



Mpox-Infection Control and Prevention


Community Exposure Risk Assessment

Sep 2024

Each risk level category in the table below is intended to highlight the need for monitoring and assist with determining the need for post-exposure prophylaxis (PEP). The exposure risk level of any incident may be recategorized to another risk level at the discretion of the treating clinician or Office of Epidemiology and Prevention Services (OEPS) due to the unique circumstances of each exposure incident. This community risk assessment will assist in determining the degree of exposure and provide recommendations. Once the degree of exposure is determined, refer to the proper columns for recommendations. When determining the type of monitoring to be used, several factors are considered: the person's exposure risk level, their reliability in reporting any developing signs or symptoms, the number of individuals requiring monitoring, the time elapsed since exposure, and whether they have received post-exposure prophylaxis (PEP). **Active monitoring should be used for all high-risk and some intermediate-risk Clade I MPXV exposures.**

	Exposure Risk Assessment	Symptom Monitoring	PEP	Additional Recommendations
High-Risk Exposure	<p><input type="checkbox"/> Contact between an exposed individual's broken skin or mucous membranes and the skin lesions or bodily fluids from a person with mpox or with materials (e.g., linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with mpox (e.g., sharing food, handling or sharing of linens used by a person with mpox without having been disinfected† or laundered).</p> <p><input type="checkbox"/> Any sexual or intimate contact involving mucous membranes (e.g., kissing, oral-genital, oral-anal, vaginal, or anal sex (insertive or receptive)) with a person with mpox.</p> <p>If any of the above are checked, the exposure is HIGH. Please follow the guidance. </p> <p>If you did not check any boxes, proceed to the next section. </p>	<p>Monitor symptoms for 21 days following the last exposure. This may include active monitoring determined appropriate by OEPS and the local health department (LHD).</p> <p>If a new skin rash develops:</p> <p>The individual should follow isolation and prevention measures until (1) the rash can be evaluated, (2) testing is performed, if indicated, and (3) the testing results are available and negative.</p> <p>Individuals can discontinue isolation once the lesions have crusted over and a new, fresh layer of skin has formed.</p> <p>If other symptoms (fever, chills, swollen lymph nodes, exhaustion, muscle aches, headache, and</p>	<p>The vaccine should be given within four days of the date of exposure for the best chance of preventing the onset of the disease.</p> <p>It may be given between four and 14 days after the date of exposure to help reduce the symptoms of the disease, but it may not prevent the disease.</p> <p>Contact your LHD for eligibility and availability.</p>	<p>If symptoms develop and mpox is suspected, notify your local health department immediately. If you are unable to reach your LHD, call (304) 558-5358, ext. 2.</p> <p>Asymptomatic individuals do not need to isolate and can continue daily activities (go to work or school).</p> <p>Avoid contact with immunosuppressed people, individuals with a history of atopic dermatitis or eczema, those who are pregnant or breastfeeding, and children under eight years old, where possible.</p> <p>Remain close to home during the monitoring period.</p> <p>Individuals should not travel</p>

