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 despite the risk of life-threatening complications, 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 received hydroxyurea that year. The authors noted that most children with sickle cell disease are covered by Medicaid but that the 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 healthcare workers and receiving inadequate care during painful episodes; many avoid care as a result.

Poor care coordination, logistical challenges 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 statement, clinicians can help by working with policy makers to increase funding for sickle cell anemia research, developing consolidated care models, and connecting patients and their families with information and resources to access preventive care. Clinicians should also work to develop systems for reporting and addressing racist behavior at their institutions that patients feel safe using. “Preventing complications of this disease requires strategies to reduce the impact of racism and disparities in healthcare,” 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, including how racism inhibits optimal care.” – Bridget M. Kuehn, MSJ

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