Clinicians at Low Risk of Acquiring Monkeypox From Patients

An investigation by Colorado public health authorities found no monkeypox cases among 313 health care workers exposed to 55 patients with the virus, despite low adherence to preventive measures among the workers.

The report adds to evidence that the overall risk to health care workers appears low. At least one US health care worker had a work-related monkeypox infection during the current outbreak and a health care worker in the UK became infected after handling patient linens during a 2018 outbreak.

In the recent study, the Colorado Department of Public Health and Environment collected information on health care workers who interacted with a patient with monkeypox between May 1 and July 31, 2022. Workers who treated patients, were within 6 ft of them, or handled their linens were included. Twenty workers had high-risk exposures, 67 had intermediate-risk exposures, while 226 had low- or uncertain-risk exposures.

Only 23% of the workers followed all the CDC’s recommendations for personal protective equipment (PPE) during encounters with patients with monkeypox, which consists of a gown, gloves, eye protection, and an N95 or higher-level respirator. Adherence varied widely across clinical settings, with only 4% of those working in primary or urgent care following the recommendations compared with about half of those working in community health or sexually transmitted infection clinics.

Overall, 38% of the workers wore an N95 respirator, 64% wore gloves, 40% wore gowns, and 31% used eye protection. Workers with high- or intermediate-risk exposures were offered postexposure prophylactic vaccination with the JYNNEOS vaccine and were closely monitored for 21 days. Only 43% of these 87 workers received the vaccinations. Public health authorities instructed those with lower-risk exposures to self-monitor for symptoms for 21 days.

The authors said workers' lack of awareness about several factors—the patients’ symptoms before the encounter, the CDC’s PPE recommendations, the presence of monkeypox in the community, and monkeypox signs and symptoms, including atypical presentations—may have contributed to low adherence to preventive measures. They noted that community health and sexually transmitted infection clinics acted as monkeypox referral centers, which may have contributed to higher adherence in these settings.

Children With Sickle Cell Anemia Not Receiving Recommended Care

Too few US children with sickle cell anemia receive recommended screening or treatment, according to a new CDC Vital Signs report.

Sickle cell disease is characterized by sickle-shaped blood cells that die prematurely, causing complications including sickle cell anemia, blood vessel blockages, pain, pneumonia, acute chest syndrome, and kidney, liver, or heart disease. About 1 in 10 children with sickle cell anemia will have a symptomatic stroke by 20 years of age, and more will have silent strokes, the report’s lead author Laura Schieve, PhD, the associate director for science in the CDC’s division of blood disorders, said during a press briefing.

To find ways to prevent such serious complications, the National Heart, Lung, and Blood Institute convened an expert panel in 2014. The panel recommended that children aged 2 to 16 years with sickle cell anemia undergo annual screening with transcranial Doppler ultrasound to assess their stroke risk. The panel also recommended long-term blood transfusions for those at risk of stroke and that all children or adolescents aged 9 months or older with sickle cell anemia receive hydroxyurea to prevent complications or death.

Schieve and her colleagues analyzed medical claims for 3352 children and adolescents with sickle cell anemia enrolled in Medicaid in 2019. They found that although improvements had occurred since the 2014 recommendations, fewer than half...
of individuals aged 2 to 16 years with sickle
cell anemia received recommended stroke
screening in 2019. Slightly more than half of
the adolescents aged 10 to 16 years and only
about 2 in 5 children aged 2 to 9 years re-
ceived hydroxyurea that year. The authors
noted that most children with sickle cell dis-
ease are covered by Medicaid but that the re-
results may not be representative of those
who are not.

Substantial barriers, including racism,
prevent many children and adolescents from
receiving recommended care, according to
the authors. About 90% of patients with
sickle cell disease are Black individuals and
about 3% to 9% are Hispanic individuals.

Many patients with sickle cell disease report
encountering racist attitudes from health
care workers and receiving inadequate care
during painful episodes; many avoid care as
a result.

Poor care coordination, logistical chal-
lenges associated with the limited number of
centers providing screening or specialized
care, and the need for repeated visits also limit
access to care. According to a CDC state-
ment, clinicians can help by working with
policy makers to increase funding for sickle
cell anemia research, developing consoli-
dated care models, and connecting patients
and their families with information and re-
sources to access preventive care. Clinicians
should also work to develop systems for re-
porting and addressing racist behavior at their
institutions that patients feel safe using.

“Preventing complications of this dis-
ease requires strategies to reduce the im-
pact of racism and disparities in health-
care,” Debra Houry, MD, MPH, acting
principal deputy director of the CDC, said
during the briefing. “Health care providers
can educate themselves, their colleagues,
and their institutions about the specialized
needs of people with sickle cell anemia, in-
cluding how racism inhibits optimal care.”

− Bridget M. Kuehn, MSJ

Note: Source references are available through
embedded hyperlinks in the article text online.