

Tool for EMS Professionals

Early identification

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, **or**
4. Contact with animals with suspected monkeypox*, **or**
5. Travel within 21 days to a region with endemic monkeypox

*Live or dead indigenous African animals (e.g., rodents such as prairie dogs; other non-human primates) or their products (e.g., meats, creams, lotions)

SIGNS AND SYMPTOMS

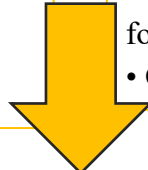
Prodrome

- Fever, chills
- Lymphadenopathy (distinguishes from smallpox)
- Back pain
- Myalgia
- Asthenia (profound weakness)
- Malaise
- Enanthem (e.g., rash in mouth/anus)
- Cough



Exanthem (rash) with prodrome or following within 4 days

- Progression from: macular > papular > vesicular > pustular > crust > scarring
- Often in the same stage of development within a body region
- Typically manifests **initially in genital/anal region** followed by face, palms and soles
- Often becomes generalised



Initial encounter

- Don PPE: N95 respirator/equivalent, gloves, gown, eye shield and shoe covers
- Place a surgical mask on patient for source control
- Cover the patient's skin lesions and rash
- Avoid aerosol-generating procedures (AGPs) especially in confined places



Activate protocol

- Alert the receiving facility's healthcare staff.
- Ensure the receiving provider wears appropriate PPE.
- Disinfect contaminated surfaces (e.g., back of the ambulance, gurney)
- Carefully discard stretcher covers: Use caution, as skin shedding can be infectious and become aerosolised
- Document.