



Mpox-Infection Control and Prevention


Healthcare Personnel (HCP) Exposure Risk Assessment

Sep 2024

Any healthcare worker who has cared for a mpox patient should be alert to the development of symptoms that could suggest mpox infection, especially within 21 days after the last date of care, and should notify infection control, occupational health, and the local health department (LHD) for guidance on medical evaluation. This HCP Exposure 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"/> Unprotected contact between an exposed individual's broken skin or mucous membranes and the skin lesions or bodily fluids from a person with mpox (e.g., inadvertent splashes of infected person's saliva to the eyes or mouth of a person, sharps injury with contaminated sharp), or their materials (e.g., linens, clothing) visibly contaminated with body fluids, dried lesion exudate, or crusts</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 occupational health, Office of Epidemiology and Prevention Services (OEPS), and the LHD.</p> <p>If a new skin rash develops:</p> <p>Exclude from work until (1) the rash can be evaluated, (2) testing is performed if indicated, and (3) the results of testing are available and negative.</p> <p>HCP can return to work once the lesions have crusted over and a 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>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 LHD immediately. If you need help reaching your local health department, call (304) 558-5358, ext. 2.</p> <p>If exposed, HCPs should notify their infection control staff and occupational health.</p> <p>Asymptomatic HCPs do not need to be excluded from work.</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>Exclude from work: (1) for five days from 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 new symptoms, and a thorough skin examination reveals no skin changes. In that case, HCPs may return to work with permission from their occupational health program. ● If a new symptom develops again at any point during the 21-day monitoring period, the HCP should be excluded from work, and a new 5-day isolation period should begin. <p>Self-isolate if any symptoms occur.</p> <p>Before reporting to work, screen/interview HCP regarding symptoms or rash.</p>		<p>Remain close to home during the monitoring period. HCPs should not travel if plans prohibit them, and a medical evaluation should be performed 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>Intermediate Risk Exposure</p> <p>Absence of any of the exposures above AND any of the following:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Unprotected contact between an exposed individual's intact skin or clothing and the skin lesions or bodily fluids from a person with mpox or their materials (e.g., linens, clothing) visibly contaminated with body fluids, dried lesion exudate, or crusts. <input type="checkbox"/> Being inside the person with mpox's room without wearing all recommended PPE while the person with mpox is receiving any medical procedures that may create aerosols from oral secretions (e.g., cardiopulmonary resuscitation, intubation) or during activities that may resuspend dried lesion exudates or crusts (e.g., shaking of soiled linens). <input type="checkbox"/> Examining the oral cavity of a person with mpox with oral or laryngeal lesions while not wearing all recommended PPE. <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, which is determined to be appropriate for occupational health, OEPS, and the LHD.</p> <p>If a new skin rash develops: Exclude from work until (1) the rash can be evaluated, (2) testing is performed if indicated, and (3) the results of testing are available and negative.</p> <p>HCP can return to work once the lesions have crusted over and a 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>You will be excluded from work until (1) 5 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 new symptoms, and a thorough skin examination reveals no skin changes. In that case, HCPs may return to work with permission from their occupational health program. 	<p>Informed clinical decision-making is recommended on an individual basis to determine whether the benefits of PEP outweigh the risks¶</p>	<p>If symptoms develop and mpox is suspected, notify your LHD immediately. If you need help reaching your local health department, call (304) 558-5358, ext. 2.</p> <p>If exposed to exposure, HCPs should notify their infection control staff and occupational health.</p> <p>Asymptomatic HCPs do not need to be excluded from work.</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. HCPs 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 department before travel. Include travel</p>
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<p>Uncertain to Minimal Risk of Exposure</p> <p>Absence of Exposures Above AND:</p>	<input type="checkbox"/> Unprotected contact with a person with mpox who has completely covered lesions (e.g., bandaged, covered with clothing), AND no contact with their skin lesions, bodily fluids, or any materials (e.g., linens or clothing) visibly contaminated with body fluids, dried lesion exudate, or crusts.	<p>At the discretion of the facility and public health authority.</p> <p>HCP monitoring might include educating and requesting HCP self-reporting of signs or symptoms of disease to occupational health.</p>	None.	<p>Remain close to home for 21 days. The HCP should not travel if plans will inhibit them from isolating and being medically evaluated if symptoms develop.</p>
<p>No Risk</p> <p>Absence of Exposures Above AND:</p>	<input type="checkbox"/> No contact with the person with mpox, their potentially contaminated surfaces or materials, and at most only transient time spent around the person with mpox.	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 (< year of age), individuals who are pregnant or immunocompromised, and individuals with a history of atopic dermatitis or eczema.