

1) Isolation

- Immediately place the patient in an exam room and close the door
- Patient should wear a mask and lesions that can be covered should remain covered, particularly when around individuals not wearing appropriate PPE and when outside of the patient room (see *PPE requirements below*)
- Use **Droplet PLUS Precautions** and signage
 - Post the [Droplet PLUS isolation sign](#) on or next to the door on the corridor side of the door. Do not remove sign until room has been cleaned
 - Wear required PPE (**gown, gloves, eye protection, and N95 or higher respirator**)
 - If you have questions, call Infection Control (IC) for assistance
 - Inpatient & EDs attached to hospitals:
 - ❖ Contact your [local IC team](#)
 - Ambulatory sites & Free-standing EDs:
 - ❖ North/South Market → 313-953-3898, 313-850-8208, 313-953-5752, or 313-829-5693
 - ❖ Central Market → via Halo page or call 517-205-4967, 517-205-4524 or 517-205-4943

2) Evaluation

- Must consider history of present illness, social history (i.e., recent travel, contact with confirmed or suspected cases, sexual history), and physical examination given rash similarities to other diseases



3) Test Ordering

- PCR testing on lesion swabs is currently the only test available for monkeypox. **If no lesions are present, testing is not able to be completed.**
 - Order test in Epic:
 - **See next page for instructions on ordering and specimen collection**
 - An MDHHS Specimen Form is no longer required to be submitted with the sample

The Health Department & ID no longer need to be contacted to approve testing.
Providers can test based on clinical judgement and suspicion for Monkeypox.

3) Test Ordering - Continued

- Order test in Epic:
 - Test can be ordered in EPIC as **Monkeypox Virus DNA PCR, Qualitative (EPIC ID Lab 7111) Sunquest/Atlas ID: WMOPOX)**

4) Specimen Collection and Transport

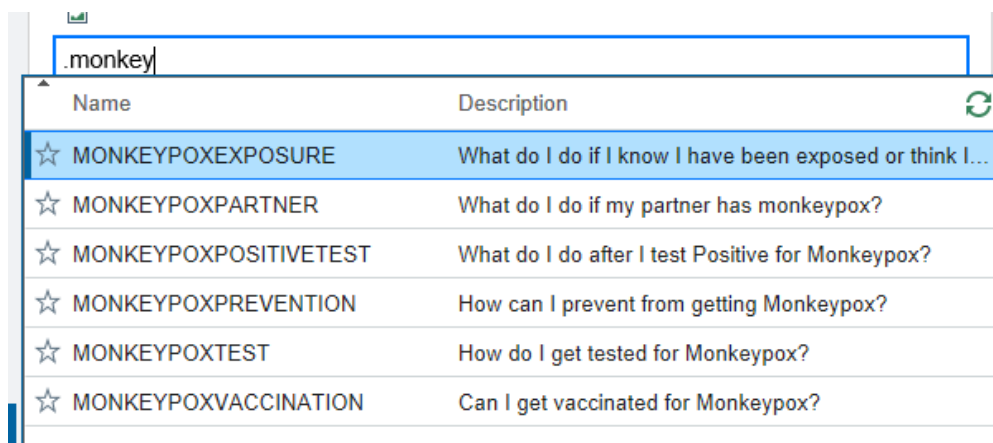
- Collect Specimen
 - The required swab and transport tube are **COPAN FLOQSwabs in 3ml UTM/UTM-RT transport tube (PS# 578746)**
 - Use of any other collection device may result in rejection or delay in testing
 - A single swab is usually adequate for MPV testing
 - Vigorously swab or brush one lesion with the swab. **It is not necessary to de-roof the lesion prior to swabbing. Do NOT use the same swab for multiple lesions.**
 - Place swab in UTM tube with media after swabbing lesion and cap tube.
 - Dry swabs will no longer be accepted.
 - **Do not order any other laboratory testing on swabs collected for MPV PCR.**
 - An additional swab may improve diagnostic yield but **must be from a different lesion and be submitted in a separate tube/bag with a separate EPIC order**
 - Transport specimen immediately to HFH Laboratory
 - Specimen must be refrigerated (2-8°C) within an hour after collection. Refrigerated specimens can be stored for up to 7 days and must be transported to HFH Laboratory with cold packs
 - For any questions regarding testing, please contact Dr. Samuel or Dr. Tibbetts in Microbiology @ 313-916-1041



