

OCTOBER 2024 HIPC NEWSLETTER

In This Issue

MONKEYPOX VIRUS

- INTRODUCTION
- SYMPTOMS
- RISK FACTORS
- TRANSMISSION
- DIAGNOSIS
- TREATMENT
- PREVENTION
- KEY FACTS
- HAI DATA- AUG 2024
- HAND HYGIENE COMPLIANCE AUDIT DATA

Important Dates

| World Hand Hygiene Day-
May 5th

| Global Handwashing day
–October 15th

| AMR Awareness
Week-18-24 November

| International Infection
Prevention Week –Every
3rd Week Of October

Guideline Updates Quick Links

https://www.google.com/search?q=monkeypox+who+update&rlz=1C1FHFK_enIN1094IN1094&oq=&gs_lcrp=EgZjaHJvbWUqBggAEEUYOzIGCAAQRRg7MgwIARBFgDKyQMYgAQyBggCE

<https://www.who.int/emergencies/situations/monkeypox-oubreak-2022>

<https://www.healthline.com/health/monkeypox>

<https://news.un.org/en/story/2024/08/1153176>

MONKEY POX VIRUS



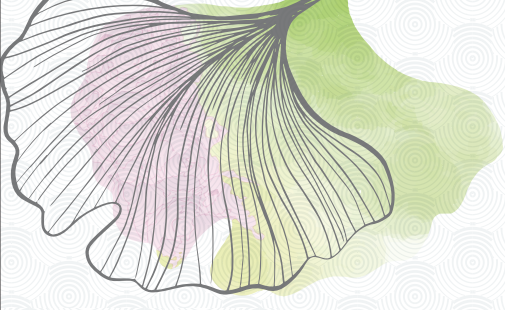
INTRODUCTION

- Monkey pox is an exanthematous disease, which can have systemic manifestations, caused by infection with monkeypox virus (zoonotic orthopox virus).
- Mpox is transmitted from animals to humans, with cases often found close to tropical rainforests where there are animals that carry the virus. Evidence of monkey pox virus infection has been found in animals including squirrels, Gambian pouched rats, dormice, different species of monkeys and others.
- The disease can also spread from humans to humans. It can be transmitted through contact with bodily fluids, lesions on the skin or on internal mucosal surfaces, such as in the mouth or throat, respiratory droplets and contaminated objects.

SIGNS AND SYMPTOMS



Mpox causes signs and symptoms which usually begin within a week but can start 1–21 days after exposure. Symptoms typically last 2–4 weeks but may last longer in someone with a weakened immune system.



Common symptoms of mpox are:

- rash • fever • sore throat • headache • muscle aches • back pain • low energy
- swollen lymph nodes.

Some people may have one or a few skin lesions and others have hundreds or more. These can appear anywhere on the body including:

- palms of hands and soles of feet
- face, mouth and throat
- groin and genital areas
- anus.
- Children, pregnant people and people with weak immune systems, including people living with HIV that is not well controlled, are at higher risk for serious illness and death due to complications from mpox.

RISK FACTORS

Groups that may be at high risk of mpox include:

- health and care workers at risk of exposure;
- people in the same household or close community as someone who has mpox, including children;
- people who have multiple sex partners, including men who have sex with men; and
- sex workers of any gender and their clients.

TRANSMISSION

Human to human:

- Touching, talking or breathing close to someone with mpox can generate infectious respiratory particles.
- The virus can also spread by sexual contact, during pregnancy to the fetus, during or after birth through skin-to-skin contact.

Humans to animals:

- People who have confirmed or suspected mpox should avoid close physical contact with animals, including such pets as cats, dogs, hamsters and gerbils, as well as livestock and wildlife.

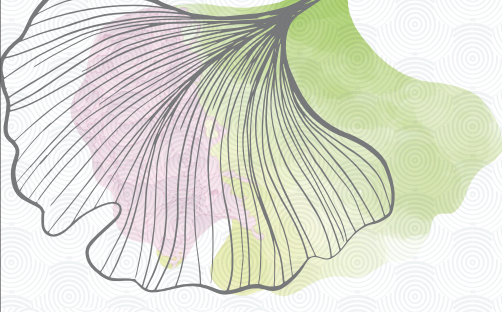
Animals to humans:

- Spread occurs through physical contact with an animal which carries the virus, such as monkeys, tree squirrels. Such exposure can occur through bites or scratches, or during activities such as hunting, skinning, trapping or eating contaminated meat which is not cooked thoroughly.

