Monkeypox Triage Tool

For questions about infection prevention or isolation, call Infection Prevention at:
NMHH- x14660, MGH- x11234

For questions regarding patient care decisions (vaccination, testing, treatment), consult with Infectious Disease through AMION.

Consider the diagnosis

- Classic presentation includes a flu-like illness lasting days followed by a characteristic disseminated rash, which progresses from a viral enanthem to macules, papules, vesicles, pustules and scabs over a period of 1-2 weeks.
- Some recent monkeypox cases are presenting atypically: with no prodrome, localized genital/perianal lesions.
- Rash may be confused for coxsackie (hand/foot/mouth), HSV, VZV, syphilis, molluscum, chancre.

Isolate

- Initiate Full Barrier Precautions. Room the patient immediately.
- Place the patient in a single room with the door closed. Negative pressure room not needed unless AGP anticipated. Ensure patient is wearing a mask if there are no medical or age contraindications.

Personal Protective Equipment and Disinfectants

- Use a fit tested N95/eye protection (or PAPR), gloves and gown including for cleaning the room and handling linen.
- Routine healthcare-grade disinfectants are appropriate for cleaning.

*Courtesy of CDC
Clinical Care Considerations

Testing
- Outpatient: LabCorp test - LAB86026 MONKEYPOX (ORTHOPOXVIRUS) DNA, PCR (LABCORP)
  - See link for collection instructions: https://www.labcorp.com/infectious-disease/monkeypox
- Inpatient / ED: MDH test - LAB1890 MONKEYPOX (NON-VARIOLA ORTHOPOXVIRUS) PCR
  - Call Infectious Disease for testing for consult if needed (AMION)
  - See link for collection instructions: https://www.health.state.mn.us/diseases/monkeypox/hcp.html

Treatment
- Please refer to therapy criteria here: https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html
- Monkeypox is self-limited and most cases do not require specific treatment.
- Antivirals are available for special populations, discuss further treatment strategies with ID for guidance.
- Consult Infectious Disease when considering treatment.

Disposition
- Most patients can be isolated at home during their convalescence, only refer to ED or hospital if higher level of care is required due to complications.

Additional Resources
CDC Index of all Topics
CDC Clinical Information for Clinicians
CDC Clinician FAQ
UpToDate Patient Information

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| 2        | Updated testing section to link directly to collection instructions
           Removed after hours info so as to direct everyone to one Infection Prevention phone number (which has instructions for clinics / IP)
           Removed instruction to call MDH for testing
           Added instruction to consult with ID for treatment and CDC therapy criteria | Infection Prevention CLC | 8/11/22 |

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