COPAN FLOQSwabs in 3ml UTM/UTM-RT transport tube (PS# 578746)

5) Patient Education

- Inform patient of test turn around time
 - Test result will be available within 48-96 hours
- Provide patient information/education on isolation and home infection prevention measures
 - Isolation precautions should be maintained until all lesions have crusted, those crusts have fallen off, and a fresh layer of intact skin has formed underneath
 - **Smart phrases are available in Epic to help with education**



Name	Description
☆ MONKEYPOXEXPOSURE	What do I do if I know I have been exposed or think I...
☆ MONKEYPOXPARTNER	What do I do if my partner has monkeypox?
☆ MONKEYPOXPOSITIVETEST	What do I do after I test Positive for Monkeypox?
☆ MONKEYPOXPREVENTION	How can I prevent from getting Monkeypox?
☆ MONKEYPOXTEST	How do I get tested for Monkeypox?
☆ MONKEYPOXVACCINATION	Can I get vaccinated for Monkeypox?

6) Treatment and Vaccine Guidelines for Monkeypox

- [Tier 1: Treatment and Vaccine Guidelines for Monkeypox](#)

7) Cleaning and Disinfection

- See [Monkeypox Room Turnover Guidelines](#)

8) Addressing Patient Phone Calls or Messages

- Currently the only test available for Monkeypox requires swabbing of lesions
- If patient calls or messages with concerns or testing requests, patient only needs to see provider for testing if they have a rash consistent with monkeypox rash
- Those exposed to people confirmed to have monkeypox should self monitor for symptoms for 21 days after their last exposure
 - Symptoms of concern include:
 - Fever $\geq 100.4^{\circ}\text{F}$ (38°C)
 - Chills
 - New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
 - New skin rash
 - *Fever and rash occur in nearly all people infected with monkeypox virus*
- **Exposed individuals who remain asymptomatic can be permitted to continue routine daily activities**
- **If fever or rash develop, exposed individuals should self-isolate** and contact their provider
- **If only chills or lymphadenopathy develop, exposed individuals should remain at their residence and self-isolate for 24-hours.** During this time, the individual should monitor their temperature for fever; if a fever or rash develop, contact provider
- Vaccines and treatment options are not widely available. They are being released from the U.S. national stockpile based on need in coordination with public health entities (e.g., CDC, local and state health departments)

9) Exposure Definitions

- Transmission of monkeypox requires prolonged close contact with a symptomatic individual. Brief interactions and those conducted using appropriate PPE are not high risk and generally do not warrant post exposure prophylaxis (PEP)
- Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with monkeypox should contact Employee Health and file a RL

Degree of Exposure	Exposure Characteristics	Recommendations
High	<ul style="list-style-type: none"> • Unprotected contact between a person’s skin or mucous membranes and the skin, lesions, or bodily fluids from infected person (e.g., any sexual contact, inadvertent splashes of infected person’s saliva to the eyes or oral cavity of a person, ungloved contact with infected person), or contaminated materials (e.g., linens, clothing) • Being inside the infected person’s room or within 6 feet of an infected person during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection • Exposure that, at the discretion of public health authorities, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances) 	<ul style="list-style-type: none"> • Monitoring • PEP – Recommended
Intermediate	<ul style="list-style-type: none"> • Being within 6 feet for 3 hours or more of an unmasked infected person without wearing, at a minimum, a surgical mask • Activities resulting in contact between sleeves and other parts of an individual’s clothing and the infected person’s skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown • Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances (e.g., if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from high to intermediate) 	<ul style="list-style-type: none"> • Monitoring • PEP – Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks
Low/Uncertain	<ul style="list-style-type: none"> • Entered the infected person’s room without wearing eye protection on one or more occasions, regardless of duration of exposure • During all entries in the infected person’s care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask • Being within 6 feet of an unmasked infected person for less than 3 hours without wearing at minimum, a surgical mask • Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances (e.g., uncertainty about whether Monkeypox virus was present on a surface and/or whether a person touched that surface) 	<ul style="list-style-type: none"> • Monitoring • PEP - None