

Assessing Risk of HCP with Monkeypox Virus Exposures to Guide Monitoring and Recommendations for Postexposure Prophylaxis

Correct and consistent use of PPE when caring for a patient with monkeypox infection is highly protective and prevents transmission to HCP. However, unrecognized errors during the use of PPE (e.g., self-contaminating when removing contaminated PPE) may create opportunities for transmission to HCP. Therefore, **in the absence of an exposure described in Table 1 below, HCP who enter a contaminated patient room or care area while wearing recommended PPE, should be aware of the [signs and symptoms](#) of monkeypox; if any signs or symptoms of monkeypox occur, HCP should notify occupational health services for further evaluation and should not report to work (or should leave work, if signs or symptoms develop while at work).**

Asymptomatic HCP with exposures to monkeypox virus do not need to be excluded from work, but should be monitored (e.g., at least a daily assessment conducted by the exposed HCP for [signs and symptoms](#) of monkeypox infection) for 21 days after their last exposure. Decisions on how to monitor exposed HCP are at the discretion of the occupational health program and public health authorities.

Definitions:

- **Healthcare personnel (HCP):** refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
- **Healthcare settings:** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute-care facilities, inpatient rehabilitation facilities, nursing homes, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others.
- **Active monitoring:** typically involves in-person visits, regular communications (e.g., phone calls, video conferences) between occupational health services, public health representatives, and the person being monitored.
- **Self-monitoring:** typically involves in-person visits, regular communications (e.g., phone calls, video conferences) between occupational health services, public health representatives, and the person being monitored.

Table 1. Assessing Risk of HCP with Monkeypox Virus Exposures to Guide Monitoring and Recommendations for Postexposure Prophylaxis

PPE Worn	Exposure Type	Exposure Risk	Monitoring* for signs/symptoms	PEP** Recommendation
No PPE worn	Unprotected contact between HCP's broken skin or mucous membrane and the skin lesions, or bodily fluids to an infected patient, or soiled materials	Higher	Yes; 21 days	Yes
No PPE worn	Unprotected contact between HCP's intact skin and the skin lesions, or bodily fluids to an infected patient, or soiled materials	Intermediate	Yes; 21 days	Informed clinical decision making recommended on individual basis***
Gown and gloves only	Being inside a patient's room or within 6 feet of a patient during an aerosol-generating procedure or activities that may resuspend dried exudates (shaking soiled linens) without wearing a respirator and eye protection	Higher; mucous membranes (eyes, nose, and mouth) were not protected due to a lack of facemask and eye protection	Yes; 21 days	Yes
Gloves, eye protection, and gown (no surgical mask or respirator)	Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked patient with monkeypox	Intermediate (no facemask or respirator used)	Yes; 21 days	Informed clinical decision making recommended on individual basis***
Gloves, eye protection, and surgical mask or respirator (no gown)	Activities resulting in contact between the HCPs clothing and the patient's skin lesions or bodily fluids, or their soiled materials while not wearing a gown	Intermediate (no gown used)	Yes; 21 days	Informed clinical decision making recommended on individual basis***
Absence of any recommended PPE (gown, gloves, eye protection, facemask or respirator)	Entry into the contaminated room or patient care area of a patient with monkeypox without wearing all recommended PPE, and in the absence of any other exposures described above	Lower	Yes; 21 days	None
Absence of any recommended PPE (gown, gloves, eye protection, facemask or respirator)	No contact with the patient with monkeypox, their contaminated materials, nor entry into the contaminated patient room or care area	No Risk	None	None

*Monitoring: Includes ascertainment of selected signs and symptoms of monkeypox: fever ($\geq 100.4^{\circ}\text{F}$), chills, new lymphadenopathy, and new skin rash through 21 days after the exposure to the patient or patient's materials.

**PEP: Postexposure prophylaxis

*** Factors that may increase the risk of monkeypox transmission include (but are not limited to): the person with monkeypox infection had clothes that were soiled with bodily fluids or secretions (e.g., discharge, skin flakes on clothes) or was coughing while not wearing a mask or respirator, or the exposed individual is not previously vaccinated against smallpox or monkeypox. People who may be at increased risk for severe disease include (but are not limited to): young children (<8 years of age), individuals who are pregnant or immunocompromised, and individuals with a history of atopic dermatitis or eczema.