United Nations Medical Directors' Risk Mitigation Plan for Monkeypox Recommendations for UN Personnel

28 July 2022

- The following occupational health recommendations are provided by the UN Medical Directors' to all UN Organizations and apply to all UN personnel to reduce the risk of UN personnel acquiring monkeypox.
- Monkeypox is a zoonotic *Orthopoxvirus* that has two clades: The West African clade (clade causing the current outbreaks) and the Congo Basin (Central African) clade. For more info, see WHO's Monkeypox webpage
- Since May 2022 there has been a multi-country monkeypox outbreak reported in non-endemic countries in the absence of travel to endemic areas. On July 23, 2022 a public health emergency of international concern (PHEIC) was declared by the WHO.
- **Duty stations should take into account any local host country/authorities' guidance and regulations when implementing these recommendations.**
- For questions, contact **DHMOSH Public Health Section** at dos-dhmosh-public-health@un.org

	Risk Categories	UN Medical Directors' Recommendations
1	**All UN personnel**	• All UN personnel should be aware that a multi-country outbreak of monkeypox (now also a PHEIC) is ongoing in several regions of the world, and the number of reported cases has markedly increased since May 2022. Cases have been reported in men in both endemic and non-endemic countries. Men who have sex with men (MSM), gay and bisexual men have also been identified as a risk factor for acquisition. Cases in children without apparent epidemiological link have also been reported. • Monkeypox is transmitted by close contact with lesions, bodily fluids, respiratory droplets, and contaminated materials such as bedding. Sexual contact with a person who has monkeypox is also a risk factor. Strict hand hygiene is recommended for monkeypox prevention as well as other infectious diseases. • Follow safe sex practices including condom use. Condom use will not prevent contracting monkeypox if lesions are not covered but will protect against sexually transmitted infections. • Avoid eating inadequately cooked meat and other animal products of infected animals as this is a possible risk factor for this infection in certain settings. • If UN personnel develop a rash and other signs and symptoms listed in Section 4 they should seek medical attention. See here for more information on the case definition and review the WHO fact sheet on monkeypox. • Note that most people with monkeypox will typically have a self-limiting disease though some will have severe presentations and may be candidates for therapeutics. • Review latest information on monkeypox here including the countries involved and no. of lab-confirmed cases globally and technical guidance WHO is providing for countries and health authorities.

		• WHO guidance on gatherings is available here. The WHO recommends that the decision-making process related to gatherings should reply on a risk-based approach. • Mass vaccination is not recommended for monkey at this time but vaccination can be considered as post-exposure prophylaxis (PEP) for contact of cases and as pre-exposure prophylaxis (PrEP) for certain high risk groups. WHO's guidance on monkeypox vaccination is available here.
2	**UN personnel with health conditions**	• While monkeypox is usually a self-limiting disease, children (particularly those younger than 8 years old), pregnant or breastfeeding women, or persons who are immune compromised may be at risk of severe disease. • Pregnant/recently pregnant women with mild or uncomplicated monkeypox may not require hospital admission but monitoring in a health facility may be preferred. In general, those with high risk of complications or with severe or complicated monkeypox should be admitted to hospital for monitoring and clinical care and to prevent transmission to others. • Whether or not to stop breastfeeding in a mother with monkeypox should be assessed on a case-by-case basis.
3	**UN personnel that are contacts of monkeypox cases**	• Contact tracing should occur for contact of suspected monkeypox cases. WHO guidance on surveillance, case investigation, and contact tracing is available here. • **Contacts are defined as:** a person who, in the period beginning with the onset of the source case's first symptoms and ending when all scabs have fallen of, has had one or more of the following exposure with a probable or confirmed case of monkeypox: *-face-to-face exposure (including health workers (HWs) without appropriate PPE)* *-direct physical contact, including sexual contact* *-contact with contaminated materials such as clothing or bedding* • Contacts of cases with monkeypox should be monitored or self-monitor for 21 days from last contact with the case or contaminated materials and monitored for signs and symptoms including rash, headache, acute onset of fever (> 38.5°C), lymphadenopathy (swollen lymph nodes), myalgia (muscle and body aches), back pain, asthenia (profound weakness). Temperature should be monitored twice daily. • Asymptomatic contacts should not donate blood, tissue, organs, breast milk, or semen when they are under symptom surveillance. Non-essential travel is discouraged. • During the symptom surveillance post contact, no quarantine or exclusions are necessary as long as no symptoms develop. • If a contact develops symptoms other than a rash they should be isolated and monitored closely for a rash for five days. If no rash develops, they can resume temperature monitoring for 21 days. If a rash does develop they should be isolated and evaluated as a suspect case including lab testing for monkeypox.
4	**UN health workers**	• UN health workers should review two WHO online courses on monkeypox available here (*Monkeypox: Introductory course for African outbreak contexts*) and here (*Monkeypox: Epidemiology, preparedness and response from African outbreak contexts*) and be familiar with the clinical presentation of monkeypox. *[Note that these trainings were initially developed in 2020-2021 provide important background information and guidance on clinical care.]*

