

Monitoring People Who Have Been Exposed

Contacts of animals or people confirmed to have monkeypox should be monitored for symptoms for 21 days after their last exposure.

Symptoms* of concern include:

- Fever $\geq 100.4^{\circ}\text{F}$ (38°C)
- Chills
- New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
- New skin rash



**Fever and rash occur in nearly all people infected with monkeypox virus.*

Contacts should be instructed to monitor their temperature twice daily. If symptoms develop, contacts should immediately self-isolate and contact the health department for further guidance.

- If fever or rash develop, contacts should self-isolate and contact their local or state health department immediately.
- If only chills or lymphadenopathy develop, the contact should remain at their residence and self-isolate for 24-hours.
 - During this time, the individual should monitor their temperature for fever; if a fever or rash develop, the health department should be contacted immediately.
 - If fever or rash do not develop and chills or lymphadenopathy persist, the contact should be evaluated by a clinician for potential cause. Clinicians can consult with their state health departments if monkeypox is suspected.

Contacts who remain asymptomatic can be permitted to continue routine daily activities (e.g., go to work, school). Contacts should not donate blood, cells, tissue, breast milk, semen, or organs while they are under symptom surveillance.

Monitoring Exposed Healthcare Professionals

Any healthcare worker who has cared for a monkeypox patient should be alert to the development of symptoms that could suggest monkeypox infection, especially within the 21 day period after the last date of care, and should notify infection control, occupational health, and the health department to be guided about a medical evaluation.

Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.

Healthcare workers who have cared for or otherwise been in direct or indirect contact with monkeypox patients while adhering to recommended infection control precautions may undergo self-monitoring or active monitoring as determined by the health department.

Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox

Transmission of monkeypox requires prolonged close contact with a symptomatic individual. Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant PEP.

Degree of Exposure: High

Recommendations

- Monitoring^s
- PEP[¶] – Recommended

Exposure Characteristics

- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing) -OR-
- Being inside the patient's room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances)

Degree of Exposure: Intermediate

Recommendations

- Monitoring^s
- PEP[¶] – Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks ^{¶¶}

Exposure Characteristics

- Being within 6 feet for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask -OR-
- Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances (e.g., if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from high to intermediate)

Degree of Exposure: Low/Uncertain

Recommendations

- Monitoring^s
- PEP[¶] – None

Exposure Characteristics

- Entered the patient room without wearing eye protection on one or more occasions, regardless of duration of exposure -OR-
- During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask -OR-
- Being within 6 feet of an unmasked patient for less than 3 hours without wearing at minimum, a surgical mask -OR-
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances (e.g., uncertainty about whether Monkeypox virus was present on a surface and/or whether a person

touched that surface)

Degree of Exposure: No Risk

Recommendations

- Monitoring[§] – None
- PEP[¶] – None

Exposure Characteristics

- Exposure that public health authorities deemed did not meet criteria for other risk categories

Abbreviations: PEP = postexposure prophylaxis.

† Period of interest was from onset of prodromal symptoms through resolution of the rash (i.e., shedding of crusts and observation of healthy pink tissue at all former lesion sites).

§ Monitoring includes ascertainment of selected signs and symptoms of monkeypox: fever ($\geq 100.4^{\circ}\text{F}$ [$\geq 38^{\circ}\text{C}$]), chills, new lymphadenopathy (periauricular, axillary, cervical, inguinal), and new skin rash through 21 days after the exposure to the patient or the patient's materials. Monitoring could involve in-person visits, regular communications (e.g., phone call or another system) between public health representatives and the person under monitoring, self-monitoring by persons and reporting of symptoms to health departments only if symptoms appear, or another reliable system determined by the health department. Health departments should take into consideration the person's exposure risk level, the number of persons needing monitoring, time since exposure, and available resources, when determining the type of monitoring to be conducted. Persons should be advised to self-isolate if any symptoms develop. Persons who report only chills or lymphadenopathy should remain at their residence, self-isolate for 24 hours, and monitor their temperature for fever; if fever or rash do not develop and chills or lymphadenopathy persist, the person should be evaluated by a clinician for the potential cause. Clinicians can consult with the state health department if monkeypox is suspected. If a fever or rash develops, CDC should immediately be consulted.

¶ ACAM2000 and Jynneos are available for PEP.

¶¶ PEP can be considered for contact through activities such as assistance with bathing, dressing, transferring, or other activities.