

Suspect Monkeypox Infection Prevention Guidance

General Information:

Current Outbreak:

Monkeypox is a rare disease caused by infection with the monkeypox virus (MPV). The Centers for Disease Control and Prevention (CDC) are tracking multiple cases of MPV infections that have been reported in several countries that do not normally report MPV. Since the beginning of the current global outbreak, 5,323 MPV cases have been confirmed in 52 countries, including the United States. The CDC reports that there are 396 MPV confirmed cases in 29 states, D.C., and Puerto Rico.

Signs and Symptoms:

MPV symptoms usually start 1-2 weeks after exposure to the virus and can include fever, chills, malaise, headache, muscle aches, lymphadenopathy, and rash. Lymph nodes may swell in the neck (cervical & submandibular), armpits (axillary), or groin (inguinal) and occur on both sides of the body or just one. The rash often 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. These lesions can appear on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus. The illness typically lasts 2-4 weeks.

Transmission:

MPV can spread from person-to-person through direct contact with the infectious rash, scabs, or body fluids. It also can be spread by respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex. Touching items (e.g., clothing, linen, or towels) that previously touched the infectious rash or body fluids is another way monkeypox spreads. Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. People who do not have monkeypox symptoms cannot spread the virus to others.

Suspect Cases:

It is important to note that anyone can contract and spread monkeypox, but early data from this outbreak suggest that men who have sex with men make up a high number of initial cases. If MPV is suspected in any patient, providers should consult their [local health department](#) or MDHHS at 517-335-8165 to coordinate specimen collection and testing. Due to the often atypical presentation of MPV in this outbreak, we are encouraging clinicians to have a high level of suspicion for MPV, especially in persons with reported risk factors within the three weeks before onset, including travel history to areas with MPV cases or contact with a symptomatic person.

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Countermeasures:

There are no treatments specifically for MPV infections. However, MPV and smallpox viruses are genetically similar, which means that antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat MPV infections. Antivirals, such as tecovirimat, may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems. Providers should consult their [local health department](#) or MDHHS at 517-335-8165 to coordinate procurement of vaccines and antivirals.

If Patient Presents Requesting Testing OR with Symptoms/Rash Suspicious for Monkeypox:

- Screen patient using “**Beaumont Health Emerging Diseases Preparedness Plan – MONKEYPOX**” flowsheet and take next steps accordingly

If Preparing for an Outpatient Visit to an Emergency Center for Swabbing:

- Confirm the hospital to which the patient is reporting
- Confirm when the patient will arrive to the hospital and note vehicle make and model
- Provided the patient with the Emergency Center direct number to call upon arrival
- Remind the patient to wear a face mask and cover rash/lesions
- Notify the EC Charge Nurse of the patient’s anticipated arrival time
- Notify on call infection prevention. If afterhours or on the weekend, page the clinical infection preventionist on-call.
- Notify the onsite laboratory of the patient’s anticipated arrival time to arrange courier services

Upon Patient’s Arrival to EC:

- Screen patient using “**Beaumont Health Emerging Diseases Preparedness Plan – MONKEYPOX**” flowsheet and take next steps accordingly
- If patient meets epidemiological criteria + high suspicion for monkeypox complete the following:
 - 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
 - Screen patient using Monkeypox Exposure Questionnaire [exposure questionnaire](#)
 - Cover rash/lesions (if not already completed)
 - Complete other unit-specific assessment and documentation
 - Enter Infection Flag in EPIC for Monkeypox
 - 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

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Required PPE:

- All HCP interacting with the patient require PPE for Contact/Enhanced Respiratory Precautions
 - **Isolation Gown, Gloves, Eye Protection, and fitted N-95 Respirator**
 - Eye Protection: Goggles or a face shield that covers the front and sides of the face
 - HCP should have been fit tested for their N-95 within the past 12 months
- Don PPE prior to the estimated time of patient arrival
- Perform an N-95 seal check prior to entering the patient's room

Specimen and Photo Collection:

- The state requires **TWO** specimens from **each site** where lesions are present
 - FLOQSwabs (see photo) are to be used for collection
 - Vigorously swab/brush lesions to collect the sample
- Individually place specimens into **separate** Sterile Urine Containers or Conical Tubes (see photos)
 - Containers used **MUST NOT** have any form of transport media or fluid present
 - Containers **MUST** be labeled with the **source (i.e., location)** of the lesion
- The specimens should be **double bagged**, and bags completely sealed and labeled
 - Place the specimens in the first bag and ensure the bag is completely sealed
 - Wipe the first bag down with bleach wipes
 - Place the first bag into a second bag and ensure the second bag is completely sealed
 - Label second bag "Suspect Monkeypox"
- Complete **Test Requisition Form** and send with specimens to the laboratory
- Place a laboratory order for "**Misc. Micro**" in EPIC for **EACH** specimen
 - In the comment field write "**Suspect Monkeypox: (Specimen Source Location)**"
- The state requests photos from each site where lesions are present for CDC outbreak investigation
 - The **Photo Release Form** must be signed and completed by the patient and uploaded into EPIC

