Monkeypox Information for Health Care Providers

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| **Health care providers should obtain a detailed travel history and determine risk factors for patients suspected with Monkeypox per CDC case definitions2** |
| **Treatment/Post Exposure Prophylaxis (PEP)**1  | **Isolation**  | **Cleaning and Disinfection**  |
| **Treatment Guidance*** Many individuals infected with Monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy.

**PEP*** Jynneos Vaccine
	+ Indicated in exposed individuals with high risks. Should be administered within 4 days from the date of exposure to help prevent the onset of disease.
	+ If given day 4-14, vaccination may help reduce symptoms but may not prevent infection.
* At this time, only Washoe County Health District can provide vaccines to high risk contacts of confirmed or probable cases. Vaccines will not be widely distributed throughout the community.
* Brief interactions and patient encounters conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant PEP.

**Treatment*** Not all patients need to receive treatment. Treatment only for high risk patients that present with severe disease.
	+ Tecovirimat (TPOXX)
	+ Others: cidofovir or vaccinia immunoglobulin (VIGIV)
	+ Consider for treatment: immunocompromised patients, children, pregnant or breastfeeding women, patients with one or more complications (comorbidities, pneumonia).
 | **Enhanced Droplet & Contact Precautions*****Suspected:*** All patients with suspected Monkeypox should be placed in Enhanced Droplet & Contact precautions (N95, gloves and gown).***Confirmed****:* Patients confirmed with Monkeypox should remain in isolation for duration of stay; even after lesions have crusted. **Airborne and contact precautions (Inpatient):** If patient is being ruled out for disseminated herpes zoster or varicella, place patient in Airborne (negative airflow room) and contact precautions.  | * Standard cleaning and disinfectants are effective against this virus.

 * Clean rooms after every patient encounter.
* There is no need to close down room for extended duration of time prior to performing terminal clean of patient room.
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