

Beaumont Health Emerging Diseases Preparedness Plan - MONKEYPOX

Updated 8/18/2022 @ 4:00 pm

YES

New Characteristic Rash (consistent with Monkeypox)?

Rash can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body (e.g. hands, feet, chest, genitals or anus).

***Refer to Note below for identification of rash

NO

EPIDEMIOLOGIC CRITERIA / RISK FACTORS

Within the last 21 days has the patient had contact with the following?: (epidemiologic criteria)

- A person or persons who have had a rash?
- A person who received a diagnosis of confirmed or probable monkeypox?
- Close or intimate in-person contact with individuals in a social network experiencing monkeypox (e.g. includes men who have sex with men who meet partners through an online website, digital application, or social event)?

Other epidemiologic criteria include:

- Traveled to countries with recent confirmed cases of Monkeypox (e.g. parts of Europe) may increase risk. However, travel is not a primary indicator since cases have been identified in the US and in Michigan.
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used product derived from such animals (e.g. game meat, creams, lotions, powders, etc.)

Other considerations include:

- Flu-like symptoms? Signs & symptoms may include:
 - Fever
 - Headache
 - Muscle aches and backache
 - Swollen lymph notes/new lymphadenopathy

 - **Exhaustion**

Follow normal patient assessment processes

NO - Patient does not meet epidemiologic criteria and there is no suspicion for monkeypox

***Due to the often atypical presentation, clinicians are encouraged to have a high level of suspicion for Monkeypox especially in persons with these risk factors

YES—Meets one of the epidemiologic criteria + high suspicion for monkeypox

SUSPECT MONKEYPOX

- Apply mask on patient (if not already wearing one).
- Place patient (with mask) immediately into single patient room, preferably with a private bathroom, with door closed. Use Negative Pressure Room (if available). Special air handling is not required.
- Place Contact + Enhanced Respiratory isolation sign on the patient's door.
- Notify Physician/Practitioner/Provider verbally that a Suspected Emerging Disease case has arrived.
- Don/doff appropriate PPE, utilizing proper protocol. (Gown, gloves, fit-tested N-95 respirator, eye protection.)
- Order Enhanced Respiratory and Contact Precautions.
- Cover rash/lesions (if not already completed).
- Complete other unit-specific assessment and documentation.
- Limit personnel/staff entry and maintain staff entry room log (personnel name(s), date, time of entry, time of exit).
- Notify the onsite laboratory of patient arrival to make arrangements for courier services.

resources on the provider intranet site

Information on infection prevention and control in healthcare settings is provided on the CDC website Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC CDC is currently reviewing this information to consider the need for updates.

Consult your site Infection Prevention & Epidemiology Department.



- Refer to "Specimen & Photo Collection" section in the "Suspect Monkeypox Infection Prevention Guidance" document for detailed instructions for collection of specimens.
- Complete Test Requisition Form.
- Notify Microbiology laboratory of any patient's suspected of monkeypox infection so additional precautions can be taken to handle additional specimens for routine testing
- Refer to "transporting specimens to the on-site laboratory" section in the "Suspect Monkeypox Infection Prevention Guidance" document for detailed instructions for specimen transport.
- Follow "Suspect Monkeypox Infection Prevention Guidance" for further instructions (e.g. waste management, notification etc.)

Note: Rash usually involves vesicles or pustules that are deep seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. The rash associated with monkeypox can be confused with other diseases that are encountered in clinical practice (e.g., primary syphilis, herpes, chancroid, and varicella zoster). CDC Clinical Recognition. However, a high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with other men and who present with lesions in the genital/perianal area or for individuals reporting a significant travel history in the month before illness onset or contact with a suspected or confirmed case of monkeypo