



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**MARK PAYNE** • Director

**MEMORANDUM**

**TO:** Emergency Medical Service Professionals

**FROM:** Dr. Tripp Winslow, State EMS Medical Director

**DATE:** July 5, 2022

**RE:** Monkeypox Awareness

The first case of monkeypox was recently identified in North Carolina. You, as prehospital medical providers have been dealing with the COVID-19 Pandemic for over 2 years now. You have dealt with challenges that no other medical providers have had to deal with, and you have done amazing work. The COVID-19 Pandemic seems to be waning in intensity, but we must always maintain vigilance against new pathogens. One pathogen which is now present in our state is monkeypox.

Below is a summary of monkeypox for prehospital providers. For more information on monkeypox please visit the CDC website. Much of the information below was taken directly from the CDC website link below:

<https://www.cdc.gov/poxvirus/monkeypox/index.html>



**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**  
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- **What is monkeypox?**

It is a disease caused by the Monkeypox virus. It is normally found in central and west Africa. Starting in May 2022 it began spreading in Europe. Recently the first case was reported in North Carolina

- **What are the symptoms of monkeypox?**

After infection, there is an incubation period which lasts on average 7-14 days. The first symptoms of monkeypox include fever, malaise, headache, and sometimes sore throat and cough. A distinguishing feature of monkeypox is lymphadenopathy (swollen lymph nodes). This typically occurs with fever onset, 1 to 2 days before rash onset, or rarely with rash onset.

Shortly after the prodrome, a rash appears. Lesions typically begin to develop simultaneously and evolve together on any given part of the body. This process happens over a period of 2-3 weeks. Here are a few key points regarding the rash (see CDC website for pictures).

- Lesions are well circumscribed, deep seated, and often develop umbilication (resembles a dot on the top of the lesion)
- Lesions are relatively the same size and same stage of development on a single site of the body (ex: pustules on face or vesicles on legs)
- Fever comes before rash
- Disseminated rash is centrifugal (more lesions on extremities, face)
- Lesions on palms, soles
- Lesions are often described as painful until the healing phase when they become itchy

- **Who is at risk for monkeypox?**

- People who have developed the symptoms described above within 21 days and traveled to areas with a Monkeypox outbreak
- People who have been in close contact with a person with Monkeypox

- **How does monkeypox spread?**

- It can spread through large respiratory droplets (providers should wear N95 level of respiratory protection).
- It can spread through direct contact with sores.
- A person can become infected after coming in contact with bodily fluids including contaminated clothing and bedding.

- **What infection control precautions should be taken?**

- Special Contact droplet precautions should be taken including N95 level respiratory protection, gown, gloves, and eye protection.
- Promptly isolate patients at risk for Monkeypox
- Do not shake contaminated bedding since this could cause droplets to become airborne
- Disinfect all surfaces after caring for patient with suspected monkeypox.

- With appropriate infection control measures monkeypox transmission in health care settings is not common.

- **When are patients infectious?**

Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. People who do not have monkeypox symptoms cannot spread the virus to others.

- **Who is at risk for Monkeypox complications?**

- Over 99% of people who contact monkeypox survive.
- People at risk for bad outcomes are children under age 8, people with eczema, pregnant women, and women who are breastfeeding.

The North Carolina Office of EMS encourages all EMS Agencies and Professionals to continue engaging your local public health officials for ongoing surveillance and guidance when dealing with this and other highly communicable disease which may affect your communities.

Thank you again for all the work you do to protect and serve the citizens and visitors of North Carolina.