

CLINICAL UPDATE

How Providers Can Protect Clients, Staff, and Others from Monkeypox

After the country experienced a life-altering pandemic, it's not surprising that monkeypox has gained attention and raised some alarms. However, unlike COVID, monkeypox has been around for many years, and much is already known about it. As a result, I/DD providers have access to information and resources necessary to protect their clients, families, and staff from monkeypox.

What We Know: 6 Facts

The first step in preventing monkeypox is to understand how it spreads as well as effective control measures. Here are 6 key facts about monkeypox shared by William Mills, MD, vice president of medical affairs for BrightSpring Health Services:

1. As of September 19, 2022, the Centers for Disease Control and Prevention reported 23,499 cases of monkeypox in the U.S.

The most cases have been reported in California (4,656) and New York (3,738).

2. The illness presents in two phases.

First, people experience fever, muscle aches, backache and/or fatigue, with swollen lymph nodes as a distinguishing feature. The second phase is a rash which starts out as small blisters and become pustules that crust over into scabs which fall off. "It's important to know how monkeypox presents – similar to chickenpox, then screen for it and watch for signs and symptoms," Mills said.

3. Monkeypox spreads through close personal contact with someone who is infected or who has contact with rashes or sores during sexual intercourse or other intimate contact.

Touching or handling clothing or bedding of people with the virus (and the sores/rashes) also may result in transmission. Although this is different from the way COVID spreads, there have been a few cases where respiratory droplets may have contributed to spreading the virus.

4. Most control measures that providers implemented for COVID are effective for protecting people from monkeypox as well.

This includes gowns, gloves, and masks when interacting with patients who have monkeypox or signs/symptoms of the virus. Hand hygiene and other infection prevention measures also are recommended.

5. Like the illness itself, vaccines for monkeypox actually have been around for a while.

There are two vaccines available for preventing monkeypox in the U.S.: JYNNEOS (Imvamune or Imvanex) and ACAM2000. JYNNEOS is the preferred vaccine for the current monkeypox outbreak. "These vaccines were developed to fight smallpox, a disease that causes many deaths and much morbidity. It was ultimately declared eradicated, and that is the power of a well-formulated vaccine to combat serious illness. Now these vaccines are effective against monkeypox," Mills said.

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6. Unlike guidance for the COVID vaccine, the CDC is not recommending widespread vaccination for monkeypox.

The national supply or the vaccine is very limited, so the CDC is recommending that people at highest risk for infection be prioritized to receive the shot. This includes those who have been exposed to the virus through intimate contact or who have attended an event or venue where there was known monkeypox exposure. Also eligible for the vaccine are people considered to have an elevated risk of future monkeypox exposure, including gay or bisexual men, trans men and women, any men who have sex with men and gender non-conforming/non-binary people who expect to have multiple or anonymous sex partners.

Stopping Transmission with Three Ts: Training, Trust, Transparency

"One thing we've learned from COVID is that training, trust, and transparency are key to preventing and addressing a new or unfamiliar infectious disease. Fortunately, because much is already known about monkeypox, there are good educational materials already available," says Mills. For instance, he notes, "It's important to have materials showing what monkeypox looks like so staff understand that not every rash is monkeypox." This will help staff feel confident in their ability to recognize signs and symptoms of the virus. Then if they identify a confirmed or suspected case, they need to have a solid plan for triaging and managing the virus.

The infection preventionist (for those organizations who have them) can take the lead on education and training, but everyone needs to be involved. Mills suggested, "Let people know there is another contagious virus out there, and make sure staff know the protocols to follow if there is a case, including isolation procedures, what

PPE, hand hygiene, and cleaning/disinfection processes will be necessary, and how and when to stop isolation when the person is no longer infectious."

Education and communication – such as the use of town halls – also are important to prevent misconceptions and biases that can hurt clients. "While most cases of monkeypox to date are among gay and bisexual men, they aren't the only ones at risk for the virus," said Mills. It is vital for everyone to understand this so that these individuals aren't stereotyped or stigmatized. Providers need to support unity and diversity, he suggested, adding, "We have used this as an opportunity to redouble our support for our LGBTQ+ employees and clients. And we are stressing that by no means is there medical or scientific proof that anyone is more at risk than anyone else. Exposure criteria apply to everyone."

Action, Not Overreaction, Advised

While it is important to be on alert and have policies, procedures, and processes in place to prevent and address monkeypox, Mills said, "At this stage, we don't want to overreact. Unless a cluster of cases are seen in a given facility, I don't think it warrants efforts such as restricting visitors or activities. Nonetheless, we need to take practical infection prevention and control protocols."

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