Interim Monkeypox Case Contact Monitoring Guidelines for Local Health Departments

June 2022

Since May 2022, multiple cases of monkeypox (MPX) have been reported in countries that don't normally report MPX, including the United States. This guidance is being provided to local health departments to be used for monitoring contacts of probable and confirmed MPX cases, as defined in the CDC Case Definition for 2022 Monkeypox Response, and including cases in travelers.

Exposure Assessment

Once an individual meets probable case definition (by testing positive for Orthopoxvirus), prompt contact tracing should be conducted. Transmission of MPX requires prolonged close contact with a symptomatic individual. CDC has guidance for exposures in healthcare settings online and below in the MPX Risk Assessment and Public Health Response Table.

Outside of healthcare settings, prolonged close contact would include physical contact with an infected person's skin or materials (e.g., clothing, bedding) or being within 6 feet of someone for more than three hours in the absence of personal protective equipment.

Local health departments should obtain a thorough history from the MPX case on symptom onset, locations that the case visited while symptomatic, and people that may have been exposed (prolonged close contact) while the case was symptomatic.

Persons with MPX are considered infectious from the onset of prodromal symptoms through resolution of the rash (i.e., shedding of crusts and observation of healthy pink tissue at all former lesion sites).

Note: for airline/cruise ship travel exposures, CDS will provide contact information received from CDC to the LHD – case investigation is usually not needed.

Once close contacts have been identified, LHDs should assess the type of exposure that occurred to determine the degree of exposure and provide public health recommendations. NJDOH will assist LHDs with risk assessment and public health recommendations.

MPX Exposure Risk Assessment and Public Health Response Table

Exposure Risk Group	Description of exposure	Monitoring for 21 days after last exposure	Post-exposure prophylaxis (PEP)
High	1) Direct contact between a person's skin or mucous membranes and the skin, lesions, bodily fluids, or contaminated materials from a MPX case i. (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient, linens, clothing) 2) Being inside a MPX case's room or < 6 feet of a MPX case during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens) i. HCP only: without wearing an N95 or equivalent respirator (or higher) and eye protection	Active monitoring	Recommended
Intermediate	1) Being within 6 feet for ≥3 hours of an unmasked MPX case without wearing, at a minimum, a surgical mask 2) Activities resulting in contact between clothing and the MPX case's skin lesions or bodily fluids, or their soiled linens or dressings i. HCP only: while wearing gloves but not wearing a gown	Active monitoring	Clinical determination based on individual risk/benefit
Low/Uncertain	1) Entered the patient room without wearing eye protection on one or more occasions, regardless of duration of exposure 2) During all entries in the patient care area or room (except for during any procedures listed in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask 3) Being within 6 feet of an unmasked patient for less than 3 hours without wearing at minimum, a surgical mask	Active monitoring	None
No risk	No known contact (direct or indirect) with a MPX case	None	None
Not every situation-specific circumstance can be captured in this table; LHDs should consult with CDS when reviewing potential exposure risks.			

Contact Monitoring

LHDs should create a MPX case in CDRSS for all contacts that require symptom monitoring. Contacts should be monitored for 21 days after their last exposure. Symptoms of concern include:

- Fever (greater than or equal to 100.4°F or 38 °C) or chills, OR
- New lymphadenopathy (periauricular, axillary, cervical, inguinal), OR
- New skin rash.

On the initial call to contacts, LHDs should:

1. Verify contact information and ask if the contact prefers to be subsequently contacted by telephone, text, or email. Symptom monitoring can be conducted by phone, video conferencing, other electronic means (e.g., text message, email, app, web form), or in person.
2. Provide contact with a 24/7 LHD contact number to call if MPX symptoms develop.
3. Advise contact that if MPX symptoms develop, they should isolate immediately, notify the LHD, and if they need medical care to call the healthcare provider in advance to tell them about their exposure history. If medically appropriate, the healthcare provider may see the traveler "virtually." Should emergent care be needed, the contact should call 911 and tell them about their exposure history.
4. Educate contact to self-monitor for fever (greater than or equal to 100.4°F or 38 °C) and other MPX symptoms twice daily for 21 days following their last exposure. If the contact does not have a thermometer, the LHD should provide an FDA approved thermometer.
5. Advise contact that if they plan on leaving NJ to continue their self-monitoring outside of NJ, to notify the LHD and provide the date(s) and out-of-state address and phone number if different. LHDs should also ask if the person has planned airline travel and obtain flight information. LHDs should include relocation information, including air travel plans in CDRSS Comments and notify the CDS Regional Epidemiologist, providing the CDRSS case ID#.

Local health departments should check in with contacts as defined in the MPX Exposure Risk Assessment and Public Health Response Table and document symptom monitoring data and temperatures in CDRSS in the Monkeypox Monitoring section. Contact the CDS Regional Epidemiologist if any clinical signs develop.

Exposed healthcare workers: CDS/LHDs may work with infection control and/or occupational health to coordinate symptom monitoring in healthcare facilities. Healthcare workers who have cared for or otherwise been in direct or indirect contact with monkeypox patients while adhering to recommended infection control precautions may undergo self-monitoring or active monitoring as determined by CDS and the healthcare facility. The healthcare facility should notify public health immediately should any symptoms develop in exposed healthcare workers and provide routine monitoring updates as requested.

PEP

Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox. Experts also believe that vaccination after a monkeypox exposure may help prevent the disease or make it less severe. CDC recommends that the vaccine be given within 4 days from the date of exposure in order to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. Information on the vaccines that can be used for MPX Post-exposure Prophylaxis (PEP) can be found here. NJDOH will work with LHDs and healthcare facilities to coordinate provision of PEP if indicated.

Movement Restriction

Contacts who remain asymptomatic can be permitted to continue routine daily activities (e.g., go to work, school). Contacts should not donate blood, cells, tissue, breast milk, semen, or organs while they are under symptom surveillance. Individuals identified as contacts with a "high" degree of exposure to a probable or confirmed monkeypox case should avoid any travel by commercial aircraft, even if they have not yet developed symptoms of monkeypox, until the successful completion of their 21-day monitoring period. Individuals with an "intermediate" degree of exposure who intend to travel should be evaluated on an individual basis including consideration of the nature of the exposure and assurance that the individual remains asymptomatic before travel. There are no travel restrictions for individuals with a "low/uncertain" degree of exposure to a monkeypox case as long as they remain asymptomatic. Symptom monitoring should continue during travel.

Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with MPX do not need to be excluded from work duty but should undergo active surveillance for symptoms. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash (unless a self-monitoring plan has been implemented by the healthcare facility, in consultation with CDS.

Contacts who Develop MPX compatible symptoms

If a contact under monitoring notifies the LHD that they are ill, or if the LHD is notified by a healthcare provider that the contact under monitoring sought medical care, the LHD should collect information on symptoms, onset, severity, and progression, document them in CDRSS and contact CDS for assistance.

CDS Contact Information

Contact Information:

Healthcare providers *should contact their LHDs. Business hours and after hours contact information for LHDs is posted online: www.localhealth.nj.gov*

LHDs *should consult with their CDS epidemiologist during business hours and call the CDS After-hours emergency number at 609-392-2020 in evenings and on weekends.*

Resources

https://www.nj.gov/health/cd/topics/monkeypox.shtml
https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html
https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html
https://www.cdc.gov/poxvirus/monkeypox/clinicians/smallpox-vaccine.html