

# MSSH Guidance for Evaluation of a Patient Suspected of Having Mpox

December 6, 2022



## Identify

Identify patients who meet case definition through screening and isolation protocol adapted for mpox:

- New characteristic rash
- Meets one of the epidemiologic criteria and has high suspicion for mpox:
  - Contact with person with diagnosis of mpox
  - Close or intimate contact with individuals in social network experiencing mpox activity
  - Travel to endemic area in last 21 days (Nigeria, DRC)



## Isolate

- Place patient in private room
- When possible, use a room that has its own bathroom
- The provider should don an N95 respirator, eye protection, gown, and gloves
- Patient should be placed on special droplet and contact precautions
- PPE must be disposed of in a red bin if, after evaluation, mpox remains in differential



## Evaluate

- Primary provider 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 rash or who received a diagnosis of confirmed or probable mpox, or
  - Had close or intimate in-person contact with individuals in a social network experiencing mpox activity; this includes men who have sex with men who meet partners through a website, smartphone app, or social event (e.g., a bar or party)

**Image above:**  
[cdc.gov/poxvirus/monkeypox/about.html](https://cdc.gov/poxvirus/monkeypox/about.html)

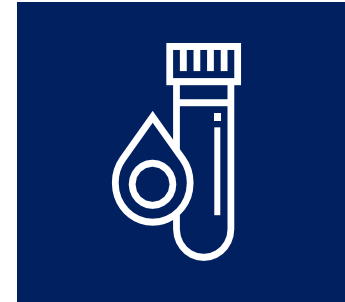


## Characterize

- The rash associated with mpox 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 mpox 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

## Reference

January 22, 2004 N Engl J Med 2004; 350:342-350 DOI: 10.1056/NEJMoa032299



## Test

- 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, 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 pickup 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



## Disposition

- 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 mpox is the indication for admission