

Traveler Evaluation and Monitoring Protocol – Monkeypox

Interim Guidance for the Michigan Department of Health and Human Services & Local Health Departments (LHDs)

Traveler/Exposure Evaluation and Monitoring (TEAM) Protocol

This document provides interim guidance for exposure evaluation and monitoring when responding to monkeypox. The monkeypox incubation period is 5-21 days, but averages ~12 days. An individual is communicable from onset of prodromal symptoms through resolution of the rash (i.e., shedding of crusts and appearance of healthy pink tissue at all former lesion sites). Monitoring includes ascertainment signs and symptoms of monkeypox: fever ($\geq 100.4^{\circ}\text{F}$ [$\geq 38^{\circ}\text{C}$]), chills, new skin rash, and new lymphadenopathy (periauricular, axillary, cervical, inguinal) through 21 days after the exposure to the patient or the patient's materials. Monitoring could involve regular communications (e.g., phone call or text) between public health representatives and the person under monitoring on select days or self-monitoring by exposed persons and reporting of symptoms to LHDs only if symptoms appear. LHDs should take into consideration the person's exposure risk level, time since exposure, the number of persons needing monitoring, and available resources when determining the type of monitoring to be conducted. Depending on the degree of exposure and individual risk factors, postexposure prophylaxis (PEP) may be recommended. Please see these websites for the most up-to-date information.

MDHHS: www.michigan.gov/CDinfo

CDC: <https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html>

Background MDHHS:

- MDHHS may be informed of potential monkeypox exposures via Epi-X notifications, healthcare providers or local health departments.
- All available information for exposed individuals will be entered into the Outbreak Management System (OMS) under the **MONKEYPOX-2022-MICHIGAN** outbreak ID. [OMS Monitoring Tip Sheet](#)
- MDHHS will facilitate follow-up coordination for interstate and intrastate movement.

Background LHD:

- LHDs will initiate monitoring for individuals deemed at risk for monkeypox disease, including in-flight monkeypox exposures. CDC exposure categories (risk levels) and recommendations for PEP are defined at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>
- After notification, the LHD initiates follow-up for the remainder of the 21-day monitoring period using the contact's OMS case record.
 - Initial contact will establish rapport, assess compliance, and set the follow-up schedule.
 - Monitoring may include contacting the exposed individual(s) by phone, text, or e-mail to check on health status. Record updates on the contact's OMS Data Points tab.
 - Contacts should be instructed to monitor their temperature twice daily.
 - Check in with contacts upon receipt of referral and on days 7, 10, 13, 16, and 21 after last exposure. This schedule may be modified as more guidance is received.
 - After a check-in, update OMS within the next business day.

Exposure Risk Assessment and Public Health Recommendations

- Notify MDHHS Emerging and Zoonotic Infectious Disease (EZID) at 517-335-8165 (or 517-335-9030 for afterhours/holidays) if an exposed individual becomes symptomatic with illness consistent with monkeypox (e.g., fever $\geq 100.4^{\circ}\text{F}$ (38°C), chills, new lymphadenopathy, or new skin rash).
- Unless otherwise stated, asymptomatic contacts are not under quarantine restrictions. However, any travel must be coordinated with public health to evaluate if it is appropriate based on the contact's exposure risk level and to ensure uninterrupted monitoring if a jurisdictional transfer is necessary.

TEAM Protocol Initiation MDHHS:

- Enter newly identified/received contacts into OMS.
- Notify LHD(s) of new contacts identified/received from Epi-X or other mechanisms.
- Assist the LHD if the contact cannot be reached with the supplied contact information.
- Coordinate the hand-off of monitoring to CDC if it is determined that the contact is not in MI.

TEAM Protocol Initiation LHD:

- Define the 21-day monitoring period and record end date.
- Record the last date of exposure to the case as Day 0 on the OMS Data Points tab.
- Make initial contact and update any missing information in the OMS contact record.
- If the exposed contact is unable to be reached with the contact information provided or if you determine the contact is not currently in Michigan, notify MDHHS.
 - a. Record all contact attempts under the Data Points tab of the contact's OMS record
- Inform the contact of their need for monitoring and evaluation.
- Provide contacts monkeypox education and instruct them to monitor temperature twice daily.
- If the contact meets the high or intermediate exposure criteria, discuss potential for post exposure prophylaxis (PEP) with ACAM2000 or Jynneos with MDHHS EZID at 517-335-8165 (or 517-335-9030 for afterhours/holidays).
- Determine contact schedule and establish preferred communication mechanisms.
- Obtain and record symptom checks.

