

**Healthcare Personnel Guidance for Suspected or Confirmed Monkeypox/Orthopoxvirus**



**DOC ID**  
HHCMPA92022\_Version 4

**Effective Date:**  
August 16, 2022

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Purpose	To provide guidance for healthcare personnel with suspected or confirmed Monkeypox/Orthopoxvirus disease and risk assessment for occupational exposures.						
Scope	All New York City Health + Hospital Personnel						
Process	<ul style="list-style-type: none"> <li>• Exposure: <ul style="list-style-type: none"> <li>○ All NYC H+H Healthcare Personnel (HCP) will notify OHS immediately of suspected, potential or confirmed exposures to Monkeypox/Orthopoxvirus, with or without symptoms.</li> <li>○ If the exposure occurred in the community, OHS will refer HCP to their own primary care provider (PCP) for evaluation, testing and/or treatment. If they do not have a PCP, they will be given a referral to an H+H PCP.</li> <li>○ If the exposure occurred in the work place, OHS will complete an Occupational Exposure Risk Assessment (see below OHS Guidance).</li> <li>○ OHS will classify HCP into the appropriate exposure risk category for determination of the need for monitoring and/or post exposure prophylaxis with JYNNEOS vaccine.</li> <li>○ OHS will educate HCP on the development of symptoms that could suggest MPX infection, especially within the 21-calendar day period after the last date of care or exposure. (See Appendix A)</li> <li>○ Upon receiving proof of a pending Monkeypox test and/or a confirmed Monkeypox case, OHS will give guidance to the HCP.</li> <li>○ If an HCP has a pending Monkeypox test, they must submit a copy of the final result (either negative or positive) to OHS.</li> </ul> </li> <li>• Monitoring after any exposure: <ul style="list-style-type: none"> <li>○ If OHS determines that an HCP requires self-monitoring, the HCP is not excluded from work, but will self-report symptoms, including temperature at least twice daily using the Healthcare Worker Monkeypox Monitoring Tool.</li> <li>○ During the 21-day monitoring period, prior to reporting for work each day, the HCP should complete the Healthcare Worker Monkeypox Monitoring Tool.</li> </ul> </li> </ul>						
OHS Guidance	<ul style="list-style-type: none"> <li>• If HCP is awaiting a MPX test result or has a positive test result, they should contact OHS immediately for further instruction and guidance.</li> <li>• In cases of occupational exposure, OHS shall conduct an Occupational Exposure Risk Assessment and stratify the HCP into the appropriate risk category (low/uncertain, intermediate, high).</li> </ul> <p><b>OHS Occupational Exposure Risk Assessment:</b></p> <table border="1" data-bbox="321 1551 1479 1831"> <thead> <tr> <th data-bbox="321 1551 899 1587">Question</th> <th data-bbox="906 1551 1479 1587">Answer</th> </tr> </thead> <tbody> <tr> <td data-bbox="321 1589 899 1696">1. Date and time of exposure</td> <td data-bbox="906 1589 1479 1696">Date: Time:</td> </tr> <tr> <td data-bbox="321 1698 899 1831">2. All temperatures in Fahrenheit for last 24 hours. Temperatures <math>\geq 100.4^{\circ}\text{F}</math> are considered a fever.</td> <td data-bbox="906 1698 1479 1831"></td> </tr> </tbody> </table>	Question	Answer	1. Date and time of exposure	Date: Time:	2. All temperatures in Fahrenheit for last 24 hours. Temperatures $\geq 100.4^{\circ}\text{F}$ are considered a fever.	
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	<p>3. Do you have any symptoms to report (fever (<math>\geq 100.4^{\circ}\text{F}</math>), chills, new swollen lymph nodes (periauricular, axillary, cervical, or inguinal lymphadenopathy), and/or new skin rash)?</p>	<p>Yes or No</p> <p>* If yes, record a brief description of symptoms.</p>
	<p>4. Does your assigned work involve possible exposure to a confirmed MPX patient or a confirmed MPX patient’s belongings or immediate environment (includes lab specimens)?</p>	<p>Yes or No</p> <p>*If yes, ascertain occupational exposure characteristics for stratification?</p>

**NOTE:** If OHS determines the HCP was occupationally exposed and is asymptomatic, HCP must continue self-monitoring and reporting to OHS through the Monkeypox Monitoring App for 21 days after last date of care or contact, but the HCP does not require work restriction.

