



To: Ohio EMS providers, EMS agencies, and EMS medical directors
From: Carol A. Cunningham, M.D., FAAEM, FAEMS
State Medical Director
Date: July 23, 2021
RE: Monkeypox and current protective guidance

The Centers for Disease Control and Prevention (CDC) confirmed a single case of monkeypox on July 15, 2021 in a citizen who resides in the United States and recently returned from travel to Nigeria. The flights taken by this citizen were Lagos Murtala Muhammed International Airport in Nigeria to Hartsfield-Jackson Atlanta International Airport in Georgia on July 8 and Atlanta, Georgia to Dallas Love Field Airport in Texas on July 9. The Ohio Department of Health (ODH) was recently informed that there may have been Ohio residents on these flights, and the CDC is in the process of contacting airline passengers and others who may have had contact with this citizen. The mandatory requirement to wear masks on all flights and in airports makes the risk of respiratory droplet transmission of monkeypox to others low.

Monkeypox is a rare but potentially serious viral illness endemic in several Central and West African nations. Monkeypox typically begins with flu-like illness and swelling of the lymph nodes and progresses to a widespread rash on the face and body. The average incubation period is 5 to 13 days. Most infections last 2 to 4 weeks. Monkeypox is in the same family of viruses as smallpox but causes a milder infection. The human-to-human transmission of the virus is primarily through respiratory droplets; however, it can also be transmitted via contact with body fluids, monkeypox sores, or items that have been contaminated with fluids or sores. Although antivirals may be beneficial, there is no specific treatment for monkeypox.

All of Ohio clinicians, including those in EMS, should be aware of the signs and symptoms of monkeypox and the current guidance that has been recommended by the CDC. The signs and symptoms include a prodrome of fever, malaise, headache, muscle aches, and new swollen lymph nodes. In 1 to 3 days following the prodrome, a generalized rash with a similar appearance to smallpox erupts with a centrifugal distribution involving the palms of the hands and feet.

During the assessment of patients, all clinicians, including EMS, should perform the following:

- Obtain a travel history for patients exhibiting signs and symptoms that could be monkeypox.
- Consider monkeypox in patients with unexplained onset of fever, chills, new rash, or new lymphadenopathy, and a history of on the aforementioned flights or any presence in those three airports on July 8 or July 9.

For patients with suspected or confirmed monkeypox, clinicians should perform the following:

- Wear personal protective equipment (PPE) in accordance with the CDC's recommendations for standard, contact, and airborne precautions (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html/Isolation2007.pdf>).
- Take measures to minimize aerosolization and spread of the patient's respiratory particles (apply a surgical mask to the patient, avoid nebulized medications, and, if available, place the patient in a negative pressure room).
- Communicate the importance of maintaining proper isolation precautions so that infection is not transmitted to themselves or others.
- Notify the Ohio Department of Health immediately at (614) 722-7221.

The Ohio Department of Public Safety, Division of EMS will provide additional information and updated guidance for monkeypox as it becomes available. Although it may sound like a broken record, please continue to wear the appropriate PPE for all patient encounters. Once again, thank you for your dedicated service to the residents and visitors of Ohio!