Information for clinicians regarding possible monkeypox cases

As of 6/30/22: updates will be sent as the situation develops

For any patient you suspect may have monkeypox, we encourage you to:

1) Wear gloves, gown, eye protection and respiratory mask (N95 or PAPR) while you interact with the patient.

2) Obtain information from the patient regarding:
   a) Any contact with individuals known to have monkeypox
   b) Recent travel
      i) Participation in raves, sex parties, or bathhouses in Europe
   c) Any recent sexual contact. Specifically inquire about:
      i) Men who have sex with men (MSM)
      ii) Females of MSM partners
      iii) Sexual contact during travel
      iv) Anonymous sex through dating and hookup apps
   d) Symptom onset dates and progression

3) Document the symptom characteristics:
   a) Fever, muscle aches, lymphadenopathy
   b) Rash
      i) Distribution
      ii) Characteristics—(umbilication, fluid filled, etc.)
      iii) With patient permission, take photos of the rash to review with public health. Try to avoid areas that would identify the person unless needed.

4) If you suspect monkeypox, it is best to collect samples at the time of visit rather than asking the patient to return later.

Specimen collection instructions
   a) Identify the “juiciest” looking lesion
   b) Vigorously swab or brush the lesion with two separate sterile dry polyester or Dacron swabs. One swab will be tested locally and the other swab will be sent to the CDC for confirmation testing. It is not necessary to unroof the lesion. These lesions can be tender or painful, please keep this in mind when swabbing.
   c) Only one set of swabs (used to test the same lesions) is necessary, however if
there are lesions on different locations on the body or lesions in different stages it is appropriate to send additional sets of swabs. Be sure to label what swabs are duplicates of each other.

d) Place each swab in a dry sterile tube and seal (one tube for each swab). **DO NOT ADD ANY TRANSPORT MEDIA or BUFFER SOLUTION.**
e) Store tube with swab in a refrigerator or -20 degree freezer. Collected specimens are stable for 7 days refrigerated and 60 days frozen. They should be transported to the Utah Public Health Laboratory (UPHL) refrigerated or frozen within the stability timeframe mentioned above.
f) Submit specimens to UPHL with individual completed **UPHL Infectious Disease test Request Forms.** Mark “other” and write in MonkeyPox.

5) **Call your local health department to report the suspect case and get approval for testing at UPHL.** Weekend and after-hour reports can be directed to the 24 hour phone disease reporting line (1-888-EPI-UTAH).
   a) If applicable, the local health department and DHHS will begin contact tracing and assessing contacts for post-exposure prophylactic (PEP) treatments, such as a vaccine. Severely ill cases of MPX may be considered for antiviral medication.

6) **ANY patient with high suspicion for monkeypox should be told to isolate at home away from other people and animals.** They should isolate until monkeypox is ruled out or until new skin forms over all the lesions (typically around 2 to 4 weeks).

7) **For patients who report engaging in unprotected sex, HIV and STD testing (e.g syphilis, gonorrhea, chlamydia) are highly encouraged in the areas of exposure.** Extragenital testing (oral, anal) can be conducted in exposed sites via a swab. If additional HIV or STD testing is being done, the clinician should inform the testing laboratory that the patient is being evaluated for monkeypox so the laboratory staff can handle the samples safely.

8) **People who handle any linens used by the suspect patient should use PPE to protect from exposure.**

9) **Additional general information can be found on the CDC website:**
   https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html