

Mpox

Information for Alexandria Healthcare Providers & Staff

Alexandria Health Department

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June 2024



Mpox (formerly known as Monkeypox)



- [Mpox cases in Virginia](#) are still occurring
- [Consider mpox](#) when determining the cause of a diffuse or localized rash
- Peak of up to **3,000** weekly cases in the United States between mid-July and late August 2022, predominantly spreading among men who have sex with men and killing at least **58** people

Mpox Clades

Clade I vs Clade II

- Clade I: more severe illness and deaths
- Providers should contact AHD* to coordinate clade-specific testing if they have a patient who is suspected of having mpox who:
 - Has traveled to the Democratic Republic of Congo (DRC) or
 - Had contact with someone who traveled to DRC in the 21 days before symptom onset
- Clade II: caused the global outbreak that began in 2022 and impacted Virginia
 - Infections from clade II mpox are less severe
 - [Immunocompromised persons](#) are at increased risk for severe outcomes

***AHD: 703-746-4951**

Transmission

It can take between 5 - 21 days for symptoms of mpox to develop after an exposure. Mpox spreads through,

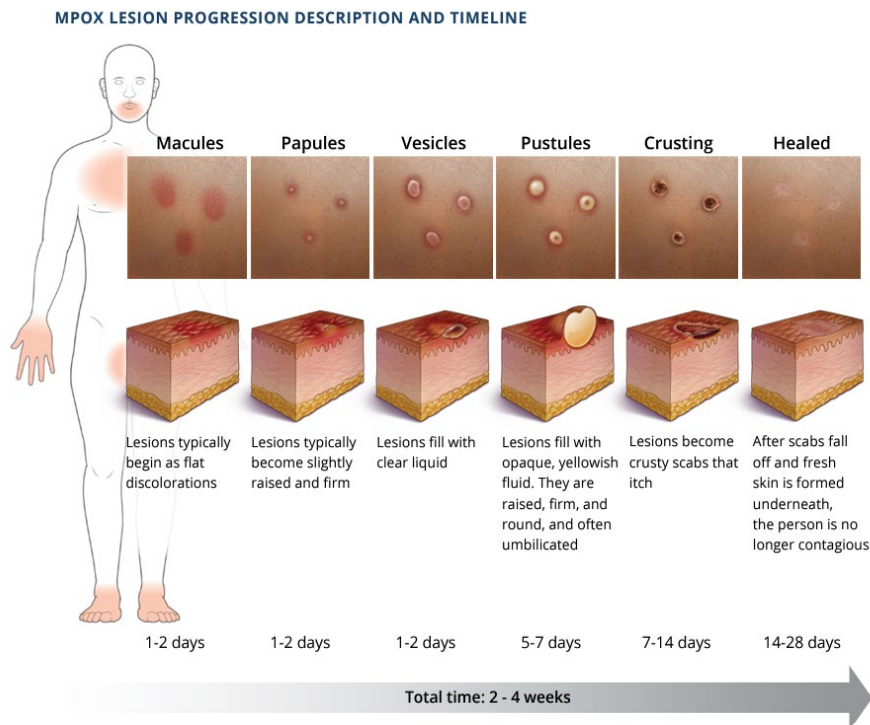
- Direct contact with
 - an infected person or animal (e.g., sexual, dancing)
 - contaminated objects or materials (e.g., bedding, furniture, clothing, or other objects)
- Exposure to:
 - large respiratory droplets during extended contact with an infected person
 - infectious rash, scabs, or bodily fluids



Mpox Symptoms

Mpox disease is characterized by an incubation period, prodrome, and rash

- Patient can have no prodrome or have:
 - fever, malaise, headache, sore throat, cough, and
 - lymphadenopathy: on both or one side
 - submandibular, cervical
 - axillary, inguinal
- Rash: progress from papules, macules, vesicles, pustules, and then scabs



Considerations for Mpox Testing





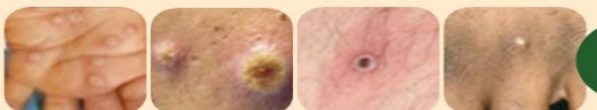





- ✓ **If testing for mpox, conduct STI co-infection testing** including HIV, syphilis, gonorrhea, chlamydia, & herpes
- ✓ Testing is still warranted among persons who were previously vaccinated or had previous mpox infection
- ✓ Have a lower threshold for mpox testing if any of the following are on your differential diagnosis:

