

## Public Health Emergency of International Concern -- Mpox Clade I with Information for 1<sup>st</sup> Responders, Particularly EMS

Currently, the likelihood of a large outbreak of Mpox is low outside the continent of Africa. Isolated cases, most likely related to travel, are possible.

This is intended as an early alert to make sure you & your agency are ready, should Mpox occur in your area, to reduce the risk of responders being exposed to & developing Mpox. There will be some suggestions to consider later, to get you started.

The WHO (World Health Organization) declared Mpox Clade I a Public Health Emergency of International Concern (PHEIC), on 8-14-24, based on several factors, including the increased contagiousness, more severe infections, and increased death rate of Clade I, versus the Clade II infections associated with the last PHEIC declared in 2022. The 2022 PHEIC was discontinued when the caseload was under control, but Mpox (Clade II and II b) has continued to occur in small outbreaks throughout the world, including the US, Canada, and Europe. Previously, Clade I was confined to Central Africa, primarily the DRC. In the past few weeks, there has been a quick increase in the number of cases being identified in the countries surrounding the DRC and in some even further away from Central Africa.

On 8-15-24, Sweden announced it had a traveler return to Sweden who tested positive for Mpox Clade I, the first known Clade I case outside of Africa. Clade I b, which is just becoming established as a new sub-clade in Africa, is suspected of having characteristics which may make it even more harmful. Experts are looking at all the possibilities. There are still a lot of questions as to the different presentations and body responses between the Clades and sub-Clades. As soon as we know more, we will post it for your knowledge & use, either in this area of the Health Intelligence Page or directing you to a new section of it. Because Mpox Clade I is novel, just like COVID, there may be changes in recommendations as more data becomes available.

A list of Resources and Links will be provided for those that want to learn more. Over the next couple of days, more information will be provided regarding expected signs/symptoms, incubation & infectiousness, prevention, etc.

Full PPE for EMS/HCWs in the presence of suspected Mpox, or any fever & unidentified rash, includes a gown, gloves, individually fitted NIOSH approved medical N95 or better respirator, and eye protection.

### **Suggestions for Initial Preparation for Mpox:**

- A. Assign the Infection Control Officer or other individual to familiarize themselves with the information currently available and recheck often/seek updates. If one does not already exist, develop a plan for reporting exposures 24/7 and being able to receive reports of cases from the hospital staff on confirmation of Mpox or other disease. This may happen outside of the exposed work hours but they should be notified immediately, with a plan of care.
- B. Discuss a plan for Mpox with Medical Direction & Operations. Include in the plan, a discussion with the local Health Dept and include a list of Infection Control &

Preventionists from local hospitals, an Infectious Disease physician(s), and a list of items to be carried on apparatus for prevention, protection & infection control.

- C. Inventory your available PPE so that there is an abundance of PPE sets. It should cover Airborne, Contact, Respiratory Droplet & Standard Precautions. A link to the NIOSH PPE site, as well as Donning and Doffing Procedures will be included below. As always, those responding to EMS calls, even if not for transport, should have multiple sets of full PPE readily available.

PPE for Mpox requires:

1. A **fit tested NIOSH-approved N95 or better Respirator**
  2. An impermeable **jumpsuit or gown**
  3. **Gloves** with a long enough cuff to easily cover (and anchor) the gown cuffs
  4. A **full-face shield** (preferable) or **goggles**. An open face shield or glasses that are not enclosed are not an acceptable substitute.
- D. **Cheat sheets/cards** for properly donning & doffing PPE should be developed and available with a minimum of the buddy system for checking PPE before deploying to a patient. Even more preferable, is a **trained observer to the watch donning & doffing process and pause it, if needed**. The donning and especially the doffing should be practiced before it is needed for an actual case.
- E. Inventory a supply of fluid resistant jumpsuits, gowns (i.e. Tyvek), and surgical masks for the patient(s) and any contacts that may need to be transported for evaluation.
- F. Inventory large and small red biohazardous bags with markers to write on them.
- G. If not already available in adequate supply, procure an approved cleaner/disinfectant that kills Mpox for thorough cleaning and disinfecting after each activity in the truck. Develop a standard SOP and make sure it includes both a cleaning and disinfecting step with adequate time for the disinfectant to be on the surface for a kill (should be on the bottle or SDS). Every unit should have an available written Cleaning & Disinfection policy, including how to isolate non-disposable equipment & clean/disinfect each piece.

Again, there is very little likelihood that an EMS or Fire crew will be called for a possible Mpox case, but the same procedures apply to other types of infectious illness such as measles, TB, Ebola, or when there is a patient with an unidentified rash & fever.

**Always follow your Agency's Protocol & Procedures unless you seek assistance through your Chain of Command to deviate.**

[NIOSH Directory of Personal Protective Equipment | NIOSH | CDC](#)

[Personal Protective Equipment | Emergency Preparedness and Response | CDC](#)

**CDC Sequence for Donning & Doffing PPE:** [ppe-sequence-p.pdf \(cdc.gov\)](#)

[Infection Control: Healthcare Settings | Mpox | Poxvirus | CDC](#)