

WHAT HOTELS SHOULD KNOW ABOUT MONKEYPOX



Top Five Facts:

1. The threat from a monkeypox outbreak to the hotel industry is low.
2. Transmission of monkeypox seems to be from contact rather than airborne, at least for this outbreak.
3. Monkeypox tends to be a milder disease than the most severe version of smallpox, variola major.
4. Smallpox vaccination is recommended to prevent monkeypox infection, but there is no recommendation to vaccinate the general public.
5. Monkeypox is a DNA virus, and SARS-CoV-2 (COVID-19) is an RNA virus. The two are unrelated, and people should rely on authoritative sources for more information.

Recommendations:

- At this time, AHLA not advising any specific changes in any policy or recommendations. Our team will continue to monitor the situation.
 - While respiratory transmission is theoretically possible, masking is not recommended to prevent transmission, except when a person (usually a healthcare worker) is in contact with a person who is known or suspected to be infected.
- Mass vaccination is also not recommended, and there does not appear to be a likely scenario that will result in any other recommendation about vaccination.
- While monkeypox does not appear to be a serious threat, this outbreak reminds us to maintain vigilant.

Background:

- Monkeypox is caused by monkeypox virus, a member of the Orthopoxvirus genus in the family Poxviridae that was first described in 1958 in monkeys used for research.
 - Other Orthopoxviruses include variola (smallpox), vaccinia (the virus used to vaccinate against smallpox), cowpox, and several others.
 - However, no one is sure what the natural animal reservoir for monkeypox is, but it is known to be carried by large rodents. Endemic human cases of monkeypox occur in tropical rainforest areas of Central and West Africa and is occasionally exported to other regions.
- What makes the current outbreak somewhat unusual is that, so far, scientists are unable to trace the current cases to anyone who traveled to central or west Africa.
 - The first case seen in the US in this outbreak was reported on May 18, 2022, in a person returning to the United States from Canada. Multiple clusters of monkeypox have also been reported in early to mid-May in several countries that do not normally report monkeypox (Europe, Australia, America). For more details, see the CDC [outbreak map](#).
- The most common avenue of transmission is through direct contact with active skin lesions, or through contact with material that was contaminated via contact with active skin lesions (fomite).
 - Scientists believe that monkeypox can be transmitted via respiratory droplets, but at the current time there is no evidence to support aerosol transmission. Theoretically, close and prolonged contact would be needed for respiratory transmission, but scientific thinking about airborne transmission has changed as a result of coronavirus.
- Monkeypox begins, as many viral infections do, with fever, headache, muscle aches, chills, and exhaustion. Swollen lymph nodes and back aches are also seen.
 - In about 1 to 3 days, the characteristic skin rash appears, and it goes through several stages. At some point, the rash becomes characteristics of poxvirus rashes.
 - The key point here is that the illness can last 2 to 4 weeks and is transmissible by contact until the lesions heal. In this case, contact tracing and isolation is very important.
 - Although not considered a traditional sexually transmitted disease, close contact has been implicated in the recent outbreak, according to the [CDC](#).

For more information, please visit AHLA's [Safe Stay website](#)