

# PROVIDER GUIDANCE – INITIAL EVALUATION OF SUSPECTED MONKEYPOX

LAST UPDATED: 11/9/2022

## WHAT'S NEW

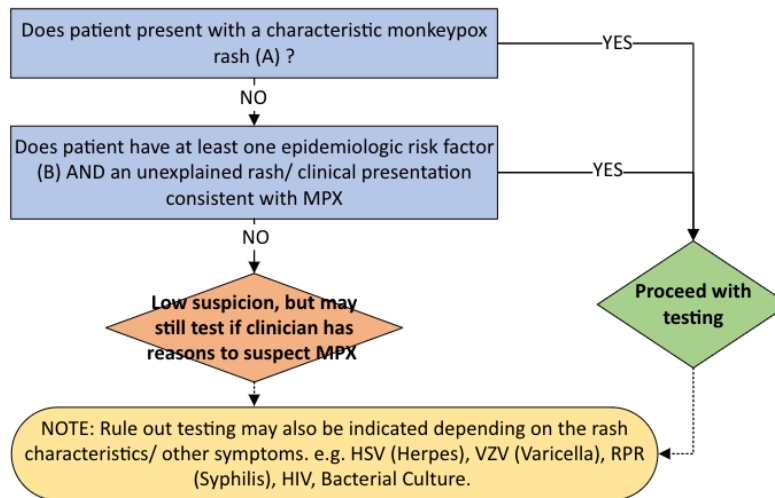
- When testing at PHL, only one swab per lesion is required

## 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 MPX, 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

Due to the possibility of severe MPX in people with HIV and other forms of immunocompromise, it is recommended that clinicians test all patients with suspected or confirmed MPX for HIV if status is not already known.



### A. Characteristics of MPX 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 the 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 MPX
- Had physical and/or sexual contact(s) within a social network experiencing MPX activity. This currently includes gay, bisexual, and men who 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 MPX or where MPX virus is endemic

### STEP 3: ORDER MPX 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 the instructions carefully.*

#### **3A – DPH FACILITY USING SF PUBLIC HEALTH LAB**

- In EPIC: Order "Orthopox/ MPX virus PCR" test – **one order per swab**
  - 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 swab**
    - CaREDIE ID: Can be left blank
  - Print a copy of the form to include with the packaged specimens
- **If you do not have a login**, please email [brian.feraru@sfdph.org](mailto: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 "MPX (location(s) swabbed)"
  - Email Brian to request an Apollo login for future use (see above)
- **SF Public Health Lab will not accept more than 2 swabs** per patient.
- Depending on lab capacity, specimens may be tested at different laboratories.
- Specimens may go to CDPH State laboratory for confirmation testing.
- For testing questions, please call the Public health lab at 415-554-2800 or email [PHL@sfdph.org](mailto:PHL@sfdph.org)

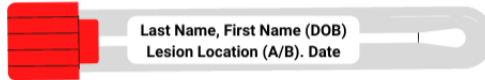
#### **3C – ANY FACILITY USING A COMMERCIAL LAB**

- Follow the ordering instructions provided by your lab (Labcorp, Quest, ARUP, 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 1 swab per lesion**, preferably from different body sites
  - Sterile nylon, polyester, or Dacron swabs should be used
- SF Public Health Lab will not accept more than **2 swabs** per patient
- **Vigorously** swab the lesion with a dry, sterile swab. Careful unroofing may improve results, but is not required. Be aware that swabbing may cause pain to the patient; pressure is necessary for adequate sample collection.
- Each swab goes into a separate tube of **viral transport media (VTM) or Universal Viral Transport Media (UVT) (3.0 mL media)**
  - UTM, RNA shield, and culture swabs are not acceptable
  - Dry swab in a sterile 1.5 or 2 mL screw-capped tube with O-ring or a 15mL conical sterile container is acceptable (however, VTM preferred)
  - Trim end of swab to fit into container, do not force/ bend the swab
    - Urine cups are not an acceptable container for swabs
- Label with name, DOB, collection date, and lesion site



Last Name, First Name (DOB)  
Lesion Location (A/B). Date

- 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 > MPX)

## STEP 5: REVIEW ISOLATION INSTRUCTIONS WITH PATIENT

### ISOLATION

- A person with MPX 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 MPX 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 an MPX 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 vaccines can be found at [sf.gov/MPX](https://sf.gov/MPX)
- 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 MPX
- **Please fill out the entire top half as much as you are able, including:**
  - Address (indicate if homeless, please do not leave blank)
  - Gender
  - Occupation/ Setting
- **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
- Email CMR to [monkeypox@sfdph.org](mailto:monkeypox@sfdph.org).

*If using a non-PHL lab, no further is action needed until results are 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 lab MPX Team to request a courier.
  - Email: [PHL@sfdph.org](mailto:PHL@sfdph.org) (preferred) or phone: 628-217-6298 and leave a voicemail

## STEP 8: RESULTS DISCLOSURE

- Results from the collected specimens should be available 2-3 business days after collection
- If results are negative with the MPX virus Clade II test, the specimen will be sent to the CDPH laboratory for additional testing.
- 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**
  - Antiviral treatments such as TPOXX (tecovirimat) may be indicated for those with severe disease and/or those at risk of developing severe disease (ex. Immunocompromised)
  - SFDPH is conducting case investigation and contact tracing for some, but not all, MPX cases. The isolation instructions listed above contain the key information that we hope providers can give to all suspected MPX cases. Additional information for the patient can be found at [SF.gov/MPX](http://SF.gov/MPX)
  - Providers should work with cases to determine when lesions are healed enough to end isolation

**QUESTIONS?**

<p><b><u>Testing and Specimen Submission</u></b></p> <ul style="list-style-type: none"><li>• Requesting to expedite samples</li><li>• Requesting lab results</li><li>• Confirmatory testing to VRDL or CDC</li><li>• Turnaround time, lab capacity</li><li>• Sequencing</li><li>• Specimen pick up/transport</li></ul>	<p><b><u>Info &amp; Guidance for Healthcare Providers</u></b></p> <ul style="list-style-type: none"><li>• Case reporting (submitting CMRs or forms)</li><li>• Treatment info</li><li>• Vaccination info</li><li>• Health Advisories</li><li>• Additional resources</li></ul>
<p><b><u>Public Health Lab</u></b> Email: <a href="mailto:PHL@sfdph.org">PHL@sfdph.org</a> Main #: (415) 554-2800 MPX #: (628) 217-6298 Fax: (415) 431-0651</p>	<p><b><u>Communicable Disease Control</u></b> Email: <a href="mailto:Monkeypox@sfdph.org">Monkeypox@sfdph.org</a> Main #: (415) 554-2830 Fax: (415) 554-2848</p>