

**DONATION OF MATERNAL MILK AND MPOX VIRUS:
POSITION OF THE FRENCH HUMAN MILK BANK (FHMB)**
October 2024

CONTEXT

Monkeypox (MPVX) is caused by a rare virus, with an incubation period ranging from 5 to 21 days. Epidemic outbreaks are located in Africa (Democratic Republic of the Congo, Cameroon, and Nigeria), and there is a risk of imported cases of MPVX infection and the emergence of cases with no travel history.

Transmission occurs through direct and indirect human-to-human contact, including respiratory and contact routes: Close contact with skin lesions (blisters, scabs) or mucous membranes (oral, genital, conjunctival), biological fluids (saliva), or exposure to coughs or sneezes (droplets) from an infected person; contact with clothing, bedding, linens, or utensils used by an infected person. Transmission during pregnancy, via the placenta or during delivery through contact with biological fluids, is possible. Maternal-fetal/perinatal transmission can occur and is responsible for severe forms in newborns.

The initial symptoms include fever, headaches, muscle pain, back pain, chills, and extreme fatigue. A rash typically appears 1 to 5 days later, which may resemble chickenpox (vesicles). Initially, raised spots appear that then turn into blisters, which eventually crust over and fall off. The rash often appears on the face, hands, or genital area. Biological diagnosis: specific MPVX RT-PCR. Progression: usually favourable within 2-3 weeks, but severe forms can occur.

Patients are contagious from the onset of symptoms until complete healing of skin lesions, necessitating isolation. Early identification of at-risk contacts and offering vaccination (third-generation vaccines) within 4 days of risky contact, up to a maximum of 14 days, is essential.

It is likely that MPVX can be transmitted through human-derived products. This risk of transmission is theoretical and leads to a temporary contraindication for donations in the event of infection. The European Centre for Disease Prevention and Control (ECDC) recommends that all potential donors of human-derived products be carefully questioned about contact with confirmed or suspected cases.

Holder pasteurisation (62.5°C for 30 minutes) reduces the amount of MPVX in breast milk to below the detection threshold (Clark 2023).

GUIDANCE FOR HUMAN MILK BANKS

Human milk banks are affected due to the collection of breast milk from care units and home settings.

- **Staff at human milk banks must be informed about the emergence of MPOX and trained to identify risk factors** based on the pre-donation questionnaire, using specific questions:
 - Have you had contact with a person infected with the MPOX virus in the last 21 days?
 - Have you experienced symptoms indicative of an MPOX infection (fever over 38°C, skin lesions) in the last 42 days?
 - Have you received, or are you due to receive, the Imvanex vaccine against MPOX?
- **CLOSE CONTACTS OF A CONFIRMED, PROBABLE, OR SUSPECTED CASE** should not donate for **21 days** from the date of last contact.
- **INDIVIDUALS WITH A CONFIRMED INFECTION** should not donate for **42 days** from the onset of symptoms (i.e., twice the maximum incubation period).
- **VACCINATED INDIVIDUALS** (Imvanex®) are excluded from donating for **4 weeks** after the last dose of the vaccine. Furthermore, if a vaccinated donor becomes a close contact again, they should not donate for 21 days from the date of last contact.
- **Donors should be informed of the necessity to report** any infections or indicative symptoms (fever, rash).
- A **disinfectant compliant with standard 14476** (virucidal against MPOX) should be used for disinfecting surfaces and for the bio-cleaning of bottles collected from the homes of donors and care units.

Written by: Jean-Charles PICAUD, Solène LEFUR, and the Board of FHMBA.

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