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 **Dayton MMRS Public Health - GMVEMSC**

**Dayton & Montgomery County**

**Monkeypox Bulletin 1: Current Clinical & PPE Issues**

There are nearly 10,000 cases of Monkeypox in the U.S. and dozens of cases in Ohio, including some in our region. This bulletin provides information for EMS, fire, law enforcement, and corrections personnel. This was developed with Public Health, GMVEMSC, the Region 3 Regional Physicians Advisory Board, and others. It includes materials from CDC, ODH, and the National Emerging Special Pathogens Training and Education Center (NETEC).

* Monkeypox is similar to smallpox, though with milder symptoms and is rarely fatal.
* It was discovered in 1958 in monkey research. It is not related to chickenpox.
* Most cases have been relatively mild, not requiring hospitalization.
* There have been no U.S. deaths during this outbreak so far, and very few pediatric cases.
* Cases and close contacts of cases are being monitored by Public Health.

**Clinical Presentation**

* 94% of U.S. cases have been in men who have sex with men or close contacts of them.
* Approximately 40% of cases are also HIV+.
* Monkeypox can begin with influenza-like illness (fever, headache, muscle aches, malaise, swollen lymph nodes, or respiratory symptoms such as sore throat, nasal congestion, or cough), then progress to a vesicular/pustular rash (or pox).
* Often, the rash has been the initial symptom. It may look like pimples or blisters (see photos).
* The rash may start on the face and spread. It may be painful or itchy.
* In some cases, the rash may be located on or near the genitals or anus. It can be on other areas like the hands, feet, chest, face, or mouth. It is not always across the whole body.
* The rash goes through several stages, including scabs, before healing.
* The rash of monkeypox can easily be confused with other rash illnesses.
* Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been frequently reported.
* Monkeypox can spread between people through direct contact with the rash, scabs, or body fluids; skin-to-skin contact including sexual contact; or contact with contaminated fomites (e.g., clothing or linens that had touched the rash).
* It can be spread by respiratory secretions during prolonged, face-to-face contact or during intimate physical contact.
* The incubation period is 3-17 days. The illness typically lasts 2-4 weeks.
* Patients are not thought to be contagious prior to symptom onset.
* The disease can be transmitted from the time of symptom onset until the rash has fully healed and a fresh layer of skin has formed.

**Patient Care**

* Recommended PPE includes gown or impenetrable coveralls, gloves, eye protection, and an N-95 mask or PAPR.
* Limit the number of personnel making patient contact.
* If tolerated, apply a surgical mask to the patient. The patient’s facemask may be worn over a nasal cannula, or an oxygen mask can be used if indicated.
* Cover exposed skin lesions to the extent possible, such as with an impervious sheet.
* Only use aerosol-generating procedures (e.g., intubation, suctioning, CPAP, or CPR) if medically necessary and then with caution, preferably in an open-air location.
* Notify the receiving hospital as early as possible and ask which entrance to use.
* Separate the driver compartment from the patient compartment. Turn the exhaust fan on high. Introduce fresh air in both compartments if possible.
* Contacts/family should **not**ride in medic unless necessary, and only if wearing a mask.
* Keep your hands away from your eyes, nose, and mouth, and wash your hands frequently for at least 20 seconds with soap and water.
* Follow the Exposure Reporting Policy by notifying the charge nurse in the ED as well as your chain of command of your potential exposure. Brief clinical interactions while wearing appropriate PPE are **not** high risk and generally do not warrant PEP (i.e., vaccination).
* Document a list of all personnel involved and level of contact (for example, no contact with patient, provided direct patient care). This may be shared with local public health.
* Leave the rear doors of the transport vehicle open to allow for sufficient air changes while completing the transfer of the patient and documentation.
* Clean the vehicle with the doors open, while wearing a disposable gown and gloves. Wear a face shield or facemask and goggles if splashes or sprays are anticipated.
* Soiled laundry should be *gently* and promptly contained in an appropriate laundry bag and never be shaken or handled in a manner that may disperse infectious material. Check with hospital personnel for bagging procedures and where to dispose of linens.
* Clean and disinfect using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim. Wet cleaning methods are preferred.
* Products with [Emerging Viral Pathogens claims](https://www.epa.gov/coronavirus/what-emerging-viral-pathogen-claim) may be found on EPA’s [List Q](https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q). Follow the manufacturer’s directions for concentration, contact time, and care and handling.
* All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected.
* Monitor personnel for illness for 21 days if monkeypox is confirmed in the patient.

**Dispatch Centers**

* With suspected Monkeypox, make that information known to all responding crews.
* Dispatch Centers should not announce on the air anything that indicates a patient has a disease.  Instead, they should use terms such as “respiratory protection is indicated.”

**This is a rapidly evolving situation; recommendations may change over time. More information can be found at** [**www.CDC.gov**](http://www.CDC.gov)**,** [**https://netec.org**](https://netec.org)**, and** [**www.DaytonMMRS.org**](http://www.DaytonMMRS.org).