DIAGNOSIS

Identifying mpox can be difficult because other infections and conditions can look similar. It is important to distinguish mpox from chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmitted infections, and medication-associated allergies. Someone with mpox may also have another sexually transmitted infection at the same time, such as syphilis or herpes. The preferred laboratory test for mpox is detection of viral DNA by polymerase chain reaction (PCR). The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts – collected by vigorous swabbing. In the absence of skin lesions, testing can be done using swabs of the throat or anus. Testing blood is not recommended. Antibody detection methods may not be useful as they do not distinguish between different orthopoxviruses.





TREATMENT

There is no specific treatment approved for mpox. Healthcare professionals may treat mpox with some antiviral drugs used to treat smallpox, such as tecovirimat (TPOXX) or brincidofovir (Tembexa). For those unlikely to respond to the vaccine, vaccinia immune globulin may be useful.

VACCINATION

- Getting an mpox vaccine can help prevent infection (pre-exposure prophylaxis). It is recommended for people at high-risk of getting mpox, especially during an outbreak.
- At present, WHO recommends use of MVA-BN or LC16 vaccines, or the ACAM2000 vaccine when the others are not available.
- Only people who are at risk of exposure to mpox should be considered for vaccination, according to WHO. Travellers who may be at risk based on an individual risk assessment with their healthcare provider, may wish to consider vaccination.
- The vaccine can also be administered after a person has been in contact with someone who has mpox (post-exposure prophylaxis). In these cases, the vaccine should be given less than 4 days after contact with someone who has mpox. The vaccine can be given for up to 14 days if the person has not developed symptoms.

TREATMENT

Most people will recover from influenza on their own. People with mild symptoms should:

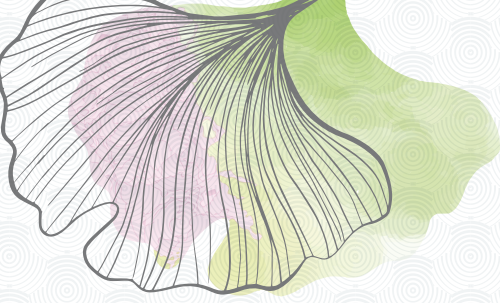
- stay home to avoid infecting other people
- rest
- drink plenty of fluids
- treat other symptoms such as fever
- seek medical care if symptoms get worse.

People at high risk or with severe symptoms should be treated with antiviral medications as soon as possible. They include people who are:

- pregnant
- children under 59 months of age
- aged 65 years and older
- living with other chronic illnesses
- receiving chemotherapy
- living with suppressed immune systems due to HIV or other conditions.

The WHO Global Influenza Surveillance and Response System (GISRS) monitors resistance to anti virals among circulating influenza viruses to provide timely evidence for national policies related to antiviral use.





PREVENTION

Cleaning and disinfecting surfaces or objects and cleaning your hands after touching surfaces or objects that may be contaminated can help prevent transmission.

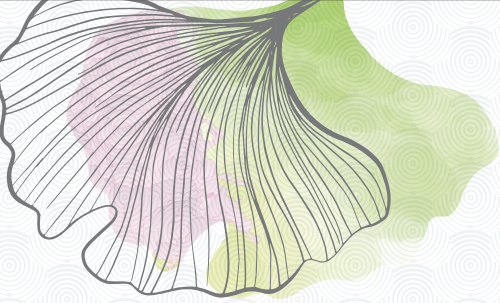
The risk of getting mpox from animals can be reduced by avoiding unprotected contact with wild animals, especially those that are sick or dead, including their meat and blood.

In countries where animals carry the virus, any food containing animal parts or meat should be cooked thoroughly before eating.

