

## Provider Guidance: Evaluation of Suspected Monkeypox

### **IDENTIFY: Criteria for Defining a Person Under Investigation (PUI) for Monkeypox**

- Clinical
  - A new and otherwise unexplained skin rash (exhibiting macular, popular, vesicular or pustular lesions) or proctitis. *Patient may or may not also present with a flu-like illness prodrome and new lymphadenopathy.*
  
- Epidemiologic criteria (one of the following experienced in the previous 21 days)
  - Close contact with a person or people with confirmed or suspected monkeypox OR
  - Reports close contact with a person or people who have a similar rash OR
  - Is a sexually active cis- or transgender man who has sex with men OR
  - Reports residence in or travel to endemic areas of Africa and had contact with wild animals (especially small rodents).

**However, clinicians should consider testing clinically compatible patients regardless of whether they have known risk factors for monkeypox and regardless of age, gender or sexual orientation.**

### **ISOLATE: Infection Prevention and Control When Caring for PUI for Monkeypox**

- Patient Placement
  - PUI for Monkeypox should be placed in a single person room; door to room should be kept shut whenever safe to do so. (*Inpatient units only: room with dedicated bathroom required.*)
  - Airborne precautions are NOT required unless the patient is undergoing an aerosol-generating procedure (AGP).
  - PUI transport outside of the room should be limited to medically necessary purposes (i.e. radiography). If the patient is transported outside their room, they should consistently wear a well-fitted surgical mask and have any exposed skin lesions covered.
  
- PPE
  - Gown
  - Gloves (single pair)
  - Eye protection
  - Respirator (e.g. N95) instead of surgical mask/KN95 (Inpatient only). OPTIONAL for ambulatory:
  
- Environmental Cleaning
  - Standard cleaning and disinfection procedures should be performed using viricidal solution or wipes.
  - Terminal cleaning (including fogging the room and leaving it unoccupied for an hour) is not required upon transferring or discharging the patient from a room.

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## ED and Inpatient Guidance

### **INFORM: If a PUI for Monkeypox is in the ED or Inpatient Setting**

1. Provider will indicate suspicion for monkeypox infection by:
  - a. Calling BMC Micro lab (8-7890): provide patient name, MRN, brief clinical scenario, provider's contact information and p-tube station number (collection kit will be sent via P-tube – DO NOT send back to lab via tube)
  - b. Implementing Enhanced Precautions (contact with patient requires PPE including gown, single pair of gloves, N95 and eye protection)
2. Provider will facilitate the collection of the patient's specimens Please refer to the document "*Provider guidance: Laboratory specimen collection for suspected cases of Monkeypox*"
  - a. Lesional swabs
    - i. Collect two (2) lesional dry swabs - from the same lesion site each in a separate sterile dry transport tube (NO transport media). Swabs and tubes provided in kit. 1 site per tube
    - ii. Scab (if available)—place tissue in separate sterile tube (NO transport media). Tube provided in kit.
    - iii. Place an order in EPIC-EMERGE for "Monkeypox, non-variola Orthopoxvirus), screen, PCR" Lab 6189
    - iv. Lesional swab in viral transport media for HSV/VZV (if clinical presentation warrants). Collection items not provided in kit.
    - v. For patients who are at risk for exposure to monkeypox virus through sexual activity, **also consider submitting separate test-appropriate specimens for ruling out** syphilis, Chlamydia trachomatis, gonorrhea, HIV, HCV and trichomoniasis (to evaluate for alternative causes of rash and to rule-out co-infections, which are common).
  - b. Transport: Staff MUST hand-carry lesional swab specimens to the rapid response laboratory (RRL) in the Menino basement.

***Note it is no longer necessary for providers to contact the Massachusetts Department of Public Health for authorization to send specimens for rule-out monkeypox tests. However, inpatient locations are prioritized for testing at the DPH State Lab. Tests sent from all other locations will be sent to a commercial reference lab (eff. July 26-28, 2022).***

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## Outpatient Guidance

### **INFORM: If a PUI for Monkeypox in the Outpatient Setting**

1. Provider will call BMC Micro lab (8-7890): provide patient name, MRN, brief clinical scenario and provider's contact information (to obtain collection kit)
  - a. Family Medicine – see charge RN for collection kits
  - b. Crosstown – retrieve *collection kits from phlebotomy room, 5<sup>th</sup> floor*
  - c. Yawkey – retrieve *collection kit from phlebotomy station, 1<sup>st</sup> floor*
  - d. Preston – retrieve *collection kit from phlebotomy station, 1<sup>st</sup> floor*
  - e. Roslindale – retrieve *collection kit from on-site lab*
  - f. BUAP – retrieve *collection kit from on-site lab*

2. Implement Enhanced Precautions (contact with patient requires PPE including gown, single pair of gloves, eye protection, and optional N95 (if not use surgical mask))
3. Provider will facilitate the collection of the patient’s specimens. Please refer to the document *"Provider guidance: Laboratory specimen collection for suspected cases of Monkeypox"*
  - a. Lesional swabs
    - i. Collect two (2) lesional dry swabs – from the same lesion site, in a separate dry transport tube (No transport media). Swabs and tubes provided in kit.
    - ii. Scab (if available)—place tissue in separate sterile tube (NO transport media). Tube provided in kit.
    - iii. Place an order in EPIC-EMERGE for “Monkeypox, non-variola Orthopoxvirus), screen, PCR” Lab 6189
    - iv. Lesional swab in viral transport media for HSV/VZV (if clinical presentation warrants). Collection items not provided in kit.
    - v. For patients who are at risk for exposure to monkeypox virus through sexual activity, **also consider submitting separate test-appropriate specimens for ruling out** syphilis, Chlamydia trachomatis, gonorrhea, HIV, HCV and trichomoniasis (to evaluate for alternative causes of rash and to rule-out co-infections, which are common).
    - vi. Transport: Shapiro, Yawkey and Moakley clinic staff MUST hand-carry lesional swabs and monkeypox serology specimens to the rapid response laboratory (RRL) in the Menino basement. All other outpatient locations should refrigerate specimens until regular courier pickup occurs to hand-carry specimens to the Microbiology Lab, 670 Albany St 7<sup>th</sup> floor
    - vii. All other non-lesional blood, urine, respiratory and stool specimens ~~that~~ may be sent to the Clinical Lab via P-tube = #675
4. ID approval for monkeypox specimen testing is not required in the ambulatory setting. If the provider has questions regarding monkeypox eligibility criteria and testing protocol, they may contact the Doc2Doc ID pager (#1735) during the hours of 8 am – 5 pm OR the ID consult pager (#8902) after 5 pm and on weekdays.

***Note it is no longer necessary for providers to contact the Massachusetts Department of Public Health for authorization to send specimens for rule-out monkeypox tests. However, inpatient locations are prioritized for testing at the DPH State Lab. Tests sent from all other locations will be sent to a commercial reference lab (eff. July 26-28, 2022).***

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## Additional Resources

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/hcp/index.html>

\*Please note that, as of July 28, 2022, monkeypox testing sent from the inpatient location will be prioritized for testing by the DPH state lab; tests sent from all other locations will be sent to a commercial send-out lab.