Hudson County, Meadowview Psychiatric Hospital

Monkeypox Resource Toolkit for Use and Application

July 28, 2022

Source:  NJHA

The New Jersey Hospital Association (NJHA) has organized this toolkit using federal and state sources, with up-to-date standards and recommendations at the time of publication. NJHA does not intend to provide this information as clinical advice but to serve as a conduit to external guidance. As the 2022 monkeypox outbreak is a rapidly changing concern, readers are advised to check with original sources for updated information.

# QUICK LINKS

Jump down to your area of interest:



# INTRODUCTION

NJHA's Monkeypox Toolkit provides information and links to state and federal guidance on recognizing monkeypox, handling identified cases and preventing further infections.

As of July 27, 2022, New Jersey recorded 102 confirmed cases of monkeypox. Updates by state are posted Monday–Friday on the Centers for Disease Control and Prevention (CDC) Situation Summary website.

The CDC advises healthcare providers to be alert for patients who have rash illnesses consistent with monkeypox, and the New Jersey Department of Health (NJDOH) urges providers to report confirmed or suspect cases immediately to their local health department.

### Resource Links

- NJDOH – Monkeypox Alerts and Guidance: https://www.nj.gov/health/cd/topics/monkeypox.shtml
- CDC – Information for Healthcare Professionals: https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html
- CDC – Clinician FAQs: https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html
- CDC – 2022 U.S. Map & Case Count: https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html
- CDC – Clinician Outreach and Communication Activity Webinar (recording transcript and slide deck): https://emergency.cdc.gov/coca/calls/2022/callinfo_062922.asp

# IDENTIFICATION

Monkeypox is a rare disease caused by infection with the monkeypox virus, which is part of the same family of viruses as variola virus, the virus that causes smallpox. Monkeypox symptoms are similar to, but milder than, smallpox symptoms. Monkeypox is rarely fatal, with illness lasting two to four weeks.

Infection with monkeypox virus begins with a one- to two-week incubation period, during which a person does not have symptoms. During a prodrome period, initial symptoms include fever, malaise, headache, weakness and swollen lymph nodes (lymphadenopathy) – a feature that distinguishes monkeypox infection from smallpox. After this period, a rash appears, with lesions progressing through four stages before scabbing over and resolving.

Key characteristics for identifying monkeypox include:

- Fever before rash
- Lymphadenopathy common
- Disseminated rash is centrifugal (more lesions on extremities, face)
- Lesions on palms and/or soles
- Lesions are well circumscribed, deep seated and often develop umbilication (resembles a dot on the top of the lesion)
- Lesions are relatively the same size and same stage of development on a single site of the body
- Lesions are often described as painful until the healing phase when they become itchy (crusts)

In addition, a high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with other men and who present with lesions in the genital/perianal area or for individuals reporting a significant travel history in the month before illness onset or contact with a suspected or confirmed case of monkeypox.

CDC case-finding guidance provides more details on identification and classification of characteristics.

### Resource Links

- CDC – Clinical Recognition: https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html
- CDC Health Alert Network (HAN) – Updated Case-finding Guidance: https://emergency.cdc.gov/han/2022/han00468.asp?ACSTrackingID=USCDC_511-DM84268&ACSTrackingLabel=HAN%20465%20-%20General%20Public&deliveryName=USCDC_511-DM84268

## TESTING

**When monkeypox is suspected, healthcare providers should immediately notify their local health department.** If the local health department cannot be reached, contact NJDOH at 609-826-5964 during business hours or 609-392-2020 on evenings, weekends and holidays. The provider should complete and submit a Monkeypox Investigation Form along with photographs of the lesions to assist with the consultation.

Healthcare providers can then proceed with collecting specimens for monkeypox testing. Commercial testing is available through Aegis Sciences Corporation, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics and Sonic Healthcare.

NJ Public Health and Environmental Laboratory (PHEL) continues to be available and may be preferrable to commercial testing for those without insurance and for those clinicians who may have difficulty sending a specimen to a commercial lab. Providers should follow the NJDOH Public Health and Environmental Laboratories (PHEL) technical guidance regarding specimen collection. However, testing at PHEL requires prior approval by the local health department. Specimens submitted without prior approval will be rejected.

### Resource Links

- NJDOH – Monkeypox Investigation Form: https://www.nj.gov/health/cd/documents/monkeypox_investigation_form.pdf

- NJDOH – Commercial and Public Health Testing Guidance: https://www.nj.gov/health/cd/documents/topics/Monkeypox/LINCS_Testing_Monkeypox.pdf
- NJDOH – Public Health Laboratory Recommendation Regarding Laboratory Testing for Monkeypox Virus: https://www.nj.gov/health/cd/documents/topics/Monkeypox/NJ-PHEL-Monkeypox-Guidance.pdf
- CDC – Preparation and Collection of Specimens: https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html

# ISOLATION AND INFECTION CONTROL

Because human-to-human transmission of monkeypox virus occurs by direct contact with lesion material or from exposure to respiratory secretions, CDC recommends implementation of Standard Precautions and the following procedures:

| Activity | Recommendations for Monkeypox Infection Preven |
|---|---|
| Appropriate healthcare facilities | No monkeypox-designated healthcare facilities. Patients evaluated by healthcare providers if the proper infection precautions are taken. |
| Isolation | Any individual with suspected or confirmed monkeypox isolated, and if admitted should be placed in a single-per |
| Patient placement | Single-person room with dedicated bathroom. Keep door do so. |
| Air handling | No special air handling required. |
| Intubation/extubation | Any procedures likely to spread oral secretions should be airborne infection isolation room. |
| PPE | • Gown<br>• Gloves<br>• Eye protection<br>• NIOSH-approved particulate respirator equipped higher |
| Patient transport | Limit transport to only medically necessary. If patient is their room, place a procedural mask on patient and cover lesions with sheet or gown. |

