, please see [NCEC Draft Guidance on Infection Prevention and Control 2022](#).

Individuals who do not require hospitalisation for medical indications may be isolated in the household setting and other non-healthcare settings using appropriate infection, prevention and control precautions. Prevention of transmission of infection by respiratory and contact routes is also required in the household setting. Scabs are also infectious and care must be taken to avoid infection through handling bedding, clothing etc.

The ability to implement infection, prevention and control precautions in a household setting is likely to vary and should be based on a PHRA. The following factors should be taken into consideration:

- Type of household setting e.g. in the home setting, apartment complex, direct provision centre, hostel, etc.
- The nature and extent of lesions in each case
- Unable to avoid contact with immunosuppressed people, pregnant women, and children aged under 13 years
- The presence of additional infected or uninfected persons or pets in the home
- Social and psychological dependency factors
- If an individual is a child or adult

The following principles should be considered and adopted to the greatest extent possible in the household setting.

6.1 Hand Hygiene

- Careful hand and respiratory hygiene are recommended for the case and everyone in the household
- Hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) should be performed by infected persons and household contacts after touching lesion material, clothing, linens, or environmental surfaces that may have had contact with lesion material
- Refer to hand hygiene poster [here](#).

6.2 Use of Personal Protective Equipment

- All confirmed cases **should wear a medical grade¹² (surgical) mask**, especially those who have respiratory symptoms (e.g., cough, shortness of breath, sore throat) when they come into close contact (<1m) with other household contacts. If this is not feasible (e.g., a child with MPX), other household members should be advised to wear a medical grade (surgical) mask when in the presence of the person with MPX.
- The person caring for or supporting the person with MPX should wear disposable gloves for direct contact with lesions and handling soiled personal clothing or linen.
- Skin lesions should be covered (if tolerated) to the best extent possible (e.g., long sleeves, long pants) to minimize risk of contact with others.
- Materials from infected individuals (e.g., dermal crusts) or fomites (e.g., bed linens) are high risk for onward transmission. Gloves and masks should be worn by those changing bed linen and they should be advised not to shake the linen to prevent dispersal of skin scales and virus particles.
- Recommend opening windows to ensure the area is well ventilated (during these activities), bearing in mind the person's comfort.

6.3 Laundry

- Cleaning of domestic settings should be carried out in the following order
 - Contaminated clothing and linens should be collected first before the room is cleaned. Personal clothing or linen items should not be shaken or handled in a manner that may disperse infectious particles
- Items that have been in direct contact with the skin of an infected person and are not easily washed in a domestic washing machine such as duvets, pillows, or blankets, can be placed in a bag and sealed.
- Care should be taken when handling soiled laundry, such as bedding, towels and personal clothing, to avoid direct contact with contaminated material. Disposable gloves should be worn, hands should be cleaned immediately after removing the gloves. This should be undertaken by the confirmed case where possible.
- Place linen in a disposable bag for transfer to the washing machine to avoid dispersal of virus particles and skin scales
- Contaminated clothing and linens should be washed at 60°C cycles using an extended washing cycle. Do not overload the washing machine (aim for half or two-thirds full) and

¹² <https://www.ecdc.europa.eu/sites/default/files/documents/Monkeypox-multi-country-outbreak.pdf>

avoid shorter 'economy cycles' (those which reduce water and save energy) until the individual has fully recovered

- Whenever possible, confirmed MPX cases should do their own laundry and keep their laundry items separate from the rest of the household's laundry and wash them using their normal detergent, following manufacturer's instructions
- Washed items should not be placed into areas where they may be re-contaminated during the cleaning process
- If an individual does not have a washing machine, they can handwash their laundry using warm water and normal detergent. This might be more effective in a large sink or bathtub. It is important to clean and disinfect all surfaces when finished wearing disposable gloves. Take extra care if using bleach to clean these surfaces afterwards.

