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MONKEYPOX 2022 GUIDANCE FOR EMS PROFESSIONALS

This memo provides guidance for EMS professionals encountering patients suspected of having human monkeypox. On May 7, 2022, the UK confirmed a case of imported human monkeypox. Subsequently, Europe and other non-endemic countries, including the US, confirmed additional cases. As of June 17, 2022, 2,525 cases have been reported in 37 countries, including 112 cases in the US and 24 cases in California. On June 15, 2022, San Diego County reported its first two cases of imported human monkeypox. Other California communities have reported cases of monkeypox with no international travel history, indicating likely community spread of disease. EMS clinicians should follow **Identify-Isolate-Inform (3I)** procedures when encountering potential monkeypox patients.

Identify
While uncommon, making other conditions more likely, it is important to rapidly identify potential monkeypox patients to support the containment of this global outbreak. Prehospital professionals should suspect monkeypox in patients with influenza-like illness (ILI) symptoms followed by the development of a rash. Patients do not always have an ILI prodrome and may first present with mucosal or skin lesions (enanthem, exanthem, or both oral lesions and a rash). Unlike classic cases of monkeypox seen in prior outbreaks in Africa, where the disease is endemic, the rash/lesions in the 2022 outbreak may be more subtle and present only in the genital or anal regions of the body or inside the mouth or anorectal areas and can produce proctitis or tenesmus. Classically, the rash starts on the face, palms, or soles, before progressing centrally. Patients frequently have swollen lymph nodes, most often around the neck and groin areas.

Patients may report contact with persons with suspected or confirmed monkeypox within the last 21 days, the upper limit of the incubation period. Additionally, while patients may have a travel history to the UK/Europe, Canada, or Mexico, monkeypox infections have been confirmed in patients with no travel history. San Diego County Emergency Medical Dispatch Centers are continuing proactive screening to identify potential monkeypox patients and communicate that information to first responders before arrival at the scene of an emergency.

Isolate
The disease is transmitted by direct or indirect contact with infectious bodily fluids or exposure to respiratory droplets/aerosols, although this route is less common. Contrary to some news reports, 'prolonged contact' is **not** required for transmission. Source control measures are essential when encountering any patient suspected or confirmed to have monkeypox. Place a surgical mask on the patient and cover infectious lesions. Providers should don the appropriate PPE before contacting suspected cases: N95 respirator/equivalent (or higher level), gloves, gown, and eye shield protection. As a reminder and under CDPH regulations, universal masking is required in healthcare facilities.

Avoid aerosol-generating procedures, if possible, especially in enclosed areas where ventilation may be poor, e.g., in the back of an ambulance with closed doors. In addition, avoid shaking bed sheets as this

can aerosolize viral particles from patients' lesions. Following each patient encounter and transport, clean and disinfect all ambulance surfaces and equipment with an EPA-registered hospital-grade disinfectant. EMS professionals should also avoid exposure to clothing or materials that may have come into contact with an infectious person's lesions.

Inform
EMS professionals transporting a patient with suspected monkeypox should strive to notify the receiving facility well in advance of arrival. Early notification of suspected cases will facilitate safe patient entry during transfer of care.

Reporting Requirements for EMS Personnel Exposed to Suspected Monkeypox Virus
EMS professionals with potential exposure to the monkeypox virus shall complete the County of San Diego Health and Human Services Agency (CoSD HHSA) Communicable Disease Exposure Report (CoSD EMS Policy S-009) and:

- Deliver a copy to the receiving facility charge nurse;
- Deliver a copy to the agency supervisor/Designated Infection Control Officer (DICO), and;
- Retain a file copy.

Additionally, CoSD Public Health Services requests that, within 24 hours of contact, the EMS personnel's DICO provide the following information to the County of San Diego Epidemiology & Immunization Services Branch at epi-cdreporting.hhsa@sdcounty.ca.gov:

- Provider name(s), date(s) of birth, date of contact/transport, date of potential exposure, and the DICO's contact information

The San Diego County EMS Office is working with the County of San Diego Health and Human Services Agency Public Health Services to create recommendations for identifying and treating any EMS personnel who are identified as having a high-risk exposure to monkeypox.

Reporting Requirements when Encountering Patients with Suspected Monkeypox
For patients with suspected monkeypox who refuse transport, EMS professionals should contact the Epidemiology Unit Duty Officer at (619) 692-8499, or after hours at (858) 565-5255, to complete a telephone report as soon as possible.
For transported patients with suspected monkeypox, providers should confirm that the receiving team understands the need to complete a communicable disease report to the County of San Diego Epidemiology & Immunization Services Branch.

Information contained within this memo is current only at the time of publication. Guidance may change over time as we learn more. Thank you for continuing to provide outstanding care to our patients.

Respectfully,

Kristi Koenig

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San Diego County Emergency Medical Services Office
San Diego County Fire

cc: Eric McDonald, MD, MPH, Chief Medical Officer
Wilma Wooten, MD, MPH, Public Health Officer
Jeff Collins, Director
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Monkeypox Patient Assessment and Transportation Guidelines for EMS Professionals

Medical Dispatch, EMT or Paramedic determines if patient meets suspected monkeypox criteria

Symptoms may include: influenza-like illness (fever, headache, joint and muscle aches), swollen lymph nodes, rash or lesions on face, body, or palms/soles
Exposure risks include: contact with person(s) with suspected or confirmed monkeypox within the last 5-21 days or a travel history to a region with documented monkeypox

If patient meets above criteria

Don PPE during assessment, transport, and treatment:
N95 respirator/equivalent (or higher), gloves, gown, and eye shield protection

If patient with suspected monkeypox refuses transport

Contact the County of San Diego Epidemiology Unit Duty Officer at (619) 692-8499, or after hours at (858) 565-5255, to complete a telephone report as soon as possible

During patient transport

Relay patient's monkeypox status to receiving facility EARLY to facilitate preparations for safe patient hand-off

Following patient hand-off

Carefully doff PPE and decontaminate ambulance

Reporting requirements for EMS providers exposed to suspected monkeypox

Complete a Communicable Diseases Exposure Report and

1. Deliver a copy to the receiving facility charge nurse
2. Deliver a copy to the agency supervisor/Designated Infection Control Officer (DICO)
3. Retain a copy

Within 24 hours, the EMS provider's DICO shall provide the following information to the County of San Diego Epidemiology & Immunization Services Branch at epi-cdreporting.hhsa@sdcounty.ca.gov:

Provider name(s) and date(s) of birth, date of contact/transport, date of potential exposure, and the DICO's contact information

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