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| Visitation | Visitation should be limited to those essential for the wellbeing of the patient (e.g., parents, caregivers). |
| Waste management | Required waste management practices and classification depend on monkeypox virus clade (strain):<br><br>• West African clade – should be managed as UN3291 Regulated Medical Waste (RMW)<br>• Congo Basin clade – should be managed as a Category A infectiou substance<br><br>Facilities should ensure the protection of environmental services staff by implementing PPE and other protocols in compliance with OSHA standards. |
| Environmental infection control | Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (from List Q). Activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, or vacuuming) should be avoided. |

**Duration of Precautions** – Decisions regarding discontinuation of suspected or confirmed monkeypox patients should be made in consultation with local health department. Isolation precautions should be maintained until all lesions are crusted, those crusts have separated and a fresh layer of healthy skin has formed underneath.

**Monitoring Healthcare Workers** – 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 and daily interview for evidence of fever or rash prior to reporting for work. Healthcare workers who have been in direct or indirect contact with monkeypox patients while adhering to recommended infection control precautions should adhere to active monitoring as determined by the local health department.

## Resource Links

- CDC – Infection Prevention and Control of Monkeypox in Healthcare Settings: https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html
- CDC – 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (May 2022 Update): https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

- CDC – Guidelines for Environmental Infection Control in Health-Care Facilities: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm
- EPA – Disinfectants for Emerging Viral Pathogens (EVPs) List Q: https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q
- CDC/ASPR – Managing Solid Waste Contaminated with a Category A Infectious Substance: https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/2022-06/Cat%20A%20Waste%20Planning%20Guidance_Final_2022_06.pdf
- CDC – Monitoring People Who Have Been Exposed: https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html

# VACCINATION AND TREATMENT

As of July 22, 2022, CDC, in partnership with FDA, made it easier for healthcare providers to provide tecovirimat (TPOXX) treatment to patients with monkeypox under the expanded access investigational new drug (EA-IND) protocol. The streamlined process allows healthcare providers to start treatment before the paperwork is submitted; reduces the number of forms, patient samples and photos required; and gives patients the option to see their doctor virtually.

On July 19, 2022, NJDOH announced that New Jersey has a limited number of doses of the monkeypox vaccine JYNNEOS. Access to this vaccine is prioritized for residents with known exposure to a person with monkeypox and those at high risk for having been exposed to monkeypox in the past 14 days, namely:

- Individuals that attended an event where known monkeypox exposure occurred
- Individuals that identify as gay, bisexual, or men who have sex with men (MSM), and/or transgender, gender non-conforming, or non-binary and who have a history of multiple or anonymous sex partners within the past 14 days.

In addition to the local health departments, vaccine appointments for this expanded post-exposure prophylaxis (PEP) program are available through:

- Hyacinth AIDS Foundation/Project Living Out Loud!, Jersey City: 201-706-3480
- The Prevention Resource Network, a program of the Visiting Nurse Association of Central Jersey, Asbury Park: 732-502-5100
- North Jersey Community Research Initiative (NJCRI), Newark: 973-483-3444, ext. 200.

The monkeypox vaccine, and to some extent the smallpox vaccine, are believed to be effective at protecting people against monkeypox when given before exposure. Even if vaccinated after exposure, it may prevent the disease or at least make it less severe.

Pre-exposure prophylaxis (PrEP) is only being administered for those at highest risk, such as laboratory workers who handle specimens that might contain monkeypox virus. Most clinicians are not advised to receive monkeypox vaccine PrEP at this time.

### Resource Links

- NJDOH – Vaccine Information: https://www.nj.gov/health/cd/topics/monkeypox.shtml#1
- CDC – Monkeypox and Smallpox Vaccine Guidance: https://www.cdc.gov/poxvirus/monkeypox/clinicians/smallpox-vaccine.html
- CDC – Clinical Considerations for Treatment and Prophylaxis of Monkeypox Virus Infection in People with HIV https://www.cdc.gov/poxvirus/monkeypox/clinicians/people-with-HIV.html
- CDC – Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox: https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html

## COMMUNICATION AND ENGAGEMENT

Healthcare providers are encouraged to keep their communities informed about monkeypox with messaging that provides information on what it is and how it can spread and encourages seeking health care if experiencing monkeypox-like symptoms. The CDC has developed informational print resources that providers can distribute to their communities, as well as a communication planning tool with helpful messaging and dissemination recommendations.

Recognizing the importance of reaching disproportionately affected communities, such as gay and bisexual men, with sensitivity, the CDC also recommends following its guiding principles for inclusive communications.

Good communication is also critical when engaging with patients and their families/caregivers. Precautions taken at home can help prevent the spread of the infection. CDC guidance on home isolation and household disinfection provide helpful instructions related to isolation; hand hygiene, source control and PPE; and household disinfection, laundry and waste disposal. This information can be an important part of discharge planning conversations with patients and families/caregivers.

## Resource Links

- CDC – Communication Resources: https://www.cdc.gov/poxvirus/monkeypox/resources/index.html
- CDC – Reducing Stigma in Monkeypox Communication and Community Engagement: https://www.cdc.gov/poxvirus/monkeypox/reducing-stigma.html
- CDC – Public FAQs: https://www.cdc.gov/poxvirus/monkeypox/faq.html
- CDC – Isolation and Infection Control at Home: https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html
- CDC – Disinfecting Home and Other Non-Healthcare Settings: https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html