6.4 Environmental Cleaning

- Carpets, curtains and other soft furnishings can be steam cleaned
- Dishes and other eating utensils should not be shared unless they are properly washed
- Individuals should handle their own used dishes and other eating utensils, and if they have one, use a dishwasher with hot water (over 60°C) and detergent to clean and dry these items. If this is not possible, dishes and other eating utensils should be washed using their usual washing up liquid and warm water and leave them to air dry
- If an individual has lesions on their hands and no access to a dishwasher, they should be advised to wear single use disposable gloves or reusable washing up gloves while washing up. Any reusable gloves should not be shared and should be discarded at the end of their isolation period
- Regularly clean frequently touched surfaces, such as door handles and light switches and use a damp cloth to prevent dust from accumulating on surfaces, especially in the bedroom
- Contaminated surfaces should be cleaned and disinfected. Single-use disposable cleaning cloths are recommended for cleaning surfaces. If single use cloths are not available, wash cloths at the highest temperature possible e.g. at least 60°C cycle
- Standard household cleaning/disinfectants may be used in accordance with the manufacturer's instructions
- Particular attention should be paid to the cleaning of toilets and frequently touched surfaces especially if shared by other household contacts
- Carpets etc. can be cleaned using a HEPA filtered vacuum cleaner (if available); care must be taken when disposing of the vacuum cleaner bag/contents to minimise

dispersal of dust particles. Vacuum cleaner waste should be carefully emptied into a disposable rubbish bag.

- Personal waste (such as used tissues) and disposable cleaning cloths can be disposed of in disposable rubbish bags and secured pending collection
- As an additional precaution, all disposable rubbish bags should be placed into a second disposable bag, tied securely, before being disposed of as usual with domestic waste. All rubbish bags should be stored securely until bin collection. Waste should not be put into recycling bins until the period of self-isolation has ended.

7.0 Ending self-isolation (de-isolation) in the household setting

This guidance relates to individual cases who have been either diagnosed and managed at home throughout their illness, or who have been discharged from hospital to isolate at home.

Arrangements for individuals should be considered on a case-by-case basis.

7.1 Ending self-isolation

Individuals may be able to end self-isolation at home once the following clinical and lesion criteria have been met.

The individual:

- has not had a high temperature for at least 72 hours
- has had no new lesions in the previous 48 hours
- all lesions have scabbed over
 - In addition, any lesions on the face, arms and hands have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath
- has no lesions in the mouth

If all of the points above are met, the individual may be able to stop self-isolating, but should contact their medical team for further advice.

The individual should continue to avoid close contact with young children, pregnant women and immunosuppressed people until the scabs on all their lesions have fallen off and a fresh layer of skin has formed underneath. This is because they may still be infectious until the scabs have fallen off.

After their self-isolation has ended they should cover any remaining lesions when leaving the house or having close contact with people in their household until all the scabs have fallen off and a fresh layer of skin has formed underneath.

7.2 Resumption of sexual activity

A confirmed case should **not** resume sexual activity or sexual contact until:

- all anogenital lesions have fully healed. This means that all the lesions have scabbed over and the scabs have fallen off
- they have had a full clear STI screen (if monkeypox acquired through sexual contact)

Given the uncertainty around sexual transmission of monkeypox virus through semen or other sexual body fluid, confirmed cases who wish to resume sexual activity after self-isolation has ended are advised to use a condom for 12 weeks after the rash has scabbed over and scabs have fallen off. This is a precaution to reduce a possible risk of spreading infection to others. This is a precautionary approach. This advice may change as evidence emerges.

References

1. UK Health Security Agency. HMI [Internet]. GOV.UK. 2022 [cited 2022 May 24]. Available from: <https://www.gov.uk/guidance/HMI#clinical-features>
2. European Centre for Disease Prevention and Control. HMI cases reported in UK and Portugal [Internet]. European Centre for Disease Prevention and Control. 2022 [cited 2022 May 24]. Available from: <https://www.ecdc.europa.eu/en/news-events/HMI-cases-reported-uk-and-portugal>
3. European Centre for Disease Prevention and Control. HMI multi-country outbreak Key messages Cases of HMI (HMI) acquired in the EU have recently been reported in nine [Internet]. 2022 May. Available from: <https://www.ecdc.europa.eu/sites/default/files/documents/HMI-multi-country-outbreak.pdf>
4. Centers for Disease Control and Prevention. Monitoring People Who Have Been Exposed | HMI | Poxvirus | CDC [Internet]. www.cdc.gov. 2022 [cited 2022 May 24]. Available from: <https://www.cdc.gov/poxvirus/HMI/clinicians/monitoring.html>
5. Health Protection Surveillance Centre. Monkeypox Community Contact Tracing/Vaccination Matrix and PHRA V2.1 -- 2022 September. Available from <https://www.hpsc.ie/a-z/zoonotic/monkeypox/guidance/Monkeypox%20Community%20Contact%20Tracing-Vaccination%20Matrix%20and%20PHRA.pdf>