MSHS Guidance for Evaluation of Patient with Suspected or Confirmed Monkeypox

Below is guidance for the evaluation of patients presenting to Mount Sinai emergency departments or ambulatory sites with suspected or confirmed monkeypox.

1. **Identify patients who meet case definition through screening and isolation protocol adapted for monkeypox.**
   - Rash with potential exposure to monkeypox (see section 3)
   - Presence of a characteristic rash
   - Fever + rash + travel to endemic area in last 21 days (Nigeria, DRC)

2. **Isolate patient in a private room. The provider should don an 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 diagnosis

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 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 who meet partners through a website, smartphone 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 the MSHS Laboratory and LabCorp (for non-Article 28 sites)**
   - 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.
   - If using viral transport media – only one swab per lesion is necessary.
   - If viral transport media is not available, please perform a second swab of the same lesion and insert both swabs in a sterile container. You can use a LabCorp-designated kit, a sterile conical tube, or a sterile urine cup.
   - If multiple lesions with differing appearances are present, collect specimens from two separate lesions to increase yield.
   - 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 (see below)
   - 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.**

7. **Disinfection and Waste Disposal**

   - 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) and ambulatory sites
   - Terminal disinfection per routine in inpatient locations or after extended boarding in the ED including replacing privacy curtains
   - Meals may be served using reusable utensils and trays
   - Dispose of all waste (including PPE) in red biohazard bags; dispose sharps in sharps containers
   - Secure contaminated linen by placing them in laundry bags and storing them in the dirty utility room for collection; laundry bags should only be ½ to ¾ full and double knotted