- Please see WHO guidance on Clinical Management and IPC here for more information. Training of HCWs in order to detect cases is critical. It is important to note that during this monkeypox outbreak, clinical presentation has been atypical from that of the classical monkeypox presentation.
- Nosocomial cases of monkeypox transmission have been previously reported. Exposure to bedding and other contaminated fomites represent an important risk. Health workers at risk include cleaners and others who may come into contact with patients or health care waste.
- Health workers should always follow standard precautions for all patients at all times which includes not touching any rash without gloves as well as a point of care risk assessment.
- Standard precautions include strict adherence to hand hygiene appropriate handling for contaminated medical equipment, laundry, waste and cleaning and disinfection of environmental surfaces. More information is available here. At the first point of contact with the health system, screening, triage and prompt isolation and assessment for the presence of severe disease should be conducted for all those presenting with rash and fever or lymphadenopathy.
- Individuals with mild/uncomplicated monkeypox and not at high risk of complications should isolate at home.
- Patients with monkeypox should be placed in their own room. Cohorting (confirmed with confirmed, suspected with suspected) can be implemented if single rooms are not available. Allow for 1-2 m between patients.
- Contact and droplet precautions should be used including gloves, gown, and eye protection; in addition respirators should be used. Airborne precautions for aerosol generating medical procedures should be applied in addition to standard precautions. Airborne precautions should also be applied if varicella zoster virus (chickenpox virus) is suspected and until it is excluded.
- Lesions should be covered where possible and the patient should wear a mask when within 1-2m of HCWs.
- UN health workers should isolate patients that are suspected monkeypox cases and transfer them to a facility where they can be managed appropriately and be familiar with appropriate MEDEVAC procedures. The mainstay of treatment is supportive care and symptomatic management though tecovirimat, has been used for treatment for more severe disease in some cases, typically those with severe disease or in those with risk factors for severe disease (see Section 2 above).
- UN health workers should be aware of how to collect and properly submit samples for diagnosis of monkeypox.
- Clinicians should be aware of the differential diagnosis of rashes as well as the possibility of co-infections with monkeypox and varicella that have previously been reported, or co-infection with sexually transmitted infections. Please review CDC presentation for more information.
- Health workers that have had unprotected exposure to patients with monkeypox can continue to work but should undergo active surveillance for symptoms including twice a day temperature checks for 21 days. Those who have cared for patients but have not had any PPE breeches can undergo self-monitoring or active monitoring determined by public health authorities.
- Postexposure prophylaxis for high risk contacts (e.g. health workers or lab personnel without PPE) with a smallpox or monkeypox vaccine is recommended, as well as for contacts of cases within 4 days of exposure (and up to 14 days) though supply of vaccines may be limited. Information on high/intermediate/low/no risk contacts is available in the CDC presentation. Information from WHO is available as well here.
- Pre-exposure vaccination with smallpox vaccine is recommended for HCWs at high risk of exposure (.e.g. diagnostic laboratory workers working with orthopoxviruses, clinical laboratory personnel performing diagnostic testing for monkeypox, and outbreak response team members).

		• If a case is detected it should be reported to WHO and completion of the WHO Case Report Form (CRF) is recommended.
5	**Cleaners in healthcare settings**	• Cleaners may be at risk of exposure to monkeypox due to the nature of their job. • Cleaners should follow cleaning protocols and if in the room with a patient, apply contact, and droplet precautions in addition to standard precautions. Masks are advised for cleaners given that virus may contaminate bedding. • Linine, hospital gowns, towles and other fabric items should be handled and collected carefully.
6	**UN personnel with suspect / confirmed / probable monkeypox**	• Any suspected case should be immediately isolated and investigated for monkeypox including diagnostic testing. • Isolation of UN personnel with confirmed/probable monkeypox should occur until all lesions are crusted over, no new lesions are seen and scabs have fallen off with fresh layer of skin formed underneath. • WHO guidance on surveillance, case investigation, and contact tracing is available here.
7	**UN personnel who are planning to travel**	• Any individual who has signs/symptoms compatible with monkeypox or has been identified as a contact of a monkeypox case (as is thereby subject to health monitoring) should avoid undertaking travel until otherwise advised. • The WHO advises against any additional general or targeted international travel-related measures other than the exceptions above.