	Infectious Mpox Mimickers	Non-infectious Mpox Mimickers
Genital Lesions	<ul style="list-style-type: none"> • Herpes simplex virus (HSV; genital herpes) • Primary or secondary syphilis • Molluscum contagiosum • Lymphogranuloma venereum (LGV) • Chancroid • Granuloma inguinale 	<ul style="list-style-type: none"> • Recurrent aphthous ulcers • Behçet's disease • Hidradenitis suppurativa • Squamous cell carcinoma • Drug-induced • Trauma
Diffuse Rash	<ul style="list-style-type: none"> • Secondary syphilis • Primary varicella (chickenpox) • Disseminated varicella zoster (VZV) • Disseminated HSV • Molluscum contagiosum • Scabies • Disseminated fungal or gonococcal infection • Hand, foot, and mouth disease (coxsackievirus) 	<ul style="list-style-type: none"> • Atopic dermatitis (eczema) • Contact dermatitis • Psoriasis • Pityriasis rosea • Autoimmune • Drug-induced
Proctitis	<ul style="list-style-type: none"> • Gonorrhea (GC) • Chlamydia (CT), including LGV • HSV • Syphilis 	<ul style="list-style-type: none"> • Inflammatory bowel disease (Ulcerative colitis or Crohn's disease) • Anal fissure • Hemorrhoids



Mpox Clinical Recognition and Testing Quicksheet: Mpox Presentations vs Common Exanthems



Mpox	Mimickers
 <p data-bbox="801 202 956 267">Macular/Papular</p>	 <p data-bbox="1072 278 1304 300">Secondary Syphilis</p> <p data-bbox="1439 278 1748 300">Disseminated Gonorrhea</p>
 <p data-bbox="801 354 956 420">Vesicular</p>	 <p data-bbox="1072 431 1168 453">Herpes</p> <p data-bbox="1371 431 1671 453">Disseminated Gonorrhea</p>
 <p data-bbox="801 518 956 584">Pustule/Scab</p>	 <p data-bbox="1014 595 1130 616">Varicella</p> <p data-bbox="1217 595 1284 616">Acne</p> <p data-bbox="1362 595 1516 627">Molluscum Contagiosum</p> <p data-bbox="1555 595 1709 627">Hidradenitis Suppurativa</p>
 <p data-bbox="801 693 956 758">Ulcerative Lesions</p>	 <p data-bbox="1101 769 1304 791">Primary Syphilis</p> <p data-bbox="1429 769 1651 791">Hand-foot-mouth</p>
 <p data-bbox="801 857 956 922">Oral Lesions</p>	 <p data-bbox="994 933 1091 955">Herpes</p> <p data-bbox="1149 933 1284 966">Hand-foot-mouth</p> <p data-bbox="1323 933 1497 966">Aphthous ulcer (canker sore)</p> <p data-bbox="1516 933 1748 966">Secondary syphilis mucous patch</p>

View image sources on the California PTC Website (californiaptc.org)

Revised May 2024 - 1



Testing- Checklist & Reminders

- 1) If you suspect monkeypox, call AHD ASAP while the patient is still in the clinic and ***prior to testing***.
 - Call AHD at: **703.746.4951***

- 2) Collect specimens for testing: see image on next slide.
 - Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs (do not use cotton swabs). **Do not unroof any lesions**
 - Collect two swabs per site (2 pairs = 4 swabs total)
 - Place each swab in a separate sterile **dry** tube
 - Store samples in the refrigerator or in a container with ice packs
 - You can use a COVID-19 swab in a dry tube or container (e.g. urine cup) or even a Shingles/Chickenpox collection kit.

- 3) Approval is required to test through public health. If your office is using commercial testing (e.g. LabCorp), clinicians still should call AHD at the time of testing.
- 4) ***Call the local health department where your clinic is located (not based on the patient's address). So, if your office is in Alexandria and you are suspicious about a DC, MD or Arlington resident, call us!**

Mpox Testing Quick Reference

If searching for mpox testing orders within electronic health systems, consider searching: “mpox,” “monkeypox,” or “orthopoxvirus.”