**Positive Symptom Reporting**

- Any HCP with exposure to confirmed MPX and exhibiting symptoms should **self-isolate immediately** and call OHS and their primary care provider for further instructions.
- If, after any exposure to MPX, HCP reports temperature  $\geq 100.4^{\circ}\text{F}$ , or symptoms consistent with MPX illness (includes chills, new skin rash, new lymphadenopathy (peri-auricular, axillary, cervical, or inguinal)), OHS will complete the following:
  - Document a full description of symptoms
  - Notify hospital leadership, facility Infection Prevention and Control (IPC) department and Central Office OHS
  - Contact NYSDOH

<p><b>Monkeypox Occupational Exposure Risk Stratification as per CDC 8/11/2022</b></p>	<p><b>Occupational Exposure Risk Assessment for HCP Exposed to Confirmed MPX in the Workplace</b></p>		
	<p>Each risk level category in the table below is intended to highlight the need for monitoring and assist with determining the need for postexposure prophylaxis (PEP). The exposure risk level of any incident may be recategorized to another risk level at the discretion of occupational health services or public health authorities due to the unique circumstances of each exposure incident.</p>		
	<p><b>Risk Level of Exposure</b></p>	<p><b>Exposure Characteristics</b></p>	<p><b>H+H OHS Guidance</b></p>
<p><b>No Risk</b></p>	<p>No contact with patient with Monkeypox their contaminated materials nor entry into the patient room or care area</p>	<ul style="list-style-type: none"> <li>• No monitoring required.</li> <li>• No PEP recommended</li> </ul>	
<p><b>Lower</b></p>	<ul style="list-style-type: none"> <li>• Entry into a contaminated room or patient care area of patient’s with Monkeypox without wearing all recommended PPE and in the absence of exposures listed below.</li> </ul>	<ul style="list-style-type: none"> <li>• HCP must complete the Monkeypox Monitoring Tool, including their temperature twice a day for 21 calendar days following last date of care or exposure.</li> </ul>	

			<ul style="list-style-type: none"> <li>• The HCP must complete the Monkeypox Monitoring Tool daily prior to reporting to work.</li> <li>• OHS will monitor the Monkeypox Monitoring Tool for HCP compliance.</li> <li>• If HCP develops new fever or symptoms, they must self-isolate immediately, and contact OHS for further instructions.</li> <li>• No PEP recommended.</li> </ul>
	<p><b>Intermediate</b></p>	<ul style="list-style-type: none"> <li>• Being within 6 feet for a total of 3 hours or more of an unmasked Monkeypox patient without wearing face mask or respirator -OR-</li> <li>• Unprotected contact between an exposed individual’s intact skin and skin lesions or bodily fluids from a patient with Monkeypox or soiled materials (e.g., linens, clothing) -OR-</li> <li>• Activities resulting in contact between an exposed individual’s clothing and the patient with Monkeypox’s skin lesion or bodily fluid or soiled materials (e.g., during turning, bathing, or assisting with transfer) while not wearing a gown.</li> </ul>	<ul style="list-style-type: none"> <li>• OHS informed clinical decision making recommended on an individual basis to determine the benefits of PPE outweigh risks of severe disease, establish a treatment plan, and consider post exposure prophylaxis with Monkeypox vaccine, JYNNEOS.</li> <li>• HCP must complete the Monkeypox Monitoring App, including their temperature twice a day for 21 days following last date of care or exposure.</li> <li>• The HCP must complete the Monkeypox Monitoring App daily prior to reporting to work.</li> <li>• OHS will monitor the Monkeypox Monitoring App for HCP compliance with completion of the daily reporting.</li> <li>• If HCP develops new fever or symptoms, they must self-isolate immediately,</li> </ul>

