

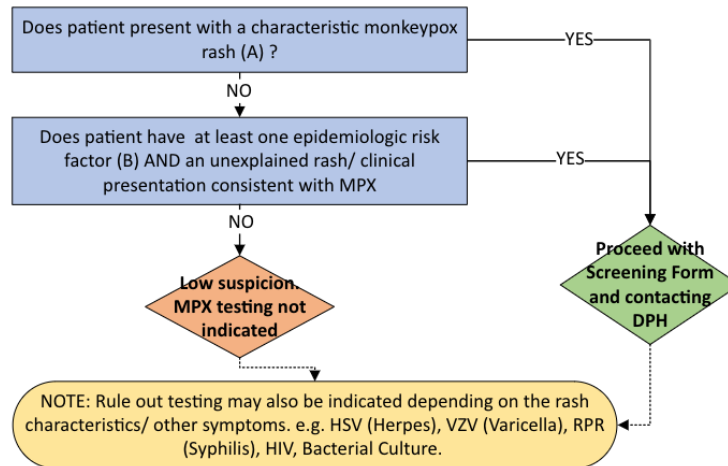
# PROVIDER GUIDANCE – INITIAL EVALUATION OF SUSPECTED MONKEYPOX

Updated: 06/22/2022

## STEP 0: ENSURE APPROPRIATE INFECTION CONTROL

- Healthcare providers should wear a mask and gloves when seeing any patient with a rash
  - If **examining and/or sampling a rash suspicious for monkeypox**, add eye protection and a gown, with an N95 mask
- Patient should be masked and moved into a private room, if possible, as soon as possible
- Additional infection control guidance can be found [HERE](#)

## STEP 1: CONDUCT INITIAL SCREENING



<p><b>A. Characteristics of Monkeypox Rash:</b></p> <ul style="list-style-type: none"> <li>Deep-seated and well-circumscribed lesions, often with central umbilication</li> <li>Lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs</li> <li>Rash may affect the face, extremities, genital/perianal region, mucous membranes</li> <li>Patients with other positive tests but characteristic MPX rash may still be considered for testing due to possibility of co-infection.</li> </ul>	<p><b>B. Epidemiologic Risk Factors for Monkeypox:</b></p> <ul style="list-style-type: none"> <li>Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox</li> <li>Had physical and/or sexual contact(s) within a social network experiencing monkeypox activity. This currently includes gay, bisexual, and other men have sex with other men (MSM), and trans people who have sex with men, particularly those with multiple and/or casual sexual partners</li> <li>Traveled outside the US to a country with confirmed cases of monkeypox or where <i>Monkeypox virus</i> is endemic</li> </ul>
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## STEP 2: GATHER INFORMATION FOR REPORTING

- Complete the **highlighted sections** on the Monkeypox Screening Worksheet (on page 3)
  - Include patient DOB on the form in the “Age” box
  - Include patient address and phone in the “Patient Contact Info” box

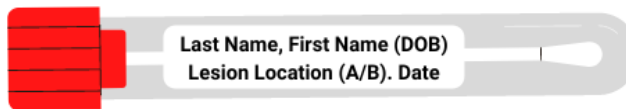
## STEP 3: NOTIFY COMMUNICABLE DISEASE CONTROL

- Call Communicable Disease Control Unit (CDCU) at **415-554-2830**
  - If after hours (not Mon-Fri 8-5), call this number, press “2,” and follow the instructions to reach the On-Call MD
- The clinician will ask questions about the case to determine whether Monkeypox testing is indicated
  - Communicable Disease approval is required for all monkeypox testing requests*

## STEP 4: COLLECT SPECIMENS

*BEFORE COLLECTING:* Review the full list of instructions

- **Collect 2 swabs per lesion**, for at least 2 separate lesions (one per region, if multiple affected regions)
  - Sterile nylon, polyester, or Dacron swabs should be used
  - VRDL tests one swab for Orthopox virus, and if positive will send the other to CDC for monkeypox-specific confirmatory testing
- Vigorously swab the lesion (unroofing, if possible). Careful unroofing may improve testing results
- Each swab goes into separate **sterile container, dry OR with liquid viral media**
  - Label with name, DOB, collection date, and unique name of the lesion -- e.g. L thigh, R thigh with "A" and "B" to differentiate between the two swabs for each site



- Each container should be placed in a separate specimen bag
- **Store refrigerated at 4C (39F, fridge temperature)**
  - If CDCU indicates that they will be unable to transport within 72h, store in deep freezer
- Additional details about testing can be found [HERE](#)

\*Once collection is complete:

- **Fill in the "Specimen Information"** section of the Screening Form with location and number of samples
- Fill in the **Specimen Submittal Spreadsheet** to include one row per specimen
- **Email both of the above** to [monkeypox@sfdph.org](mailto:monkeypox@sfdph.org) to let CDCU know that the specimen is ready for pickup
  - Unless communicated otherwise, DPH will coordinate paperwork and transfer to state lab

## STEP 5: PROVIDE ISOLATION INSTRUCTIONS TO PATIENT

- *A person with monkeypox is considered infectious until their lesions have scabbed over and a new layer of skin has formed over the area*
- Patients with active monkeypox **should not leave the home** except to seek medical care as needed
  - Persons with extensive lesions that cannot be covered should isolate in a private room
- **Limit contact** with others, including household members and visitors to the home
  - When others are around, case should wear a surgical mask
  - Individuals should limit contact with **pets**
- **Cover lesions** as best as possible
- Case should not share linens (including bed), towels, or clothing with others while infectious
  - Laundry may be washed in a standard washing machine with warm water and soap
- Household disinfectants can be used to clean the house. No additional deep cleaning is necessary.
- Additional information can be found at [CDC Monkeypox Isolation](#)

