

CONSIDERATIONS FOR MONKEYPOX ISOLATION

6 December 2022

Executive summary

Isolation is a public safety measure that can be used to prevent the transmission of infectious diseases such as monkeypox. Monkeypox transmits differently from other viruses so the form of isolation that government should employ to reduce the transmission of monkeypox is different from that of other viruses. In the context of monkeypox, health authorities can consider the level of isolation required to reduce the transmission of the virus. Given the virus is concentrated among gay and bisexual men and men who have sex with men (GBMSM), states and territories can utilise LGBTIQ organisations to communicate with these communities to maximise the reach of messaging regarding isolation.

AFAO and ASHM developed considerations that can help inform jurisdictions' monkeypox isolation rules.

The purpose of this document is to **provide a list of relevant considerations** state and territory governments can consider when deciding their isolation policy for monkeypox. These considerations are not prescriptive as we understand the context of each state and territory is different.

These considerations do not constitute advice to individuals who are isolating with monkeypox. People with monkeypox should follow all state and territory isolation rules.

Each consideration is outlined below.

The appropriate level of isolation corresponds to the individuals' with monkeypox specific symptoms.

There is no appropriate, one-size-fits-all version of isolation for all infectious diseases. The purpose of isolation is to minimise the risk of transmission of specific infections. In the context of monkeypox, isolation should align with the nature of the virus's duration of infectiousness and be commensurate with the risk of transmission.

Where the public health response permits, isolation rules should be sustainable for the individual living with monkeypox. Individuals may be infectious for an extended period. Overly restrictive isolation policies enforced over a long period can have a substantial impact on individuals and their families' financial and mental wellbeing.

As the risk and mode of transmission shifts over the course of infection, the appropriate form of isolation will shift with it. This is complex and state and territories cannot make rules that accommodate every individual's specific infection; however, jurisdictions can broadly adapt their isolation rules to proportionally address the risk that the person with monkeypox symptoms might entail. Specific symptoms and possible isolation guidelines are outlined below.

1. **If an individual with monkeypox can cover lesions, it is safe for them to travel away from their place of isolation for essential purposes such as shopping and medical appointments.** Individuals with monkeypox may transmit the virus through physical contact until all their lesions have crusted, the scabs have fallen off and a fresh layer of skin has formed underneath. Other individuals and animals should not touch these lesions without appropriate PPE. However, if all parts of these lesions are covered with clean clothing, gloves or bandages and

the individuals with monkeypox wear a surgical mask, the risk of transmission is negligible. Individuals with monkeypox should be assisted by public health units or other suitably experienced health professionals to develop an isolation strategy.

2. **If the individual with monkeypox is symptomatic with systemic symptoms, such as fever or respiratory symptoms, they should remain isolated in place and away from other individuals and animals.** Theoretically, respiratory transmission may occur where a person comes into contact with bodily fluids of a person with monkeypox through coughing, sneezing or sweating. However, despite tens of thousands of cases globally, respiratory transmission has not emerged as a significant mode of transmission. The person would likely need to be physically close to the individual for a substantial amount of time for transmission to occur this way.

There are further guidelines someone with monkeypox should follow. These include:

- **preventing transmission to health workers and other patients when attending a hospital or other healthcare provider.** To protect healthcare workers, individuals with monkeypox should:
 - communicate with the healthcare provider prior to attending the clinic to alert them to the nature of their infection;
 - follow advice from that clinic about if and how to present; and
 - wear a mask and cover all lesions during travel to the clinic and for the duration of the clinic visit.
- **maintain standard hygiene practices.** People with monkeypox should:
 - wash hands with soap and water or use an alcohol-based hand sanitizer, especially after touching one of their lesions or affected areas; and
 - avoid sharing items with others, which includes clothes, bedding and eating utensils.

Jurisdictions can work with member organisations to communicate with GBMSM about sexual and other skin to skin contact during isolation.

Sexual and other skin to skin contact is the main transmission route for monkeypox. Whilst most transmission has occurred between GBMSM, transmission can occur if a non-GBMSM individual has sexual or other skin to skin contact with GBMSM. Sexual contact between GBMSM can have a high risk of transmitting monkeypox because the virus may transmit through body fluids that are shared during sex including oral and respiratory secretions, faeces, and semen. More research is required to understand how sexual transmission occurs. Sexual contact may increase the likelihood of symptoms such as proctitis or penile lesions due to the site of transmission.

To prevent transmission, GBMSM with monkeypox should avoid all sexual and other skin to skin contact whilst they isolate. This includes non-penetrative sexual acts that include skin to skin contact such as kissing, oral sex and using sex toys with a partner. It is currently unclear if transmission of the virus can occur through semen and, if so, for how long the virus may remain in semen after recovery from monkeypox. As a precaution, it is recommended that people who have recovered from monkeypox use condoms for a further 12 weeks after their recovery, for all sexual activities that might expose a sexual partner to their semen.

States and territories should partner with member organisations to work with GBMSM with monkeypox during and after isolation. LGBTIQ community-controlled organisations can communicate with credibility because GBMSM often recognise these organisations as authorities on the delivery of safe sex and harm minimisation messaging. Member organisations also have the experience and capability to deliver complex, culturally appropriate messages about behaviour change without stigmatising sexual behaviour. People who live with HIV and Sex-Worker Organisations should also be involved as early as possible in the planning of monkeypox epidemic responses.

Isolation support should prioritise the health outcomes of individuals and the community, not compliance and enforcement.

Isolation guidelines for monkeypox carry risk for the health of the person with monkeypox, their close or intimate contacts as well as the credibility of the government in the eyes of the GBMSM community. Punitive compliance measures may also work against the public health response. If the government implements isolation rules with harsh compliance and enforcement mechanisms, this may:

- **stigmatise GBMSM and contribute to social panic around sex between men.** Public health measures that were vigorously implemented during the AIDS epidemic have sensitised some GBMSM to any compliance mechanisms that appear to target the community. Stigmatising GBMSM may discourage individuals from using government services designed to reduce the transmission of monkeypox such as treatment.
- **worsen health outcomes for people with monkeypox.** Isolation policies that focus on compliance and enforcement risk individuals not having access to effective supports. This factor risks worsening the individual with monkeypox's general and mental health outcomes.
- **act as a deterrent for GBMSM to seek monkeypox testing.**

Member organisations should be responsible for checking in on those in monkeypox isolation to provide peer support and social work. More so than police, army or other government officials, peers from member organisations have the expertise and credibility to provide GBMSM with monkeypox with appropriate services whilst they are in isolation. Individuals with monkeypox may be more likely to have candid conversations with peers about how to best observe isolation rules without fear of judgement or prosecution. By facilitating a connection between the member organisation and the individual, government may also encourage the individual to maintain risk reduction behaviours after monkeypox isolation finishes. After the AIDS epidemic, member organisations have a history of effectively implementing government policy and achieving strong health outcomes for GBMSM.