			<p>and contact OHS for further instructions.</p> <ul style="list-style-type: none"> <li>• PEP recommended on an individual basis.</li> </ul>
	<p><b>Higher</b></p>	<ul style="list-style-type: none"> <li>• Unprotected contact between a HCP’s skin or mucous membranes and the skin, lesions, or bodily fluids from a Monkeypox patient (e.g., inadvertent splashes of patient saliva to the eyes or mouth of a person, or soiled materials such as (e.g., linens, clothing) -OR-</li> <li>• Being inside a patient’s room or within 6 feet of a patient with Monkeypox during any medical procedures that may create aerosols from oral secretions (e.g., Cardiopulmonary resuscitation, intubation), or activities that may resuspend dried exudate (e.g., shaking of soiled linens) without wearing a NIOSH approved respirator with N95 filter or higher and eye protection.</li> </ul>	<ul style="list-style-type: none"> <li>• Any high-risk exposures should quarantine immediately and call OHS for further instructions.</li> <li>• OHS will coordinate with hospital leadership, IPaC and NYSDOH an infection control plan for the HCP that will include possible post-exposure prophylaxis with Monkeypox vaccine, JYNNEOS.</li> <li>• Recommend PEP.</li> </ul>
	<p><b>Escalation for Non-Response from HCP:</b> If the HCP does not respond to a phone call or electronic notification to complete the daily temperature/symptom survey, attempts should be made to reach the HCP and emergency contact including repeat phone calls every 2 hours until HCP responds.</p> <p>If the HCP is not reachable after 3 electronic notifications or interval phone calls (i.e. first call plus two additional calls), notification will be sent to hospital leadership (e.g., CEO and CMO).</p> <p>Compliance with all OHS monitoring directives is required for continued medical clearance pursuant to OP 20-19.</p>		
<p><b>Return to Work</b></p>	<p>HCP who are confirmed with Monkeypox/Orthopoxvirus infection should self-isolate and require clearance by facility OHS to return to work. [Cite to leave policy?]</p> <p><b>Return to work criteria:</b></p> <ul style="list-style-type: none"> <li>• At least 2 weeks has passed since date of onset of first Monkeypox skin lesion.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Afebrile for at least 72 hours without fever-reducing medication.</li> <li>• No new skin or mucosal lesions in the previous 72 hours.</li> <li>• No lesions in mouth.</li> <li>• All lesions have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath.</li> <li>• All HCP must adhere to Standard Precautions and wear a N95 respirator or equivalent, protective eye wear, and gloves when patient facing and/or providing patient care. Cloth masks are prohibited.</li> </ul>												
<p><b>Definitions</b></p>	<table border="1"> <tr> <td data-bbox="321 653 673 905"> <p><b>Healthcare Personnel (HCP)</b></p> </td> <td data-bbox="673 653 1503 905"> <p>HCP refers to all clinical and non-clinical, paid or unpaid persons, including Community Care Workers working in healthcare settings or in the community; including facility offices and central office locations who have the potential for direct or indirect exposure to patients, HCP or infectious materials, including bodily substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.</p> </td> </tr> <tr> <td data-bbox="321 905 673 1052"> <p><b>Suspected Monkeypox or <i>Orthopoxvirus</i></b></p> </td> <td data-bbox="673 905 1503 1052"> <ul style="list-style-type: none"> <li>• New characteristic rash* <b>OR</b></li> <li>• Meets one of the epidemiologic criteria and has a high clinical suspicion<sup>†</sup> for Monkeypox</li> </ul> </td> </tr> <tr> <td data-bbox="321 1052 673 1444"> <p><b>Probable Monkeypox</b></p> </td> <td data-bbox="673 1052 1503 1444"> <ul style="list-style-type: none"> <li>• No suspicion of other recent <i>Orthopoxvirus</i> exposure (e.g., <i>Vaccinia virus</i> in ADAM2000 vaccination) <b>AND</b> demonstration of the presence of                             <ul style="list-style-type: none"> <li>○ <i>Orthopoxvirus</i> DNA by polymerase chain reaction of a clinical specimen <b>OR</b></li> <li>○ <i>Orthopoxvirus</i> using immunohistochemical or electron microscopy testing methods <b>OR</b></li> <li>○ Demonstration of detectable levels of anti-<i>Orthopoxvirus</i> IgM antibody during the period of 4 to 56 days after rash onset</li> </ul> </li> </ul> </td> </tr> <tr> <td data-bbox="321 1444 673 1623"> <p><b>Confirmed Monkeypox</b></p> </td> <td data-bbox="673 1444 1503 1623"> <ul style="list-style-type: none"> <li>• Demonstration of the presence of <i>Monkeypox virus</i> DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen <b>OR</b> isolation of <i>Monkeypox virus</i> in culture from a clinical specimen</li> </ul> </td> </tr> <tr> <td data-bbox="321 1623 673 1734"> <p><b>Jynneos</b></p> </td> <td data-bbox="673 1623 1503 1734"> <ul style="list-style-type: none"> <li>• Also known as Imvamune or Imvanex</li> <li>• Vaccine indicated for adults ≥18 years old determined to be at high risk for Smallpox and Monkeypox infection.</li> </ul> </td> </tr> <tr> <td colspan="2" data-bbox="321 1734 1503 1873"> <p>*The characteristic rash associated with Monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; 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	<p>secondary syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with <i>Monkeypox virus</i> and other infectious agents (e.g., varicella zoster, syphilis) have been reported, so patients with a characteristic rash should be considered for testing, even if other tests are positive.</p>
References	<p>Infection Prevention and Control of Monkeypox in Healthcare Settings: <a href="https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#anchor_1660143677200">https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#anchor_1660143677200</a></p> <p><a href="https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html">Monitoring People Who Have Been Exposed   Monkeypox   Poxvirus   CDC:</a> <a href="https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html">https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html</a></p> <p>Symptomatic/Asymptomatic Guidance for Healthcare Workers – NYS Department of Health: <a href="https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/2022-07-22_dal.pdf">https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/2022-07-22_dal.pdf</a></p>

