Managing monkeypox exposures in healthcare workers

Background

Monkeypox is a DNA virus that is transmitted primarily through direct contact with an infectious lesion. Data from the current worldwide outbreak suggests that transmission to healthcare workers (HCW) is very unlikely and there have been no known monkeypox transmissions from patients to HCW wearing appropriate PPE to date. Nevertheless, the current guidance from CDC recommends including these HCW in the low-risk exposure category at this time.

Recommendations:

1. Screen all HCW that entered the room of a patient with monkeypox (see slide below) and assign them into risk categories.
2. Submit the number of exposures in each category to LACDPH via email through the facility/EMS Provider Agency's assigned liaison public health nurse at LACDPH.
    a. Low risk exposures should be identified and the total number submitted to LACDPH.
    b. HCW who fit within the Intermediate and high-risk exposure groups will require additional follow-up with LACDPH for discussion of potential post-exposure prophylaxis.
3. Healthcare facility/EMS Provider Agency should instruct low-risk-staff to self-monitor for symptoms of monkeypox (fever, rash, lymphadenopathy, etc)
    a. The healthcare worker should monitor their own temperature and symptoms daily.
    b. If any HCW develop symptoms of fever, rash, lymphadenopathy, facility should recommend isolation for HCW and notification of LACDPH immediately. During work hours call 213-240-7941, or after hours call 213-974-1234.
4. Individual tracking of intermediate or high-risk HCW exposures should be performed using active monitoring (daily check-ins to assess for symptoms and signs of monkeypox infection). LACDPH requires check-in WEEKLY by email with assigned public health nurse at LACDPH until 21 days after most recent exposure to monkeypox.
5. Exposure follow-up can end after 21 days of follow-up from the most recent date of exposure.