



# MSHS Guidance for Suspected or Confirmed Mpox

In 2022, there was a global outbreak of mpox. Through temporal changes in behaviors, infection-induced immunity, and vaccination cases decreased. There is a concern of a potential resurgence of cases so screening remains an important tool to identify and treat patients and protect those at risk of exposure.

## **IDENTIFY AND ISOLATE**

### **Identify patients with suspected mpox based on symptoms, exposure and travel assessment**

- Rash with potential or known exposure to mpox
- Presence of a characteristic rash
- Fever, rash, and travel to endemic area (Central or Western Africa) in last 21 days

### **Isolate patient in a private room. The patient should wear a mask. The provider should don an N95 respirator, 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 can be disposed in regular trash bins

### **Conduct a thorough patient history to assess for exposures and epidemiologic risk factors including a detailed sexual history**

- Mpox is primarily transmitted through close, sustained skin-to-skin or intimate contact with an individual with mpox
- Attendance of festivals, events, concerts, clubs, or parties where there was skin-to-skin or intimate contact has been associated with transmission of mpox
- Anonymous and/or multiple intimate partners has been associated with higher likelihood of transmission of mpox

### **Conduct a thorough physical exam**

- Lesions are firm or rubbery, well-circumscribed, deep-seated and often develop umbilication
- Lesions often occur in the genital and anorectal areas or in the mouth
- Rash is often isolated to one area versus disseminated and can be confined to a single or a few lesions
- Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) has been reported more frequently; patients can present with intense rectal pain
- Fever and prodromal symptoms (e.g., chills, lymphadenopathy, malaise, or headache) can occur before the onset of the rash but may occur after or not at all
- Sore throat, nasal congestion or cough can occur depending on location of the lesions
- The rash associated with mpox can be confused with other diseases (e.g., secondary syphilis, herpes, chancroid, folliculitis, and varicella zoster)

## **TESTING**

### **Testing can be performed through the MSHS Clinical Laboratory or 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 and must be inserted into a viral transport media before submitting to the laboratory (**Note: dry swabs are no longer accepted by the lab**)
- If multiple lesions with differing appearances are present, collect specimens from two separate lesions to increase yield.
- Please accurately document the site of the lesion sampled (source) in the order
- If lab pickup is not immediate, the samples must be refrigerated
- All PPE and sample collection materials (including alcohol wipes, gauze, holders) can be disposed of in regular waste receptacles; sharps can be disposed of in the sharps container
- Perform hand hygiene after doffing PPE

Testing for sexually transmitted infections may be warranted (e.g., chlamydia, gonorrhea, syphilis, HIV) and testing multiple sites is recommended (e.g., oropharynx, urethral (urine), rectal)

## **TREATMENT**

Most patients will improve with supportive care and pain control especially when implemented early. Patients should be considered and referred for treatment with tecovirimat (Tpoxx) when presenting with the following:

- Severe disease- confluent lesions, large number of lesions, ocular or periorbital infections, other conditions requiring hospitalization
- Involvement in anatomic areas which may result in serious sequelae including scarring or strictures – these include lesions directly involving the pharynx causing dysphagia, inability to control secretions, difficulty eating; penile foreskin, vulva, vagina, urethra, or rectum with the potential for causing strictures or interfering with bowel movements or urination (e.g., severe pain), and severe infections (including secondary bacterial skin infections)

Patients at high risk for progressive and/or severe disease should be referred for treatment. This includes those who are immunocompromised due to an underlying condition (e.g., advanced or poorly controlled HIV, malignancy, organ or bone marrow transplant) or due to receipt of immunosuppressing medications (e.g., high dose corticosteroids).

- Patients who are pregnant or breast feeding
- Pediatric patients
- Patients with conditions affecting skin integrity (e.g, eczema, psoriasis)

Referrals for treatment can be made using this [form](#). Patients will be assessed for voluntary participation in the [Study of Tecovirimat for Human Mpox Virus \(STOMP\)](#) if appropriate. Any patient that tests positive for mpox is also eligible for inclusion in an observational study "Human Mpox Viral Kinetics" (HAMLET). Visits can be arranged at the patient's home or at MSHS clinical sites. If the patient is willing to be contacted by the study team, please contact the Benjamin Wyler and Patricia Mae Martinez by Epic Chat and/or email ([benjamin.wyler@mountsinai.org](mailto:benjamin.wyler@mountsinai.org), [patriciamae.martinez@mountsinai.org](mailto:patriciamae.martinez@mountsinai.org)).

## **HOME ISOLATION**

Patients with symptoms should remain isolated at home unless an emergency or to see a healthcare provider. They should avoid physical contact with people and animals and not share household items (e.g., utensils, cups). If required to visit a healthcare provider, they should wear a mask, avoid public transportation, and cover lesions. Until all lesions have fully healed with a fresh layer of skin forming a patient is considered infectious.

## **ADMISSION**

**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.**

- After the patient is discharged, disinfect all high touch surfaces with hydrogen peroxide wipes (green top). "Terminal" disinfection is not necessary in the ED (unless extended boarding).
- Do not shake linen. Secure contaminated linen by placing in laundry bags. Laundry bags should only be half to three-quarters full and double knotted and placed in soiled utility room for pick up. Do not overfill hampers or laundry bags.

## **PREVENTION INCLUDING VACCINATION**

Vaccination with 2 doses of JYNNEOS is recommended for persons [at risk for mpox](#). It is never too late for a patient to get their second dose of vaccine if they were unable to previously complete the 2-dose series. Patients can be referred as walk-ins to the [Union Square Urgent Care](#) or to a local site through the [NYC Vaccine Finder](#). If a patient has a history of mpox, vaccination is not required as they likely have infection-induced immunity. The vaccine is effective, but infection in the setting of vaccination has been [reported](#). Recommendations regarding prevention can be found on the [NYC DOHMH](#) and [CDC](#) websites.