Preventing Occupational Mpox Transmission in Outpatient Clinics

Important to know: the risk of healthcare acquired mpox is low!*

The table below includes practical tips for preventing mpox transmission in an outpatient setting, as implemented by many sexual health clinics during the current mpox outbreak. When space and resources are scarce or limited, implementing these real-world strategies allows clinics to care for patients with mpox as safely and effectively as possible.

Whenever possible, clinics should follow the infection control recommendations as put forth by the CDC and local, and/or state public health authorities.

	CDC guidance	Resource-scarce alternative
Patient Placement	Single-person room upon entry into clinic and throughout visit (no special air handling required)	• Shared waiting room until single room available • Patient masked and all lesions covered in shared spaces • Exam Rooms cleaned with standard cleaning and disinfection procedures (using product with an EVP** claim) between patient visits
Bathroom	Dedicated bathroom for suspect/confirmed mpox patients	Shared bathroom cleaned routinely with standard cleaning and disinfection procedures (using product with an EVP** claim)
PPE	All healthcare personnel (HCP) who enter patient room: gown, gloves, eye protection (goggles or face shield) & N95 or higher respirator	• Full PPE used only by HCP who will have physical contact with patient. • In some settings, before donning full PPE, clinician wearing surgical mask briefly enters room to obtain history and visualize lesions. If mpox suspected, provider dons full PPE prior to close inspection or sampling of lesions.
Waste Management	Per U.S. DOT regulations for Hazardous Materials	Per institutional protocol

**EVP= Emerging viral pathogen claim (EVP products are also used to prevent SARS COV2 transmission)

Vaccination against mpox is recommended for health care workers who are likely to collect laboratory specimens from patients with mpox.

If a health care worker experiences an intermediate or high-risk mpox exposure and is not vaccinated, they should consider post-exposure prophylaxis (PEP) through vaccination. PEP should be initiated within 4 days following the date of exposure for the best chance of disease prevention.

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- While a few cases of occupationally acquired mpox in the United States have been attributed to use of limited or no PPE, this appears to be a rare occurrence. Among 313 HCP exposed to mpox in Colorado, none were infected despite low use of recommended PPE or post-exposure prophylaxis through vaccination. Providers wearing appropriate PPE, particularly when in physical contact with mpox patients, are expected to have very low likelihood of mpox acquisition.
- The majority of occupationally acquired mpox infections in HCP have occurred through sharps injuries from attempts at unroofing mpox lesions. **Unroofing lesions is not necessary and not advised.**
- In the current mpox outbreak, no transmissions are known to have occurred following exposure to fomites (such as surfaces or inanimate objects) among persons following appropriate precautions in healthcare settings.

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