		<p>respiratory symptoms) are present but no rash occurs: Individuals should follow Isolation and prevention measures should be taken until (1) Five days after developing any new symptom, even if the five-day period extends beyond the 21-day monitoring period.</p> <ul style="list-style-type: none"> • Suppose five days have passed without developing any new symptoms, and a thorough skin and oral examination reveals no skin changes. In that case, individuals can discontinue isolation with permission from their LHD. • If a new symptom develops again at any point during the 21-day monitoring period, the individual should follow a new five-day isolation. <p>Self-isolate if any symptoms occur.</p>		<p>if plans will inhibit them to isolate and be medically evaluated if symptoms develop. However, if you plan to leave West Virginia during the monitoring period, please notify the local health department before travel. Include travel dates, out-of-state addresses, phone numbers, and any air travel with flight information.</p>
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<p>Intermediate Risk Exposure</p> <p>Absence of any of the exposures above AND any of the following:</p>	<p><input type="checkbox"/> Contact between an exposed individual’s intact skin or clothing and the skin lesions or bodily fluids from a person with mpox or materials (e.g., linens, clothing, sex toys) visibly contaminated with body fluids or lesions, exudates, or crusts from a person with mpox without having been disinfected or laundered.</p> <p><input type="checkbox"/> Being within six feet of a person with mpox who has laryngeal disease, cough, respiratory symptoms, or oral lesions for an extended period.</p> <p>If any of the above are checked, please follow the guidance. </p>	<p>Monitor symptoms for 21 days following the last exposure. This may include active monitoring determined appropriate by OEPS and the LHD.</p> <p>If a new skin rash develops: The individual should follow isolation and prevention measures until (1) the rash can be evaluated, (2) testing is performed, if indicated, and (3) the testing results are available and negative.</p> <p>Individuals can discontinue isolation once the lesions have crusted over and a new, fresh layer of skin has formed.</p> <p>If other symptoms (fever, chills, swollen lymph nodes, exhaustion, muscle aches, headache, and respiratory symptoms) are present but no rash occurs:</p> <p>Individuals should follow Isolation and prevention measures should be taken until (1) Five days after developing any new symptom, even if the five-day period extends beyond the 21-day monitoring period.</p> <ul style="list-style-type: none"> ● If five days have passed without developing any new symptoms and a thorough skin examination reveals no skin changes, individuals can 	<p>Informed clinical decision-making is recommended individually to determine whether PEP's benefits outweigh the risks.¶</p>	<p>If symptoms develop and mpox is suspected, notify your local health department immediately. If you need help reaching your LHD, call (304) 558-5358, ext. 2.</p> <p>Asymptomatic individuals do not need to isolate and can continue daily activities (go to work or school).</p> <p>Avoid contact with immunosuppressed people, individuals with a history of atopic dermatitis or eczema, those who are pregnant or breastfeeding, and children under eight years old, where possible.</p> <p>Remain close to home during the monitoring period. Individuals should not travel if plans will inhibit them to isolate and be medically evaluated if symptoms develop. However, if you plan to leave West Virginia during the monitoring period, please notify the LHD before travel. Include travel dates, out-of-state addresses, phone numbers, and any air travel with flight information.</p>
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		<p>discontinue isolation with permission from their LHD.</p> <ul style="list-style-type: none"> • If a new symptom develops again at any point during the 21-day monitoring period, the individual should follow a new five-day isolation. <p>Self-isolate if any symptoms occur.</p>		
<p>Uncertain to Minimal Risk of Exposure</p> <p>Absence of Exposures Above AND:</p>	<p><input type="checkbox"/> Entry into the living space of a person with mpox regardless of whether the person with mpox is present (risk classification may vary depending on the extent of the exposed person's interaction*).</p> <p><input type="checkbox"/> Contact between a person's intact skin or clothing and the intact skin or clothing of a person with mpox who has completely covered lesions (e.g., bandaged, covered with clothing).</p>	<p>At the discretion of the facility and public health authority.</p> <p>Monitoring might include educating and requesting self-reporting of signs or symptoms to the LHD.</p>	None.	<p>Remain close to home for 21 days. If plans will inhibit them from isolating, individuals should not travel and should be medically evaluated if symptoms develop.</p>
<p>No Risk</p> <p>Absence of Exposures Above AND:</p>	<p><input type="checkbox"/> No contact with the person with mpox, their potentially contaminated materials, and only transient time spent within 6 feet of the person with mpox.</p>	None recommended.	None.	No additional recommendations.

¶ Factors that may increase the risk of mpox virus (MPXV) transmission include (but are not limited to): the person with MPXV infection had clothes that were visibly soiled with bodily fluids, lesion exudate, or crusts (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 orthopoxviruses with consideration of vaccination timing relative to exposure. People who may be at increased risk for severe disease include (but are not limited to) infants (<1 year of age), individuals who are pregnant or immunocompromised, and individuals with a history of atopic dermatitis or eczema.