Common lab links and test codes:

[Quest Diagnostics: 12084](#)

[LabCorp: 140230](#)

[Mayo Clinic: FMPVP](#)

[Public Health-DCLS Testing](#)

Call AHD Epi at: **703.746.4951***

*Approval is required to test through public health

June 2024

OVERVIEW

Collect 2 specimens from at least 2 lesions



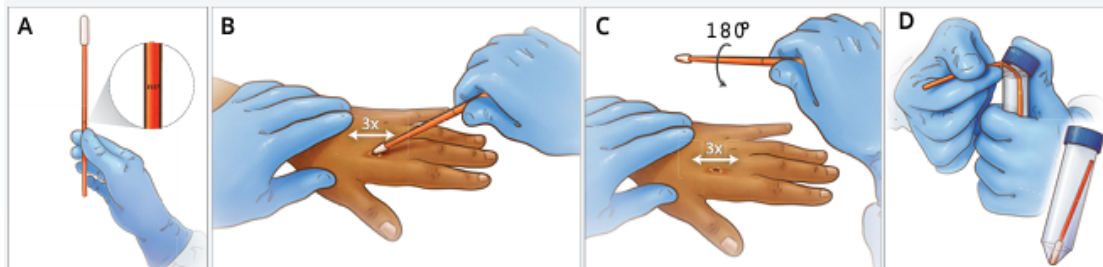
SUPPLY LIST

- At least 4 synthetic swabs
- Container for each swab*
- Specimen bags
- Patient labels
- Sterile gauze
- EPA-registered disinfectant wipes
- Any supplies needed for basic patient care

*The type of container, swab, and transport medium may differ per local laboratory guidelines; please ask your local testing site for preference.

1 Before swabbing: Perform hand hygiene and don PPE prior to entering patient room.

2 At first lesion site: Do NOT clean the lesion area with ethanol or other disinfectant prior to swabbing.

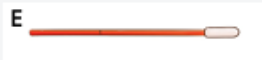


A Grasp swab firmly. Avoid touching shaft at least an inch before the tip.

B Vigorously rub the swab back and forth on lesion surface 3x. If lesion ruptures, ensure swab collects lesion fluid. Unroofing the lesion is not recommended and is unnecessary

C Rotate the swab 180 degrees. Vigorously swab the lesion 3x again.

D Place swab in appropriate container, breaking shaft if necessary. Wipe down with EPA-approved disinfectant.



REPEAT Step 2, A through D on the same lesion with a second swab.

3 At second lesion site: At second lesion site, repeat step 2, A through E.



The second lesion is ideally on a different part of the body and/or has a different appearance.

4 Label and package specimens:



Label, package, store, and ship specimens following specifications put forth by testing laboratory.

Mpox Treatment: Refer patients to the STOMP Trial

- **First Line of Access:** [the STOMP Trial](#), funded by the National Institute of Allergy and Infectious Diseases (NIAID)-evaluating [TPOXX](#) efficacy against mpox.
 - STOMP is the **preferred route** to access oral TPOXX for patients.
 - Patients are not required to have severe mpox or be at risk of severe mpox.
 - Patients enroll virtually/remotely at 1-855-876-9997, 7 days a week.
- **For patients who are not eligible** for STOMP, decline to participate, or require IV tecovirimat and meet protocol eligibility criteria:
 - TPOXX may be accessed through the investigational new drug (EA-IND) protocol.
 - Providers should contact Alexandria Health Department (AHD) 703.746.4951
 - AHD will reach out to our Central Pharmacy to facilitate TPOXX access through the EA-IND
 - More details on CDC's Tecovirimat IND [webpage](#)

Supportive Care for All Patients

- Assess and provide care for management of pain, skin and oral lesions, proctitis, and gastrointestinal symptoms
 - E.g., Sitz baths, anti-emetics, pain medicine
- Pruritis / Itching
 - Oral antihistamines
 - Topical agents ie, calamine lotion, petroleum jelly, or colloidal oatmeal
- Proctitis: Rectal pain is a common complication of mpox infection
 - Stool softeners to reduce pain associated with bowel movements
 - Warm sitz baths symptomatic relief
- Clinical considerations:
 - [Mpox: Treating severe lesions \(aad.org\)](#)
 - [Mpox: Caring for the Skin \(aad.org\)](#)
 - [Clinical Considerations for Pain Management of Mpox](#)



Patient Evaluation & Home Care

- A complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination for the characteristic vesiculo-pustular rash of mpox.
 - Detect lesions of which the patient may be unaware.
- All patients should be evaluated for pain and provided recommendations for OTC meds if appropriate.
 - Patients may require a prescription if pain is severe.
 - Topical steroids and anesthetics such as lidocaine could also be considered for local pain relief.
- Evaluate and instruct to monitor for signs of infection at lesion sites, particularly lesions around waist bands, genital and ocular areas.
- Encourage frequent handwashing, not sharing towels/linens at home.