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### Appendix A: OHS Tool to Educate HCP on Development of Monkeypox Symptoms

HCP should be educated on the following signs/symptoms of Monkeypox:

<ul style="list-style-type: none"><li>• Fever</li><li>• Headache</li><li>• Muscle aches and backache</li><li>• Swollen lymph nodes</li></ul>	<ul style="list-style-type: none"><li>• Chills</li><li>• Exhaustion</li><li>• A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.</li></ul>
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Note: Fever and rash occur in nearly all people infected with Monkeypox virus.

If any of the above symptoms develop within 21 days of exposure, HCP should immediately self-isolate and contact OHS.

#### Additional Consideration to Relay to HCP:

If infection with Monkeypox does develop, there is an incubation period of roughly 1-2 weeks. The development of initial symptoms (e.g., fever, malaise, headache, weakness, etc.) marks the beginning of the prodromal period.

Shortly after the prodrome, a rash appears. Lesions typically begin to develop simultaneously and evolve together on any given part of the body. The evolution of lesions progresses through four stages—macular, papular, vesicular, to pustular—before scabbing over and resolving.

#### Incubation period

Infection with Monkeypox virus begins with an incubation period. Incubation period is roughly 1-2 weeks but can be up to 21 days. A person is not contagious during this period, does not have symptoms and may feel fine.

#### Prodrome

Persons with Monkeypox will develop an early set of symptoms (prodrome). A person may sometimes be contagious during this period. The first symptoms include fever, malaise, headache, sometimes sore throat and cough, and lymphadenopathy (swollen lymph nodes). Lymphadenopathy is a distinguishing feature of Monkeypox from smallpox. This typically occurs with fever onset, 1–2 days before rash onset, or rarely with rash onset. Lymph nodes may swell in the neck (submandibular & cervical), armpits (axillary), or groin (inguinal) and occur on both sides of the body or just one.

#### Rash

Following the prodrome, lesions will develop in the mouth and on the body. Lesions progress through several stages before falling off. A person is contagious from the onset of the rash through the scab stage until all the scabs crust over and new skin develops at the base of the lesions.