

PROVIDER GUIDANCE – INITIAL EVALUATION OF SUSPECTED MONKEYPOX

LAST UPDATED: 7/22/2022

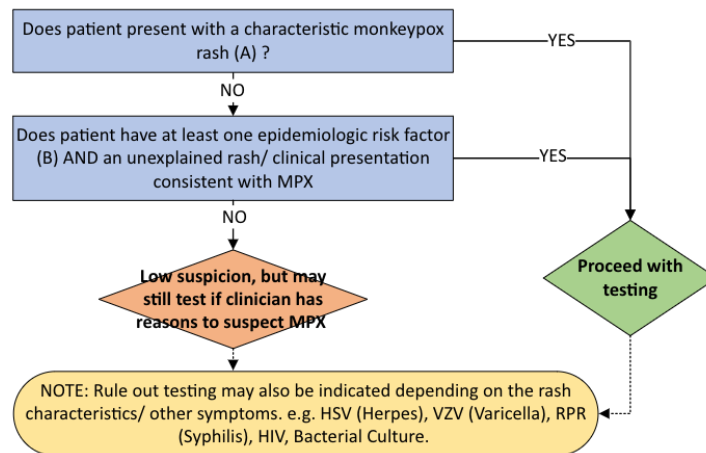
WHAT'S NEW

- Updated formatting for clarity
- PHL no longer accepting paper requisitions – all orders must be done electronically

STEP 1: 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.
 - Infection Control Precautions: Contact + Droplet + N95
 - No special air handling necessary
- Additional infection control guidance can be found [HERE](#)

STEP 2: CONDUCT INITIAL SCREENING



A. Characteristics of Monkeypox Rash:

- Deep-seated and well-circumscribed lesions, often with central umbilication
- Lesion progression through sequential stages— macules, papules, vesicles, pustules, and scabs
- Rash may affect the face, extremities, genital/perianal region, mucous membranes
- Patients with other positive tests but characteristic MPX rash may still be considered for testing due to possibility of co-infection.

B. Epidemiologic Risk Factors

- Contact with someone with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox
- 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
- Traveled outside the US to a country with confirmed cases of monkeypox or where *Monkeypox virus* is endemic

STEP 3: ORDER MONKEYPOX LAB

Please note that if specimens are not ordered correctly and/or do not have the appropriate documentation, the lab will not be able to test them. Please read instructions carefully.

3A – DPH FACILITY USING SF PUBLIC HEALTH LAB

- In EPIC: Order "Orthopox/ Monkeypox virus PCR" test
 - If your facility uses EPIC but are not part of SFDPH system, please see **3B**

3B – NON-DPH FACILITY USING SF PUBLIC HEALTH LAB

- Log in to the [Apollo Portal](#)
 - Complete Lab Requisition Form – **one per pair of swabs aka one per lesion site**
 - CalREDIE ID: Can be left blank
 - Print a copy of the form to include with the packaged specimens
- **If you do not have a log in**, please email brian.feraru@sfdph.org to be onboarded
- **For first-time submitters only**, [COVID Lab Requisition](#) may be used if fewer than two specimens – ONE TIME USE ONLY
 - Must be typed and patient information must be complete
 - Test Requested: Leave Blank
 - Specimen Source: "Other" - fill in "Monkeypox (location(s) swabbed)"
 - Email Brian to request Apollo login for future use (see above)

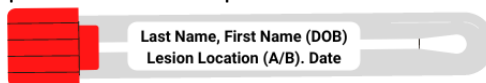
3C – ANY FACILITY USING A COMMERCIAL LAB

- Follow the ordering instructions provided by your lab partner (Labcorp, Quest, etc.)