Precautions in your health setting

- Suspected mpox patients should be placed in a single-person room.
 - Special air handling is not required. The door should be kept closed.
 - Movement of the patient outside of the room should be limited.
 - If possible, patient should have access to private bathroom.
- Standard cleaning procedures using disinfectant with an emerging viral pathogen claim (i.e. Lysol) [EPA Q-list](#).
 - Avoid dry dusting, sweeping, or vacuuming as this could disperse dried material from lesions.
 - Wet cleaning methods are preferred.
- If an employee comes into contact with lesions while not wearing PPE:
 - May benefit from a post-exposure prophylaxis (PEP) vaccine arranged through AHD

PPE

Personal protective equipment (PPE) to use

NOTE: Perform hand hygiene and then don PPE prior to entering patient room.



Fit tested NIOSH-approved respirator (equipped with a N95 filter or higher)



Eye protection (with coverage of front and sides of face)



Gloves



Gown



Full PPE

Waste Management

[U.S. guidance](#) for diagnostic samples and clinical waste contaminated with Clade I or Clade II of mpox is designated as Category B infectious substances

- except when they contain or are contaminated with laboratory cultures of Clade I mpox virus

Soiled material may be disposed of in the same way as any other infectious medical waste

- in accordance with U.S. Department of Transportation Hazardous Materials Regulations (HMR; 49 CFR parts 171-180.)

Prevention of Mpox Through Vaccination

JYNNEOS is a 2-dose vaccine 4-weeks apart; not recommended for those with previous mpox infection

- Two indications:
 - (1) and as prevention for those at high-risk
 - (2) postexposure prophylaxis (PEP) for persons who have been exposed to mpox
- Vaccinating those who are at high-risk(18yr+):
 - Men who have sex with men (MSM), transgender, nonbinary people, and all persons who in the past 6 months have had:
 - New STI
 - More than 1 sexual partner
 - Sex at a commercial sex venue
 - Sex associated with a large public event in an area where mpox transmission is occurring
 - Sex in exchange for money or other items
 - People who have sex with the partners with the risks above or anticipate experiencing any of the scenarios



Summary of Key Facts

- Mpox (monkeypox) is a viral illness caused by the monkeypox virus, a species of the genus Orthopoxvirus.
 - Two different clades exist: clade I and clade II
- Common symptoms of mpox are a skin rash or mucosal lesions which can last 2–4 weeks accompanied by fever, headache, muscle aches, back pain, low energy, and swollen lymph nodes.
- Mpox can be transmitted to humans through physical contact with someone who is infectious, with contaminated materials, or with infected animals.
- Laboratory confirmation of mpox is done by testing skin lesion material by PCR
- Mpox is treated with supportive care.
 - Patients can also be referred to the STOMP trial to obtain tecovirimat
- In 2022–2023 a global outbreak of mpox was caused by a strain known as clade lib.
- Mpox can be prevented by avoiding physical contact with someone who has mpox.
- Vaccination can help prevent infection for people at risk.



Resources

VDH:

- [How Do I Know If My Facility's Disinfectant Will Kill Mpox Virus?](#)
- [VDH Healthcare Provider MPOX Information](#)

CDC: Clinical Consultation service email eocevent482@cdc.gov or call 770-488-7100

- COCA Call/Earn CE: [Webinar Thursday, June 27, 2024 - Mpox Update: Clinical Management and Outbreaks \(cdc.gov\)](#)
- [CDC Treatment Information for Healthcare Professionals](#)
- [CDC Considerations for Mpox Vaccination](#)
- [CDC COCA Call: MPOX CLinician update 2023](#)

WHO:

- [Key facts about mpox](#)