Transporting Specimens to the On-Site Laboratory:

- Walk all specimens and the Test Requisition form to the on-site laboratory
 - All specimen transport should be done **in person** and **NOT** via the tube system
- Notify laboratory/micro that the specimens are for transport to BH Receiving Laboratory
 - BH Receiving Laboratory will be Dearborn for South sites and Royal Oak for North sites

Instructions for the On-site Laboratory and Receiving Laboratory

- Specimens are to be cold packed within an hour after collection
- Ship specimens following **Category B** packaging and shipping guidelines
 - Ensure **Test Requisition Form** is shipped with the specimens
- Notify the receiving laboratory when the specimens will be sent
- Receiving laboratory should notify the on-site laboratory of specimen receipt
- Receiving laboratory should notify the on-site laboratory of specimen send off to the MDHHS Laboratory

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Environmental Infection Control:

- During in-patient care strictly follow Precautions, using PPE and following routine waste management
 - For soiled laundry follow standard practices, avoiding contact with lesion material that may be present on the laundry. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and **never be shaken or handled in manner that may disperse infectious material**
- After the patient leaves, standard cleaning and disinfection procedures should be performed using a hospital approved disinfectant (i.e., Purple PDI Wipes, Orange Top PDI Wipes, or Oxivir)
 - **Wet cleaning methods are preferred.**
 - Activities such as dry dusting, sweeping, or vacuuming should be avoided
 - Follow the manufacturer's directions for concentration, contact time, and care and handling.
 - Products with Emerging Viral Pathogens claims may be found on EPA's List Q.

Notifications:

- Consult Site Infection Prevention & Epidemiology Department
- As soon as Monkeypox is suspected, consult the local Health Department or the Michigan Department of Health & Human Services Emerging & Zoonotic Infections Diseases Section @ 517-335-8165 (after hours: 517-335-9030) or CDC through the CDC Emergency Operations Center @ 770-488-7100.

Waste Management:

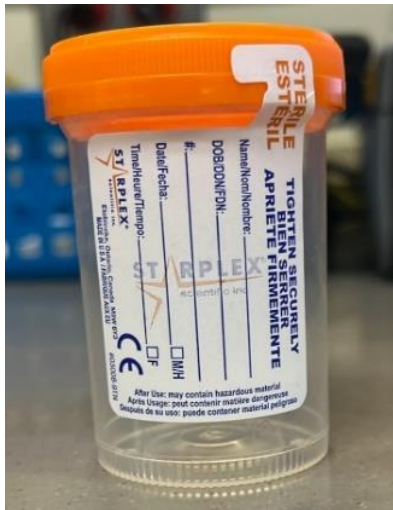
- Waste management (i.e., handling, storage, treatment, and disposal of soiled PPE, patient dressings, etc.) should be performed in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR; 49 CFR parts 171-180.)
- During the ongoing 2022 multi-national outbreak of **West African clade** monkeypox, if a clinician or their public health authority determine that a patient does not have known epidemiological risk for the Congo Basin clade of monkeypox virus (e.g. history of travel to the Democratic Republic of the Congo, the Republic of Congo, the Central African Republic, Cameroon, or Gabon in the prior 21 days) it is appropriate to manage the patient's waste as **Regulated Medical Waste**.
 - However, if epidemiological risk factors indicate a risk for Congo Basin clade monkeypox virus, waste should be managed as a **Category A** infectious substance pending clade confirmation, and while local and state public health authorities are consulted.
- Required waste management practices and classification (i.e., assignment to a category under the HMR) currently differ depending on the monkeypox virus clade (strain). The DOT indicates that waste contaminated with the **West African clade** of monkeypox virus should be managed as UN3291 Regulated Medical Waste (RMW) in the same manner as other potentially infectious medical waste (e.g. soiled dressings, contaminated sharps). The Congo Basin clade is classified as Category A under the HMR and should be managed accordingly. See the DOT website for more information.
 - Facilities should also comply with state and local regulations for handling, storage, treatment, and disposal of waste, including RMW.
- Pursuant to 49 CFR 173.134(a)(1)(i), classification of waste as a Category A substance for transportation must be based on the known medical history or symptoms of the patient, endemic local conditions, or professional judgment concerning the individual circumstances of patient.

Reference Photos:

FLOQSwab:



Sterile Urine Container:



Sterile Conical Tube:



Resources:

[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.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/hcp/index.html>

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>