STEP 4: COLLECT SPECIMENS

If submitting specimens to a specific commercial lab, instructions may be slightly different. Please follow their collection instructions. These instructions are specific to SF Public Health Lab

- **Collect 2 swabs per lesion** – choose up to two lesions for sampling. No need to swab every region.
 - Sterile nylon, polyester, or Dacron swabs should be used
 - If initial test is positive, the second is sent to CDC for confirmatory testing/ sequencing
- Vigorously swab the lesion (unroofing, if possible). Careful unroofing may improve results
- Each swab goes into separate **sterile container in viral transport medium (VTM)** or dry
 - 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
 - Trim end of swab to fit into container, do not force/ bend the swab
 - Urine cups are not an acceptable container for swabs



- Each container should be placed in a separate specimen bag
- Store refrigerated at **4C (39F, fridge temperature)** or deep freezer (-80C) if specimen will not make it to PHL within 72 hours
 - We recommend freezing specimens collected on Friday afternoon or Saturday
- Additional details about testing can be found [HERE](#) (PHL Test Menu > Monkeypox)

STEP 5: REVIEW ISOLATION INSTRUCTIONS WITH PATIENT

ISOLATION

- A person with monkeypox is considered infectious until their lesions have scabbed over and a new layer of skin has formed over the area
- Do 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
 - Wear a surgical mask when around others
- Limit contact with pets
- Cover lesions as best as possible
- Do 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

CONTACTS

Who is considered a close contact?

- A person with monkeypox is considered infectious starting on the day they have any symptoms
 - Symptoms might include fever, fatigue, aches, swollen lymph nodes, and rash
 - Any contact prior to symptom onset is not considered a monkeypox exposure
- Exposure situations may include:
 - Intimate contact
 - Skin-to-skin contact
 - Shared bed, towels, and/or clothing
 - Spending time with faces less than 6ft apart for more than 3hrs, without masks

What should a person identified as a close contact do?

- Contacts are eligible for post-exposure prophylaxis (vaccination to prevent infection) if they have not yet developed symptoms and are within 14 days of last contact
 - Vaccine works best if given within 4 days of exposure
 - Information about locations offering vaccine can be found at [sf.gov/monkeypox](https://www.sf.gov/monkeypox)
- Contacts should monitor for symptoms for 21 days after last contact
 - If symptoms develop, they should self-isolate and follow up with their healthcare provider
- *We advise cases to notify their contacts and relay this information*

RESULTS

- The provider will be sent results when they are available. Provider is responsible for notifying patient and coordinating follow-up care as needed
- Turnaround time is 2-4 business days

STEP 6: SUBMIT A [CONFIDENTIAL MORBIDITY REPORT \(CMR\) FORM](#)

- Disease Being Reported: Suspected Monkeypox
- **Per Title 17, must be reported to Communicable Disease Control within 24 hours** regardless of the lab that you are using to test the specimens

If using a non-PHL lab, no further action needed until results received.

STEP 7: COORDINATE TRANSPORT OF SPECIMENS

- Hospitals and large health systems are asked to provide transport of specimens to PHL during business hours (Mon-Fri 8-5).
 - Address: 101 Grove St. Room 412, San Francisco, CA 94102
- If you do not have the capacity to transport specimens, SFDPH can arrange for scheduled transport during business hours. Please contact the Monkeypox Team to request a courier.
 - Email: monkeypox@sfdph.org (preferred) or phone: 415-554-2830

STEP 8: RESULTS DISCLOSURE

- Results from the collected specimens should be available 2-3 business days after collection
- HCP will receive a copy of the lab results through EPIC (only for DPH EPIC) or via the Apollo portal
 - If neither of these options was used to order the lab, results will be sent via fax or secure email
- **HCP is responsible for disclosure of test results and coordination of follow-up care as needed**
 - SFDPH is conducting case investigation and contact tracing for some, but not all, monkeypox cases. The isolation instructions listed above contain the key information that we hope providers can give to all suspected monkeypox cases. Additional information for the patient can be found at SF.gov/monkeypox
 - Providers should work with cases to determine when lesions are healed enough to end isolation