Monitoring TEAM Protocol LHD:

- Continue to conduct periodic symptom checks and record results in the Data Points tab of OMS.
- At each check-in, remind contact of the importance of notifying EMS or healthcare providers of their monitoring status BEFORE medical transport or arrival at a healthcare facility should they seek medical care.
- During the last check-in of the 21-day monitoring period, inform contact that no additional contact will be made, but they are welcome to contact the LHD if they have any future questions.
- Mark the contact's OMS record Monitoring status as Completed after the last check-in.

Exposure Risk Assessment and Public Health Recommendations

Instructions for a Monitored Contact who becomes Symptomatic:

- If **only** chills, new lymphadenopathy, or other symptoms compatible with monkeypox develop (excluding fever or rash), the contact should self-isolate for 24 hours and inform the LHD.
<https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>
 - During this time, the individual should closely monitor their temperature for fever; if a fever or rash develop, the health department should be contacted immediately.
 - If fever or rash do not develop and chills or lymphadenopathy persist, the contact should be clinically evaluated. Clinicians should consult with public health if monkeypox suspected.
- If fever or rash develop, the contact should self-isolate and await further instruction.
 - The contact should immediately contact the appropriate LHD designee(s).
 - The LHD should notify EZID at 517-335-8165 (or 517-335-9030 for afterhours/holidays) for evaluation and coordination of care.
 - Refer to [MDHHS Investigation of Suspect Cases of Monkeypox – Michigan](#) for testing instructions

Specific Instructions for Exposed Healthcare Providers:

- Any healthcare worker who has cared for a patient infected with monkeypox should monitor themselves for the development of symptoms that could suggest infection, especially within the 21-day period after the last date of care. IF symptoms develop, the healthcare worker should notify their infection control, occupational health, and LHD.
- Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms, including taking their temperature at least twice daily for 21 days. Prior to work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.
- 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 the health department.

Suggested Language for LHD's Initial Contact for Exposed Individual:

- I will need to speak to you several times over the next XX days to evaluate any symptoms you may have. My direct phone number is: ___/___-___.
- Please let me know if you plan on re-locating or traveling during this time period.
- You should check your temperature twice a day. If you develop a fever or have any symptoms such as chills, lymphadenopathy, or a new skin rash, please immediately self-isolate and call me.
- If you are unable to reach me, please call the Michigan Department of Health and Human Services at 517-335-8165 (or afterhours/weekends at 517-335-9030).
- If you have a medical emergency during this monitoring period and call 911 before making other notifications, tell them that you are being monitored for a potential monkeypox exposure.

Exposure Risk Assessment and Public Health Recommendations

Non-compliance:

- Report any issues with non-compliance to MDHHS to be evaluated on a case-by-case basis.

MDHHS Contact Information: **Epidemiology 517-335-8165** **After Hours 517-335-9030**

Point of Contact

Telephone Number

Email Address

Degree of Exposure: High

Exposure Characteristics

- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or mouth, ungloved contact with patient), or contaminated materials (e.g., linens, clothing) -OR-
- Being inside the patient's room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection -OR-
- Exposure that, at the discretion of public health, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this level because of unique circumstances)

Recommendations

- Monitoring
- PEP – Recommended

Degree of Exposure: Intermediate

Exposure Characteristics

- Being within 6 feet for ≥ 3 hours of an unmasked patient without wearing, at a minimum, a surgical mask -OR-
- Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown -OR-
- Exposure that, at the discretion of public health, was recategorized to this risk level (e.g., if the potential for aerosol exposure is uncertain, risk level may be decreased from high to intermediate)

Recommendations

- Monitoring
- PEP – Informed clinical decision on an individual basis to determine whether benefits outweigh risks

Degree of Exposure: Low/Uncertain

Exposure Characteristics

- Entered patient room without wearing eye protection at least once, regardless of duration of exposure -OR-
- During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask -OR-
- Being within 6 feet of an unmasked patient for < 3 hours without wearing at minimum, a surgical mask -OR-
- Exposure that, at the discretion of public health, was recategorized to this risk level based on circumstances (e.g., uncertainty about if virus was present on a surface / whether a person touched that surface)

Recommendations

- Monitoring
- PEP – None

Exposure Risk Assessment and Public Health Recommendations

Degree of Exposure: No Risk

Exposure Characteristics

- Exposure that public health deemed did not meet criteria for other risk categories.

Recommendations

- Monitoring – None
- PEP – None