From a BCEHS Memo Aug 2, 2022

**Re:          Monkeypox Update**

We've been monitoring the Monkeypox situation in BC and wanted to provide the following update in response to requests from staff.

**Background:**

Monkeypox is a viral infection which does not spread easily between people. It is caused by the monkeypox virus which belongs to the orthopoxvirus family. It occurs sporadically in forested parts of Central and West Africa. It is a zoonotic disease and is typically transmitted from animal to person but can be transmitted from person to person through close contact and respiratory droplets. Most historical transmissions occurred through close contact with infected animals (bite, scratch, or ingesting meat). The current global outbreak, however, is facilitated by human-to-human transmission.

Monkeypox is typically milder than smallpox but can cause fever, headache, muscle aches, exhaustion, swollen lymph nodes and lesions all over the body.

* Monkeypox is mostly spread through contact with sores or blisters.
* It can also be transmitted through items like bedding or towels that have monkeypox virus or 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 a sexually transmitted infection, like syphilis or HIV, but sexual activities often include close contact.

The situation has been evolving. The first human case was recorded in 1970. Previously, monkeypox had been reported in several African countries and almost all cases outside of Africa were linked to international travel to countries where the disease commonly occurs or through imported animals. These cases occurred on multiple continents.

The first monkeypox cases in Canada were reported on May 19, 2022 in Montreal. British Columbia’s first case was confirmed on June 6, 2022. Additional cases continue to be reported in BC, Canada and numerous countries. Monkeypox was recently declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (July 23, 2022).

**Infection Prevention and Control of Monkeypox at BCEHS:**

* There is a low risk of transmission of monkeypox when routine practices are followed with each patient.
* [Point of Care Risk Assessments](https://handbook.bcehs.ca/clinical-resources/covid-19/covid-point-of-care-risk-assessment-outbreak-v6/), careful hand hygiene, and use of PPE as indicated by patient assessment and history are best practices for all patient interactions.
* **In addition to routine practices**, implement airborne, droplet, and contact precautions for patients who are clinically suspected or confirmed to have monkeypox.- Have the patient wear a medical mask, if tolerated, and perform hand hygiene: <https://intranet.bcas.ca/areas/qsrma/ipac/pdf/PPE_poster.pdf>
* In addition, when the patient has exited the ambulance/aircraft, [vent and perform a routine post transport clean](https://intranet.bcas.ca/policy/manuals-guidelines-sops/pdf/IPAC100-6.pdf) and [disinfection of the vehicle](https://intranet.bcas.ca/policy/manuals-guidelines-sops/pdf/IPAC100-3.pdf).
* Additional information and photos can be found at [Monkeypox (bccdc.ca)](http://www.bccdc.ca/health-professionals/clinical-resources/monkeypox). and PICNet interim guidance [MonkeyIPACGuidanceHC\_Final\_30Jun2022.pdf (picnet.ca)](https://www.picnet.ca/wp-content/uploads/MonkeyIPACGuidanceHC_Final_30Jun2022.pdf)

Based on recent cases in non-endemic areas, airborne transmission has not been demonstrated and does not appear to be the primary mode of transmission, however airborne precautions have been recommended in an abundance of caution and due to uncertainty in method of transmission of a small number of cases.

For any questions, contact [IPAC@bcehs.ca](mailto:IPAC@bcehs.ca).

Sincerely,

Dr. Wilson Wan

Acting Chief Medical Officer, BCEHS