## STEP 6: RESULTS DISCLOSURE

- Results from the collected specimens should be available 1-3 business days after collection
- HCP will receive a copy of the lab results via secure email or fax
- **HCP is responsible for disclosure of test results**
  - SFDPH conducts case investigation and contact tracing. On these calls, we instruct cases and their contacts to reach out to their medical provider for clinical guidance

**Draft Monkeypox Screening Worksheet for LHDs**  
Version 6/04/22 fillable

<b>REPORTING AGENCY</b>					
Investigator Name	Local Health Jurisdiction	Telephone Number/ email	Date of encounter		
<b>HEALTHCARE PROVIDER INFORMATION</b>					
Provider Name	Affiliation	Location	Contact information		
Nature of Call	<input type="checkbox"/> Requesting monkeypox testing <input type="checkbox"/> Clinical consultation <input type="checkbox"/> Possible Exposure/ contact with a case <input type="checkbox"/> Other _____				
<b>Patient Information</b>					
Last Name	First Name	Age	Gender	Race	Ethnicity
MRN:	CaIREDIE ID	Patient Location <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Clinic/ ER <input type="checkbox"/> Hospital inpatient	Location details (Address)	Patient contact info	
<b>Disposition (Suspect monkeypox case: new characteristic rash OR meets one of the epidemiologic criteria and has a high clinical suspicion for monkey pox <a href="#">Case Definitions† for Use in the 2022 Monkeypox Response   Monkeypox   Poxvirus   CDC</a>)</b>					
<input type="checkbox"/> Testing approved, meets clinical and epi criteria <input type="checkbox"/> Testing approved, other reason: _____ <input type="checkbox"/> No testing <input type="checkbox"/> Need additional information:					

<b>CLINICAL INFORMATION</b>					
Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, onset date of symptoms (mm/dd/yyyy)		Have alternative diagnoses been considered/ ruled out (i.e. syphilis, varicella/varicella zoster, herpes)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Significant past medical history:</b> Immunocompromise: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   Other (specify): _____					
Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever (>100.4°F or 38°C) or Chills				Onset Date of Fever or Chills (mm/dd/yyyy)	If Fever Measured, Highest Temperature (°F or °C)
Lymphadenopathy				Describe location	
Malaise/ exhaustion				Describe	
Other				Specify other symptoms	
Rash				Comments/ notes	
General description of rash	Check all that apply <input type="checkbox"/> Macular <input type="checkbox"/> Papular <input type="checkbox"/> Vesicular <input type="checkbox"/> Pustular				
Detailed appearance	<input type="checkbox"/> Deep-seated <input type="checkbox"/> Well-circumscribed <input type="checkbox"/> Umbilicated <input type="checkbox"/> Other:				
Distribution	<input type="checkbox"/> Generalized <input type="checkbox"/> Localized				
Location (Please ask specifically about genital and perianal lesions)	Check all that apply <input type="checkbox"/> Tongue/mouth/ oropharynx <input type="checkbox"/> Face <input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Genitalia <input type="checkbox"/> Perianal <input type="checkbox"/> Other (describe) <input type="checkbox"/> Other (describe)			Progression of lesions (describe where started, and how spread)	

**Draft Monkeypox Screening Worksheet for LHDs**  
Version 6/04/22

**TRAVEL HISTORY**

Did patient travel or live outside county of residence during the incubation period?  
 Yes  No  Unknown

**TRAVEL HISTORY – DETAILS**

Travel Type	State	Country	Other location details (city, resort, etc.) / Events / venues attended	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					

**SOCIAL HISTORY**

Sexual Orientation		Gender of sexual contacts
Known contact with someone with confirmed or suspected monkeypox?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Contact with someone with similar symptoms such as a rash or lesion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient self-identifies as gay, bisexual, or man who has sex with men (MSM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient regularly had close or intimate in-person contact with other men including those who met through an online website, digital application (“app”), at a bar, party, or at a massage parlor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient has other sexual partners? (i.e., open relationship, non-monogamous relationship, or casual contact)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Other Comments:		

**SPECIMEN INFORMATION** *It is important to collect adequate specimens, which involves vigorous swabbing of the lesion and unroofing of the lesion, if possible. COLLECT 2 SWABS PER LESION (1 FOR 1<sup>ST</sup> TEST, 1 FOR 2<sup>ND</sup> TEST) and place each swab in separate, sterile, dry containers (please mark/label duplicate swabs with identical number so they are easy to distinguish from separate lesion collections, e.g., Swabs from left thigh are both #1). If >1 lesion, try to collect from different areas of body.*

CDPH Monkeypox Team consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date:	CDPH name/ contact info	
<b>Location of lesions tested</b>	<b>Number of lesions collected</b>	<b>Date of collection</b>
If sent to the Laboratory Response Network (LRN) lab, indicate: <input type="checkbox"/> VRDL <input type="checkbox"/> Other _____	<b>DO NOT send specimens to VRDL or other LRN without first notifying the lab! Please notify <a href="mailto:monkeypox.LRNB@cdph.ca.gov">monkeypox.LRNB@cdph.ca.gov</a> and <a href="mailto:monkeypox@cdph.ca.gov">monkeypox@cdph.ca.gov</a> for all submissions for monkeypox testing.</b>	

**COMMENTS:**