



State of New Hampshire

Department of Safety

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CLINICAL BULLETIN

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| 78 | Monkeypox Virus | | | September 23, 2022 |
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Monkeypox Virus

Overview

- Monkeypox has a characteristic rash with the following: deep-seated and well-circumscribed lesions, often with central umbilication, and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs.
- Historically the rash is preceded by flu-like symptoms including fever, headache, muscle aches and swollen lymph nodes.
- Patients are infectious once symptoms begin and remain infectious until lesions form scabs, scabs fall off and a fresher layer of skin forms.
- Monkeypox symptoms usually start within three (3) weeks of exposure. If someone has flu-like symptoms, they usually develop a rash 1 – 4 days later. The illness typically lasts for 2 – 4 weeks.
- Monkeypox can easily be confused with sexually transmitted infections.
- Monkeypox is contagious and is spread through close contact with lesions, bodily fluids, respiratory secretions, and objects that have had contact with lesion’s crusts or bodily fluids.

When to Suspect:

- Patients presenting with a new characteristic rash
- The patient meets one of the following epidemiologic criteria within 21 days of illness onset:
 - Contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable Monkeypox.
 - Close or intimate in-person contact with individuals in a social network experiencing Monkeypox activity. It spreads through direct contact with Monkeypox sores which can occur during sex, massage or hugging.
 - Traveled outside the US to a country with confirmed cases of Monkeypox or where Monkeypox virus is endemic.
 - Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.).

EMS Care Considerations:

- EMS personnel should strictly adhere to standard, contact, and airborne precautions. This includes a NIOSH-approved, fit-tested N-95 respirator, gown, gloves, and eye protection with face shield or goggles.
- Separate the driver compartment from the patient compartment.
- Turn the exhaust fan on high in the patient compartment, if so equipped.
- Adjust air handling to introduce fresh air in both compartments if possible.

- Driver of ambulance should wear an N-95 respirator if isolation of driver compartment cannot be verified.
- Limit the number of personnel making patient contact.
- Exercise caution when performing aerosol-generating procedures, e.g., endotracheal intubation, airway suctioning, CPAP/BiPAP, CPR.
- Clean and disinfect all surfaces of the ambulance and equipment with an EPA-registered hospital grade disinfectant. Look for disinfectants with a label claim against vaccinia.

For More Information:

NH DHHS' Monkeypox Page:

<https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/monkeypox>

CDC's Monkeypox Page:

<https://www.cdc.gov/poxvirus/monkeypox/index.html>

CDC's Clinical Guidelines on Monkeypox:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html#Clinical-Guidance>

NETEC Guidance on Monkeypox for EMS Providers:

<https://netec.org/2022/05/19/ems-response-to-the-current-outbreak-of-monkeypox/>