

MONKEYPOX EXPOSURE RISK ASSESSMENT FORM

This form is to help public health partners assess exposure risk for a person who was in contact with a probable or confirmed case of monkeypox within the past 21 days. For this assessment, a case may be a person or, at times, could include an animal.

The exposure risk level assigned to a contact should be the highest level with any “Yes” responses.

When in doubt, default to the highest risk exposure for which a person qualifies. Refer to the “Monitoring Guidance for Individuals Exposed to Monkeypox Virus” for additional information.

Check the applicable box for the answer to each question.

Current Health	
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this contact developed any signs and symptoms consistent with monkeypox disease (e.g., fever, chills, new skin rash, new lymphadenopathy)? If “Yes” and the individual had a potential monkeypox exposure, see “Monitoring Guidance for Individuals Exposed to Monkeypox Virus” for additional information concerning symptom development.

HIGHER RISK EXPOSURES	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they have unprotected contact on their <u>broken skin or mucous membranes</u> with the skin lesions or body fluids from a confirmed or probable monkeypox case? For example (select all that apply, if multiple exposures are documented): <input type="checkbox"/> Any sexual contact, cuddling, or wrestling <input type="checkbox"/> Direct contact to <u>broken skin or a mucous membrane</u> with shared items soiled by the patient (e.g., linens, furniture, or toys) <input type="checkbox"/> Inadvertent splashes of patient saliva to the eyes or oral cavity <input type="checkbox"/> Other:
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they have any sexual or intimate contact involving the mucous membranes of a confirmed or probable monkeypox case? This can include kissing; oral, vaginal, and/or anal sex (penetrative or receptive)?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they have unprotected contact on their <u>broken skin or mucous membranes</u> with materials (e.g., linens, clothing, objects, sex toys, or others) that may have contacted the skin lesions or bodily fluids from a confirmed or probable monkeypox case? This can include sharing food, handling or sharing linens without being laundered, or others.
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they inside a patient’s room or within 6 feet of a patient during any procedure(s) that may create aerosols from oral secretions (e.g., intubation), skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens) without wearing an N95 or higher respirator and eye protection? If it is uncertain if an aerosol was created, please see the Intermediate Risk table.

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6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Had contact, without the use of appropriate PPE‡, with an animal with a known orthopoxvirus or MPXV infection?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they in contact, without the use of appropriate PPE‡ or Biosafety Level protocols‡, with laboratory specimens or other items that could serve as fomites that have been in contact with a person or animal with a known orthopoxvirus or MPXV infection?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Were there any other exposures that public health authorities might categorize as high risk (e.g. exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances)?</p> <p>Please provide information about the exposure:</p>

INTERMEDIATE RISK EXPOSURES	
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Were they within 6 feet for ≥ 3 hours of an unmasked case without wearing, at minimum, a surgical mask?</p> <p>For example (select all that apply, if multiple exposures are documented):</p> <p><input type="checkbox"/> Sitting on a plane or in a car within 6 feet of a case for ≥ 3 hours without wearing a mask</p> <p><input type="checkbox"/> Attending the same event as a case and having a face-to-face interaction with them without physical contact</p> <p><input type="checkbox"/> Other:</p>
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did they report activities resulting in contact between their clothing and the case's skin lesions, body fluids, or soiled linens or dressings?</p> <p>For example (select all that apply, if multiple exposures are documented):</p> <p><input type="checkbox"/> Assisting with turning, bathing, or transferring a patient while wearing gloves but not a surgical gown</p> <p><input type="checkbox"/> Handling and changing used patient linens without wearing a surgical gown</p> <p><input type="checkbox"/> Other:</p>
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Member of an exposed cohort as defined by public health authorities experiencing an outbreak (e.g., participated in activities associated with risk of transmission in a setting where multiple cases occurred)?</p> <p>If exposure is uncertain, please see the Lower Risk table.</p>

