



# County of El Dorado

## Emergency Medical Services Agency

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### **\*\*\*PARAMEDIC ALERT\*\*\*** **No. 2022-04**

**August 4<sup>th</sup>, 2022**

**TO:** EMS Personnel  
**FROM:** El Dorado County EMS Agency  
**SUBJECT:** Monkeypox Guidance for EMS Providers  
**PURPOSE:** Stakeholder information

#### **Alert:**

Monkeypox transmission and cases in the US are rapidly rising and this poses increased risk to our El Dorado County residents and healthcare providers. The following provides education and guidance for El Dorado County EMS providers caring for patients who may have Monkeypox.

#### **Background**

Monkeypox is a rare disease that is caused by infection with the monkeypox virus. It belongs to the same family of viruses as smallpox. On July 23, 2022, the World Health Organization (WHO) declared the monkeypox outbreak a global health emergency and today, President Biden's health secretary declared the growing [monkeypox outbreak](#) a national health emergency:

<https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

This is a rare designation signaling that the virus now represents a significant risk to Americans. This also [gives federal agencies power](#) to direct money toward developing and evaluating vaccines and drugs, to access emergency funding.

In the U.S., the first monkeypox case from the current outbreak was identified on May 18, 2022. As of today, there are about 27,000 cases worldwide and approximately **7,100** cases diagnosed in the US, including nearly 800 in California including cases in Placer and Sacramento Counties:

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

Monkeypox was initially imported from endemic countries via international travel and now the primary mode of transmission is local community spread. Thankfully, monkeypox is not easily transmitted; most diagnosed patients describe close, sustained physical (typically sexual or intimate) contact with others who have had it prior to contracting it themselves. Although risk to EMS providers and the general public is believed to be low, El Dorado County EMS providers should follow the PPE recommendations in our Pandemic/Epidemic Influenza and Influenza like Illness Field Policy - although the frequent references to ILI will have to be disregarded as these symptoms are often not present in Monkeypox patients. Following the Identify-Isolate-Inform procedures and approach identified in the below recently published toolkit for EMS also mirrors our policy and provides good guidance when encountering potential monkeypox patients:

<https://www.cambridge.org/core/services/aop-cambridge-core/content/view/77F2BA506A873425C81BD232713531DB/S1049023X22001121a.pdf/monkeypox-2022-a-primer-and-identify-isolate-inform-3i-tool-for-emergency-medical-services-professionals.pdf>

## **Identify**

Monkeypox remains uncommon, however, it is important to rapidly identify potential monkeypox patients to support the containment of this global outbreak. Prehospital professionals should suspect monkeypox in individuals with a [characteristic rash](#), which is described as firm pimple-like lesions or blisters that, in the current outbreak, often begin in the genital and perianal areas and may disseminate to other parts of the body, including inside the mouth. The lesions may be painful or itchy. Because of their initial location, patients and clinicians may confuse the rash for a sexually transmitted infection. Classically, the characteristic rash is preceded by a flu-like prodrome (e.g. fever, muscle aches, headache, fatigue), but prodromal symptoms have been noted to be mild or not occurring in the current outbreak. Although symptoms typically occur 2 weeks after exposure, patients may report contact with persons with suspected or confirmed monkeypox within the last 21 days, the upper limit for the incubation period.

## **Isolate**

Monkeypox is transmitted by direct or indirect contact with body fluids or lesion materials or less commonly, exposure to respiratory secretions during prolonged, face-to-face contact. Source control measures are essential when encountering any patient suspected or confirmed to have monkeypox.

- Place a surgical mask on the patient and cover infectious lesions.
- Providers should take airborne precautions and don the appropriate PPE, including N95 respirator or equivalent (or higher level), gloves, gown, and eye shield protection.

- Avoid aerosol-generating procedures (e.g. nebulized treatment, CPAP), if possible, especially in enclosed areas where ventilation may be poor (e.g. in the back of an ambulance with closed doors).
- Avoid exposure to clothing or material that may have come into contact with an infectious person's lesions. Avoid shaking bed sheets which can aerosolize viral particles from the patient's shed lesions
- Following each patient encounter and transport, clean and disinfect all ambulance surfaces and equipment with an EPA-registered hospital-grade disinfectant.

## **Inform**

EMS professionals transporting a patient with suspected monkeypox should strive to notify the receiving facility well in advance of arrival. Early notification will facilitate safe patient entry during transfer of care.

## **Additional Information**

Additional guidance in the form of a PowerPoint will be forthcoming from EDC EMSA in the next few days and Information on vaccination, post-exposure monitoring/surveillance, and post-exposure prophylaxis can be found on the following:

CCHS (<https://cchealth.org/monkeypox/>)

CDC (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>)

Information contained in this Paramedic Alert is up to date as of today. However, guidance may change over time as we learn more. Thank you for continuing to provide outstanding care to our El Dorado County patients.