



MSHS Guidance for Evaluation of Patient with Suspected Monkeypox

Below is guidance for the evaluation of patients presenting to MSHS Emergency Department/Ambulatory Sites with suspected Monkeypox.

1. **Identify patients who meet case definition through screening and isolation protocol adapted for Monkeypox.**
 - Fever + rash + travel to endemic area in last 21 days (Nigeria, DRC), or;
 - Rash with potential exposure to Monkeypox
2. **Isolate patient in a private room. The provider should don a N95 mask, eye protection, gown, and gloves.**
 - When possible, use a room that has a private bathroom
 - Patient should be placed in special droplet and contact precautions
 - PPE must be disposed of in a red bin if after evaluation monkeypox remains in the differential
3. **Primary MD will take an appropriate social/exposure history, including:**

Within 21 days of illness onset:

 - Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable Monkeypox, or
Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party)
4. **Characterize the rash/physical findings of rash**
 - The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; lesions may umbilicate or become confluent and progress over time to scabs.
 - Presenting symptoms may include fever, chills, rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported.
 - The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster).
 - Please add photographs of rash to EPIC
5. **Testing will be performed through LabCorp**
 - Sanitize the patient’s skin with an alcohol wipe and allow skin to dry
 - Vigorously swab or brush the base of the lesion with a sterile dry polyester, rayon or dacron swab. Collect two swabs per lesion. Additional lesions can be swabbed and placed in a separate container.
 - Insert both swabs from the lesion into a sterile container with NO viral transport media. You can use a LabCorp designated kit, or a sterile conical tube or a sterile urine cup.
 - When placing the order in EPIC, please make sure the patient’s demographic details including contact information, race and ethnicity are up to date. Please also make sure to accurately document the site of the lesion sampled (source).
 - If lab pick up is not immediate, the samples must be refrigerated.
 - All PPE and sample collection materials (including alcohol wipes, gauze, holders) should be placed in biohazard bins/bags. Sharps can be disposed of in the sharps container.
 - Perform hand hygiene after doffing.
6. **If the patient requires admission for any reason, please contact Infection Prevention and your local Hospital Administrator. Infectious Diseases should be consulted if treatment of Monkeypox is the indication for admission.**