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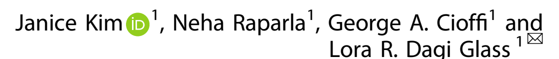

CORRESPONDENCE

# Suggested monkeypox precautions policy as proposed by CUIMC

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We find "Ophthalmic manifestations of monkeypox virus" highly relevant to our NYC experience. Mayor Eric Adams has declared a local state of emergency with nearly 1500 cases and counting [1]. Similar to the COVID-19 pandemic, NYC is the proving ground for the monkeypox public health response. We would like to share the following algorithm of care as adopted by the Columbia University Irving Medical Center (CUIMC) Department of Ophthalmology for eye care related to monkeypox.

1. For monkeypox consults:
   - Prescreen any consult with history and external photos of the eyes provided by the primary consulting team. If low suspicion for possible future complications (i.e. unvaccinated status, moderate-advanced severity, vision changes, and corneal involvement), the patient can be managed by the primary team with recommendations from ophthalmology [2].
   - If concerning patient presentation, initial bedside examination is conducted using personal protective equipment (PPE) [eye protection, N95 mask, gown, and gloves].
   - If a patient must be examined in the outpatient ophthalmology setting, the patient is fast-tracked to a private exam room with the door closed. PPE and slit lamp shield barriers are utilized. Surfaces with potential patient contact are disinfected and contaminated waste is disposed of appropriately. Soiled linens should not be touched or handled in a manner that may disperse infectious particles [3].
   - Subsequent follow-ups as necessary via telehealth, or if necessary, in the office with strict adherence to precautions as above until the infectious period resolves.
2. For outpatient eye care of monkeypox-positive patients:
   - Initial telehealth appointment with video or, at minimum, a photograph of the eyes.
   - Triage patients for further eye care in person with adherence to precautions. Otherwise, the patient may be seen in person after isolation.
3. Manage ocular disease with aggressive lubrication. Consider trifluridine, which has been used for ocular manifestations of smallpox, and/or prophylaxis with topical antibiotics for bacterial superinfection [2, 4].

With the lessons learned from COVID-19, we hope sharing this protocol will help others rapidly adopt a more formalized way of implementing precautions to handle the next outbreak.

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## AUTHOR CONTRIBUTIONS

JK and LDG were responsible for designing the protocol. JK was responsible for writing the publication and updating the references list. GAC, NR, and LDG provided feedback on the publication.

## COMPETING INTERESTS

Dr. Lora R. Dagi Glass discloses royalties from Thieme Publishers. The remaining authors declare no competing interests.

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