**Monkeypox Provider Evaluation**

Version 1.2

Last update 8/1/2022

**This document will be updated frequently as process changes arise. Please do not print.**

**Who should be tested?**

People who get sick with monkeypox usually develop a rash and experience flu-like symptoms, including fever, headache, muscle aches, swollen lymph nodes, and exhaustion. Any patient presenting with these symptoms, especially a new rash, should be considered for testing. More information is available at [Public Health-Seattle & King County](https://kingcounty.gov/depts/health/communicable-diseases/disease-control/monkeypox.aspx) and at the [CDC](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html). For additional clinical information on early cases associated with this outbreak, see recent publication.1

**If you think a patient may have monkeypox:**

* Swab lesions for monkeypox – [Monkeypox Virus Qualitative PCR (uw.edu)](https://testguide.labmed.uw.edu/public/view/MPXQLT?tabs=no)
  + No approval necessary
  + Order “Monkeypox Virus Qualitative” in Epic. Test code: MPXQLT
  + Same swab + universal transport media as COVID
  + Lesions should be swabbed vigorously, **do not unroof**
  + Attach bio-alert sticker & double bag
* Labs are no longer required for treatment. However, if the patient has no recent labs and you are concerned about baseline abnormalities, please draw in the room where the patient is receiving care (not in phlebotomy):
  + CBC with diff
  + CMP, magnesium, phosphate
  + uric acid
  + PT/PTT
  + UA
  + Urine HCG for persons with a uterus
* Patients are also at risk for other STIs so please work-up and consider empiric treatment

**Discharge Planning (while rule-out underway):**

* If the patient is otherwise clinically stable and does not meet criteria for admission, there is no need to admit to the hospital for a rule-out
* We do not recommend admitting patients who are **living homeless or in other congregate settings** for rule-out alone. Public Health – Seattle & King County would like to be made aware in real-time in case an Isolation & Quarantine facility bed might be available
  + Call the main line 206-296-4774
* Upon discharge, patients should mask and cover all lesions. Emphasize the importance of hand-hygiene. Additional [home isolation instructions are available from the CDC.](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html)

**If a patient tests positive for monkeypox:**

* Contact the patient to inform them
* **Place an urgent EPIC referral for treatment – to Harborview Infectious Diseases Clinic for now (more clinics will be available soon). Referrals should only be placed for patients with confirmed monkeypox. DO NOT place referrals for vaccine**
* If the patient was swabbed in the HMC ED, follow-up will be arranged by the resulting team

**See Infection Prevention/Control sites for additional guidance, including PPE requirements:**

* [UWMC Monkeypox page](https://uwmc.uwmedicine.org/BU/infectioncontrol/Pages/Monkeypox.aspx) (intranet)
* [HMC Monkeypox page](https://hmc.uwmedicine.org/BU/InfectionControl/PAGES/Orthopox-(Monkeypox)-.aspx) (intranet)

1 Girometti N, Byrne R, Bracchi M, Heskin J, et al. Demographic and clinical characteristics of confirmed human monkeypox virus cases in individuals attending a sexual health centre in London, UK: an observational analysis. Lancet Infect Dis. 2022 Jul 1:S1473-3099(22)00411-X. doi: 10.1016/S1473-3099(22)00411-X.