KEY FACTS

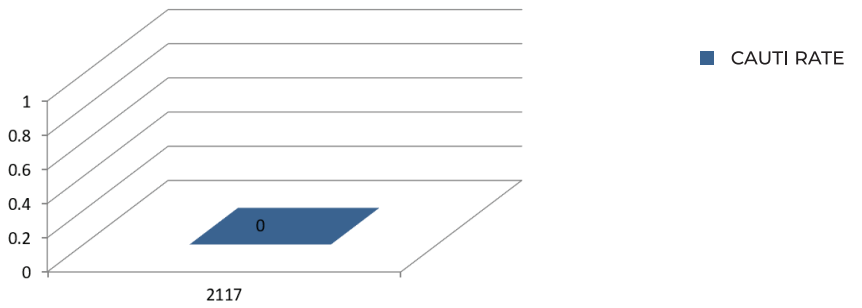
- Mpox, previously known as monkeypox, is a viral illness caused by the monkeypox virus, a species of the genus Orthopoxvirus.
- There are vaccines for mpox. Vaccination should be considered along with other public health interventions.
- Common symptoms of mpox are a skin rash or mucosal lesions which can last 2–4 weeks accompanied by fever, headache, muscle aches, back pain, low energy and swollen lymph nodes.
- Mpox can be transmitted through close contact with someone who has mpox, with contaminated materials, or with infected animals. During pregnancy, the virus may be passed to the fetus, or to the newborn during or after birth.
- Mpox is treated with supportive care for symptoms such as pain and fever, with close attention to nutrition, hydration, skin care, prevention of secondary infections and treatment of co-infections, including HIV where present.



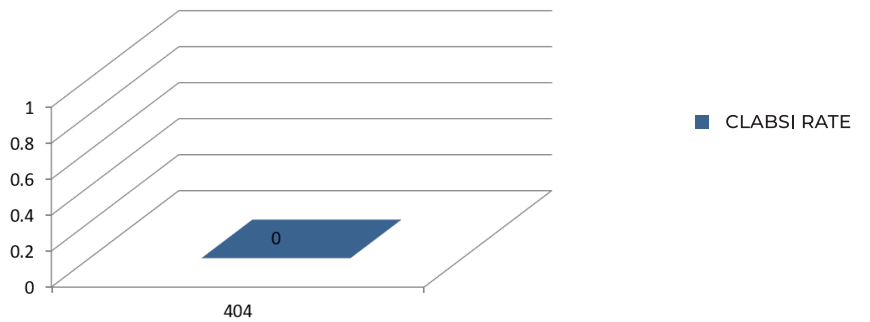


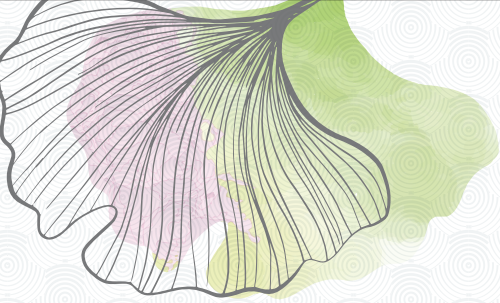
HAI DATA - AUGUST, 2024

CAUTI RATE

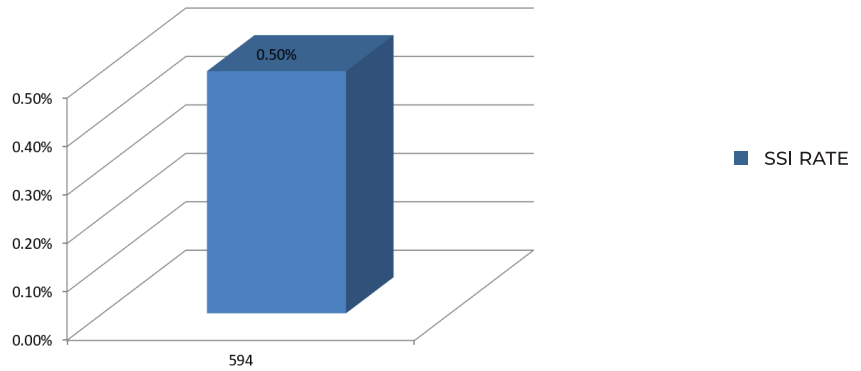


CLABSI RATE





SSI RATE



PERCENTAGE OF HAND HYGIENE COMPLIANCE

