Monkeypox Case and Contact Management Pathways

Last updated: June 20, 2022

Client presents to care provider

Examples of care providers include (but are not limited to) GPs, STI clinics, HIM

Is client symptomatic?

— Yes →

1 Does client meet criteria of a confirmed, probable, or suspect monkeypox case?

— No →

Were they notified that they were a close contact to a case?

— No → Testing or immunization is not recommended; no further follow-up needed

— Yes →

Care provider contactS VCH CD Team

— Yes →

Care provider collects specimen from suspect or probable monkeypox case and sends to BCCDC Lab for testing

Symptomatic and named a contact:
- Isolate pending lab result

Not named a contact but symptomatic:
- Abstain from sexual contact, keep rash covered, refrain from social gatherings

Care provider reports confirmed or probable cases to VCH CD Team

CD team monitors pending lab results

- Send email to MHOandCDNurseOnCall@vch.ca OR
- Call 604-675-3900 (Mon-Fri 8:30am–5:00pm, excluding holidays)
- Call MHO on call at 604-527-4893 after hours

BCCDC Lab processes the specimen

Client tests positive?

— Yes →

CD nurse
Initiates CRF
Reviews Care Connect, EMR, PARIS

CD Nurse
1. Connects with ordering provider for collateral information
2. Co-ordinate if HCP can inform case of diagnosis in a timely manner *
3. Request HCP advise client PH will contact
*If testing provider is unable recall case or prefers PH to inform case, CD nurse will then initiate follow up

CD nurse
After case informed of diagnosis, provide case education, isolation requirements, identify contacts, assess PEP eligibility in consultation with MHO
Forward CRF to PA, scan, upload to shared drive to BCCDC

— No →

Client contact of a confirmed case?

— Yes → CD nurse reviews vaccine eligibility with MHO → Client eligible?

— Yes → PH immunizes client with monkeypox vaccine

— No → PH provides client with education on self-monitoring

— No → **2** Immunization is not recommended; no further follow-up needed

1 BCCDC Monkeypox Case Definitions (as of June 9, 2022)

Confirmed case
A person who is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

Probable case
A person of any age who presents with an unexplained acute rash or lesion(s)
AND
Has one or more of the following:
- Has an epidemiological link to a probable or confirmed monkeypox case in the 21 days before symptom onset, such as:
  - Face-to-face exposure, including health workers without appropriate personal protective equipment (PPE)
  - Direct physical contact, including sexual contact; or contact with contaminated materials such as clothing or bedding
- Reported travel history to or residence in a location where monkeypox is reported in the 21 days before symptom onset

Suspect case
A person of any age who presents with one or more of the following:
An unexplained acute rash AND has at least one of the following signs or symptoms:
- headache
- acute onset of fever (>38.5°C)
- lymphadenopathy (swollen lymph nodes)
- myalgia
- back pain
- asthenia (profound weakness)
An unexplained acute genital, perianal or oral lesion(s)

2 Monkeypox Vaccine Eligibility Criteria (as of June 9, 2022)

Eligibility for post-exposure prophylaxis is determined on a case-by-case basis by a Medical Health Officer. Eligibility criteria is based on disease epidemiology (subject to change):
- Close contact to a confirmed case
- No signs and symptoms of monkeypox disease
- Within 14 days of exposure
  - Immunization within 4 days of exposure is necessary to prevent infection.
  - Immunization 4-14 days following exposure may reduce severity of clinical manifestations if disease develops

Vaccine is not indicated for those with signs and symptoms of monkeypox. Indications for pre-exposure use in BC have not been identified at this time.

Preliminary Positive

Preliminary Positive result received from BCCDC Microbiologist

CD nurse
Reviews care connect, EMR, PARIS

CD Nurse
- Consults with MHO plan on connecting with ordering provider to discuss preliminary positive result

CD Nurse
- Contact ordering provider, obtain clinical history, co-ordination if HCP can inform preliminary result and advise to isolate pending result *
*If testing provider is unable recall case or prefers PH to inform, CD nurse will initiate follow up

Client tests positive?

— yes →

CD nurse
- Connects with ordering provider to provide diagnosis and indicate PH will contact
- Initiate CRF

— NO →

Inform MHO
Assess if further follow-up required