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2022 Infection Prevention & Control for General Practice

May e newspage # 4 – Concurrent significant infectious outbreaks with different modes of transmission (Coronavirus, Influenza and Monkeypox)

Stay on message with staff and patients with precautions for both **Coronavirus** (highest numbers in the world at present and still insufficient people with a 3rd dose / reinfection on the rise) and **Influenza** cases (rising quickly and a community that is under-immunised). Both are transmitted by airborne, droplet and contact routes. You know the drill – P2 masks where you are with others sharing an enclosed space where ventilation may be insufficient. Surgical masks will reduce risk of transmission but fit checked P2 will reduce risk further (estimated 15%).

The measures we currently take for coronavirus i.e checking patients and ourselves for respiratory symptoms which also cover for influenza, and remember to include fever, aches etc which can now cover for all 3 (no respiratory symptoms for monkeypox). We and patients wear a mask inside in all health facilities - it's worth reminding everyone that we are keen to see Coronavirus numbers fall and reduce stress on the health system. It's definitely in the interest of everyone that health care workers / admin staff continue to wear at least surgical masks away from work when gathering inside e.g. supermarkets. Reducing infection among health care workers enables the workforce to stay working although there is more household transmission at present where most of us become infected. Keep use of the staff room low with no crowding and ensure ventilation is the best it can be. If you need to all talk, put masks on or go outside – just like we did the last two years! Speaking indoors around a table with no masks is a spreading risk and while the excuse is that we are eating, no one in a group only eats – we all chat which is normal. Just remember the risk is high in that setting. The next variant will occur because of onward transmission – let's avoid that as much as possible.

About monkeypox

Monkeypox was first detected in monkeys but it is likely that rodents are the reservoir. There are two slightly different types in Africa – Central and West. Outbreaks tend to be small and not spill over borders - human to human transmission has not previously been high. This is a large virus (by viral standards) and in the same group as smallpox but without the same mortality – there may be a few sores (skin and mouth) or thousands, and all erupt at the same time (unlike chicken pox). Pox viruses can persist for a long period but close contact is required. The incubation periods is 1 - 2 weeks, the number of sores can vary from a few to thousands and recovery is 2-4 weeks. There is no treatment currently, mortality rates were previously rates around 5%. **Transmission is by droplet and contact.** It occurs where lesions on the skin and mucous membranes e.g mouth, release virus to broken skin or mucous membranes of a close contact i.e skin to skin - bedding may be a source during such contact. It is not considered to transmit through the air. Prevention of onward transmission and protection of others is by contact tracing and ring vaccination of close contacts using the smallpox vaccine – this may be recommended in the near future for healthcare workers. There is no evidence that a new variant has caused this unusual event.

Suspect monkeypox?

Patients may volunteer they have lesions or have been to Africa and have fever, flu-like symptoms (not respiratory). A clinic may screen patients with extra questions but if all patients and staff are wearing a mask, this offers some protection from droplet transmission from lesions in a monkeypox patient's mouth (another reason for maintaining mask wearing). Human to human transmission is unusual but is occurring currently. Keep up preventatives as you do for coronavirus and influenza i.e. no gathering indoors / good distancing / short waiting times in the waiting room, contactless payment and hand hygiene. Nurses and doctors already wear gloves when in contact with any patient with non-intact skin, rash or pox pustules as normal standard precautions so no need to take extra precautions. I would ask the health department for advice on whether decontaminating with your current disinfectant that you are using twice daily is effective for decontaminating after a suspect case.

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