

# Monkeypox Guidance & Provider Checklist

Clinicians should be alert to patients presenting with a new characteristic rash or if the patient meets one of the [epidemiologic criteria](#) and there is a high clinical suspicion for monkeypox. This guide assists with planning and process development for disease control and patient and staff safety. Please see [Clinician FAQs](#) for more information.

## Clinical Background

- 1. Symptoms of monkeypox.** Monkeypox [symptoms](#) may include fever, headache, muscle aches and backache, swollen lymph nodes, chills, fatigue, and a rash that can look like pimples or blisters that appear on the face, inside the mouth, and on other parts of the body (i.e., the hands, feet, chest, genitals, or anus). The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. It is important to note that in some instances, cases related to this outbreak have skipped the prodromal phase, and patients have had localized rash, sometimes in the genital area only.
- 2. Transmission of monkeypox.** Human-to-human transmission of monkeypox virus occurs by direct contact with lesion material or from exposure to respiratory secretions. Reports of human-to-human transmission describe close contact with an infectious person. Transmission in healthcare settings has been rarely described.
- 3. Clinical suspicion of monkeypox.** Patients presenting with new characteristic rash or if the patient meets one of the [epidemiologic criteria](#). The characteristic rash associated with monkeypox lesions involves deep-seated and well-circumscribed lesions, often with central umbilication, and lesion progression through specific sequential stages: macules, papules, vesicles, pustules, and scabs. This can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with monkeypox virus and other infectious agents (e.g., varicella zoster and syphilis) have been reported, so patients with a characteristic rash should be considered for testing even if other tests are positive.

## Before the Patient Visit

- 4. Patient placement.** Monkeypox does not require a room with special air handling. Door should be closed. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown ([CDC 2022](#)).
- 5. Exam room preparation.** Stock each room with [PPE](#) such as gowns, gloves, eye protection, and NIOSH-approved particulate respirator equipped with N95 filters or higher.



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## During the Patient Visit

### Awareness of patients' symptoms prior to visit

**6a.** If the provider is aware of the patient's potential monkeypox-like symptoms before the patient presents in the exam room, the provider should put into place [proper infection prevention and control measures](#) immediately. Immediately direct the patient to the designated exam room. Healthcare personnel who enter the patient's room should wear a gown, gloves, eye protection, and NIOSH-approved particulate respirator equipped with N95 filters or higher.

**6b.** If the provider is unaware of the patient's potential monkeypox-like symptoms until after the patient presents in the exam room, the provider should put on appropriate PPE immediately. Limit the number of staff in contact with the patient. Refer to the information found at the [Monitoring People Who Have Been Exposed](#) page of the CDC Website to determine exposure risk.

**7.** [After patient assessment.](#) If the provider suspects monkeypox, please call the North Carolina State Health Department's Epidemiologist On Call immediately at 919-733-3419. The provider should also alert the Mecklenburg County Public Health Department Communicable Disease team by calling 980-314-9201 during office hours. The Urgent and/or After Hours On Call number is 704-432-0871. To assist the discussion, please have the patient's demographics and clinical presentation available. The Epidemiologist On Call will ask questions to determine if testing is appropriate. If testing is approved, the Epidemiologist On Call will provide information regarding next steps.

**8.** [Specimen collection and handling.](#) For instructions, please visit the [CDC website](#).

**9.** [Patient education.](#) It is important to educate the patient about control measures and symptom monitoring. While waiting for test results, provide [isolation orders](#) to the patient. The patient should isolate from family members and household pets.

## After the Patient Visit

**10.** [Environmental infection control.](#) After the patient leaves the facility, it is important to disinfect the exam room. Monkeypox is a Tier 1, which is an enveloped virus that is the easiest to inactivate. Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant.

**11.** [Waste management.](#) Monkeypox is Category A. [Handling, storage, treatment,](#) and disposal of soiled PPE and patient dressings should be performed in accordance with U.S. Department of Transportation Hazardous Materials Regulations (HMR; 49 CFR, Parts 171-180).

**12.** [Patient follow-up.](#) A member of the Communicable Disease team will contact the patient to provide further direction and obtain information for contact tracing.