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<p>12. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did they have unprotected contact on their <u>intact skin</u> with the skin lesions, body fluids, or potential fomites from a confirmed or probable monkeypox case?</p> <p>For example (select all that apply, if multiple exposures are documented):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ungloved contact with a monkeypox patient <input type="checkbox"/> Direct contact to <u>intact skin (NOT a mucous membrane)</u> with shared items soiled by the patient (e.g., linens, furniture, or toys) <input type="checkbox"/> Touching door handles or countertops touched by case <input type="checkbox"/> Using the same bathroom used by a case without cleaning between use <input type="checkbox"/> Other: <p>If it is uncertain if the individual touched a contaminated surface or fomite, please see the Lower Risk table.</p>
<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were there any other exposures that public health authorities might categorize as intermediate risk (e.g. if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from higher to intermediate)?</p> <p>Please provide information about the exposure:</p>

LOWER RISK EXPOSURES	
<p>14. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did they enter into the living space of a person with monkeypox, regardless of whether the person with monkeypox is present?</p> <p>For example (select all that apply, if multiple exposures are documented):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sitting on a plane or in a car within 6 feet of a case for a flight less than 3 hours without a mask <input type="checkbox"/> Attending the same event as a case without a mask for less than 3 hours <input type="checkbox"/> Other:
<p>15. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were there any other exposures that public health authorities might categorize as lower risk (e.g. uncertainty about whether Monkeypox virus was present on a surface and/or whether a person touched that surface)?</p> <p>Please provide information about the exposure:</p>

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‡The language “without the use of appropriate PPE or Biosafety Level protocols” includes breaches in the recommended personal protective equipment (PPE) and deviations from appropriate Biosafety level protocols when *Monkeypox virus* (MPXV) might be present.

Notes:

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If symptoms and a potential exposure to monkeypox virus was identified:

- If fever or rash are identified, this person should self-isolate and contact their local health department (LHD) immediately.
- If only chills or lymphadenopathy develop, the person under monitoring (PUM) should self-isolate for 24 hours.
 - o If fever or rash develops during this period, contact the LHD immediately.
 - o If fever or rash does not develop, the PUM should be evaluated by a clinician. If the clinician suspects monkeypox, they should immediately notify the LHD.
- Refer to "Monitoring Guidance for Individuals Exposed to Monkeypox Virus" for additional information.
 - o If this person is a healthcare worker, additional information is available in the above referenced guidance

If no symptoms and any **HIGHER RISK** exposures were identified:

- Recommend self-monitoring for symptoms for 21 days after the last potential exposure date
 - o You may send the PUM a copy of the "Monkeypox 21-Day Symptom Monitoring Log" and the letter for persons under monitoring, if your jurisdiction uses these resources
 - o LHD to fill out "Monkeypox Contact Symptom Tracking Form" (Excel spreadsheet) at beginning and end of monitoring, and send final log to EAIDUMonitoring@dshs.texas.gov
- Restrictions on long-distance travel, public transportation, large congregate settings, and unnecessary visitors recommended (see "Monitoring Guidance for Individuals Exposed to Monkeypox Virus" for additional information)
- PEP is recommended

If no symptoms and highest exposure identified was **INTERMEDIATE RISK or LOWER RISK**

- Recommend self-monitoring for symptoms for 21 days after the last potential exposure date
 - o You may send the PUM a copy of the "Monkeypox 21-Day Symptom Monitoring Log" and the letter for persons under monitoring, if your jurisdiction uses these resources
 - o LHD to fill out "Monkeypox Contact Symptom Tracking Form" (Excel spreadsheet) at beginning and end of monitoring, and send final log to EAIDUMonitoring@dshs.texas.gov
- PEP could be recommended on a case-by-case basis

If no symptoms and **NO RISK** was identified:

- Person should be educated on monkeypox virus transmission and advised to avoid activities that could expose them to monkeypox virus.
- No further monitoring is required

If symptoms and **NO** potential exposure to monkeypox virus was identified:

- Recommend the person contact their healthcare provider