## Identify – Isolate – Inform Monkeypox 2022 A 3I Tool for EMS Professionals

Information Current as of July 17, 2022



A Alerted by emergency medical dispatcher of exposed or confirmed monkeypox patient

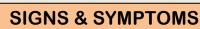




### **EXPOSURE**

- 1. Contact with person(s) with suspected or confirmed monkeypox or
- 2. Contact with person(s) with rash consistent with monkeypox or
- 3. Multiple or anonymous sexual partners<sup>B</sup>
  - or
- 4. Attended a large party that included sex with multiple partners or
- 5. Contact with animals with suspected monkeypox<sup>c</sup>
  - or
- 6. Travel within 21 days to a region with endemic monkeypox

<sup>B</sup> Within a social network with probable or known monkeypox <sup>c</sup> Live or dead endemic African animals (e.g., rodents, such as Gambian pouched rats or prairie dogs, and some non-human primates) or their products (e.g., meats, creams, lotions, powders)



#### Prodrome<sup>D</sup>

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- Fever<sup>E</sup>, chills
- Lymphadenopathy (distinguishes from smallpox)
- Backache
- Myalgia
- Sore throat or cough
- Asthenia (profound weakness)
- Malaise
- Enanthem (e.g, rash in mouth or anus)
- Nausea, vomiting, diarrhea
- Tenesmus (painful urge to defecate when no stool present)

Exanthem (rash) may occur concurrent with prodrome or follow within 4 days

- Progression from:
- macular  $\rightarrow$  papular  $\rightarrow$  vesicular  $\rightarrow$  pustular  $\rightarrow$  crusts  $\rightarrow$  scarring
- Often in same stage of development within a body region
- Typically manifests **initially in genital/anal region<sup>F</sup>** followed by face, palms, and soles
- Often becomes generalized
- Not attributable to other conditions<sup>G</sup>
- <sup>D</sup> Begins after an incubation period of 5-21 days (usually 6-13 days)
  May be subclinical or manifest simultaneously with exanthem
- Patients in non-endemic countries are commonly afebrile with no lymphadenopathy and few skin lesions <sup>E</sup> Subjective or confirmed (≥38 °C/100.4 °F)

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<sup>F</sup> May be so painful that the person seeks medical care or is unable to urinate <sup>G</sup> Consider smallpox, chickenpox, measles, scabies, hand-foot-and-mouth disease, methicillin-resistant

Staphylococcus aureus (MRSA), and sexually transmitted infections (e.g., syphilis, HIV, chancroid, herpes)

## **ISOLATE**

- Don PPE: N95 respirator/equivalent (or higher level), gloves, gown, eye protection, and shoe covers (if available) •
- Place surgical mask on patient for source control .
- Cover patient's lesions and rashes
- Avoid aerosol-generating procedures (AGPs), especially in confined spaces
- Disinfect contaminated surfaces (e.g., back of the ambulance, gurney) •
- Carefully discard stretcher covers<sup>H</sup>

<sup>H</sup>Use caution as skin sheddings can be infectious and become aerosolized

# **INFORM**

- Agency's infection control officer •
- Receiving facility's healthcare staff
- Local health department (if patient not transported) [Insert phone numbers: .

Insert local phone number: Insert phone numbers:

<sup>1</sup>Notify receiving hospital as early as possible before arrival to facilitate safe transfer of care of these potentially infectious patients

The Identify-Isolate-Inform tool was conceived by Dr. Kristi L. Koenig, County of San Diego EMS Medical Director & Professor Emerita, UC Irvine