Information for clinicians regarding possible monkeypox cases

As of 9/23/22: updates will be sent as the situation develops

Testing

For any patient you suspect of having monkeypox, we encourage you to:

1) Wear gloves, gown, eye protection, and respiratory mask (N95 or PAPR) while interacting with the patient. People who handle any linens used by the suspect patient should use PPE to protect from exposure.

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
    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 (as well as possible) the symptom characteristics:

    a) Fever, muscle aches, lymphadenopathy
    b) Rash
        i) Distribution
        ii) Characteristics—umbilication? Fluid filled?
        iii) If possible, 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 better to collect samples at the time of visit rather than asking the patient to return later.
    a) There are several labs you can send MPX specimens to. The prefered lab may vary depending on provider or healthcare institution.
        i) Commercial labs performing MPX testing include; **ARUP, Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare.** Talk to your health care system coordinator to see what lab your system is using. Testing is available at UPHL for those clinics that do not have any connection with these commercial labs.

        ii) Different laboratories may vary in their specimen preparation requirements. Please contact the appropriate public health

department or commercial laboratory to determine acceptable specimens.

b) *For UPHL Testing ONLY (testing at commercial laboratories does not need HD contact)*—call your local health department to report the suspect case and get approval for testing at UPHL. Our teams need more information than is included on the test requisition form to be able to follow up with the patient after testing.

- Weekend and after-hour reports can be directed to the 24-hour phone disease reporting line (1-888-EPI-UTAH).

5) Specimen collection instructions:

a) Identify the "juiciest" looking lesion(s)
b) The recommended specimen type is material collected from the surface of a lesion or crust from a healing lesion. CDC recommends **3** lesions per patient be swabbed.
c) **Swab the surface of the lesion vigorously to collect adequate DNA with two separate swabs.** Each lesion needs to have a duplicate set of swabs for two sets of testing. It is not necessary to de-roof or lance the lesion before swabbing. For some individuals, the lesions may not be overtly visible (such as within the oral cavity or within the rectum), therefore clinicians should perform a thorough evaluation including a full body skin, oral, genital, and rectal examination to identify appropriate lesions for sampling.
d) Place each swab in a dry sterile tube and seal (1 tube for each swab).
    i) **For samples going to UPHL do not add any media**
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.

6) **Patients with high suspicion for monkeypox**

a) 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 weeks).
b) Should be reported to their local health department even before test result is back. This team will begin contact tracing and assessing exposed persons for post-exposure prophylactic (PEP) treatments like vaccines. Severely ill cases of MPX may be considered for antivirals.

7) For patients who report engaging in unprotected sex, STD testing (e.g., syphilis, gonorrhea, chlamydia) is highly encouraged in the areas of exposure. Extragenital testing (oral, anal) can be conducted in exposed sites via a swab. If additional STD testing is being done, the clinician should inform the testing laboratory the patient is

being evaluated for monkeypox so the laboratory staff can handle the samples safely.

Additional general information can be found on the CDC website: Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC

Vaccination

Vaccine for monkeypox is in limited supply and Utah DHHS is targeting vaccine to the highest risk individuals. The highest risk people are those who have had direct skin to skin contact with a known monkeypox case. These individuals should receive MPX vaccine as soon as possible. In addition, the state considers men who have sex with men who are in non-monogomous relationships high-risk and are eligible for vaccination. *There is no evidence to suggest health care providers are at risk of becoming infected during standard care and therefore are not eligible for vaccination.* As the pandemic evolves we will modify these recommendations to assure the vaccine gets to the people at highest risk. The majority of vaccine is being distributed by local health departments, but some clinics that serve high-risk populations will be providing vaccine soon. Please check our website to see sites that have vaccine as they are established. You should be aware that it is very common for people who have received the JYNNEOS vaccine intradermally to have a skin reaction for multiple weeks. This is not a side effect of concern.

Treatment

1. While there is no FDA approved treatment for monkeypox,Tecovirimat (TPOXX) is available for use as an investigational new drug (IND).
2. While most cases do not require treatment, those patients with significant lesions in the eyes, mouth, genitals, or anus may benefit from treatment.
    a. People with certain underlying conditions that put them at risk of severe disease should be considered for treatment, including children under 8 years of age and immunocompromised people. Please review CDC's website for more details.
3. Utah has a limited supply of TPOXX for both PO & IV treatment.
4. Treatment should begin if there is clinical suspicion of severe monkeypox before test results are available. Patients with an initial negative test, but for whom both epidemiologic and clinical evidence suggests MPX disease (particularly if clinical progression is worsening), should be re-tested but be treated with TPOXX while results are pending. If results from re-testing confirm MPX, patients should continue TPOXX treatment. If results from re-testing are in agreement with the initial negative MPX results, TPOXX should be suspended in those patients.
5. Providers who provide this drug are responsible for the paperwork related to giving this medication. This includes an initial patient evaluation, follow-up, monitoring, and reporting collected information to CDC. This includes an initial evaluation and evaluations both during treatment and a week post treatment. These can be done by telemedicine.

6. Utah DHHS has identified some specific providers who are able to provide this medication. Please see the attached document listing providers. For help locating treatment or if you are interested in providing this medication please contact mpxtreatment@utah.gov