WHEN A PATIENT PRESENTS WITH GENITAL SORES AND/OR OTHER SKIN LESIONS

☐ Ask the patient to put on a medical mask if not already wearing one and ask them to wash their hands.

***Note: Please refer to your facilities infection control guidance all suspect, probable, and confirmed cases of monkeypox.**

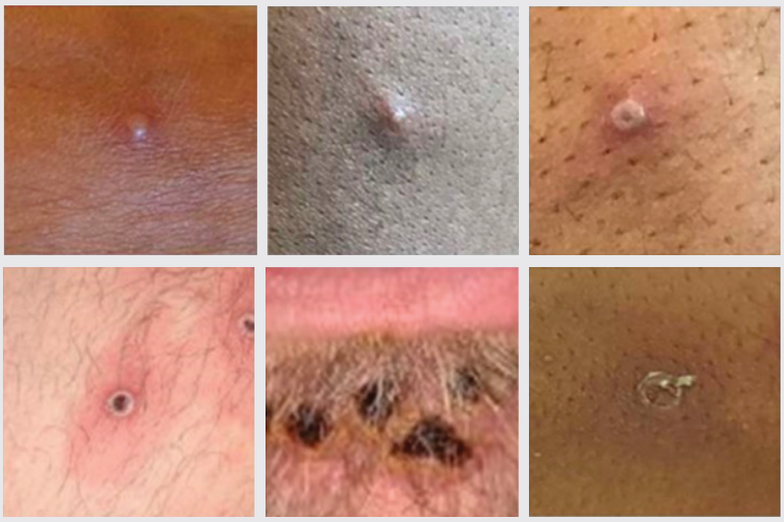

Photo credit : Monkeypox: background information - GOV.UK (www.gov.uk)

Lesions often start on the face or genital area but can be found in other parts of the body. In the current outbreak, some individuals have only had genital lesions and may or may not be preceded by systemic symptoms.

Monkeypox should be suspected in persons who have one or more risk factors plus typical signs and symptoms. If you suspect another diagnosis, don't rule out monkeypox. Patient could have co-infection with other STIs.

ASSESS WHO IS AT RISK?

- Gay, bisexual or men who have sex with men,, especially those with multiple or anonymous partners
- Regardless of sexual orientation, history of possible exposure within the 3 weeks prior to onset of symptoms:
  - Close contact, including intimate or sexual contact, with someone known to have monkeypox, or with undiagnosed skin lesions
  - Close contact, including intimate or sexual contact, with multiple partners or with anonymous partners

ASSESS FOR OTHER SYMPTOMS OF MONKEYPOX

- Fever
- Malaise
- Myalgia
- Headache
- Lymphadenopathy (prominent sign in more than 50% of monkeypox cases)

- Above symptoms are followed by skin and/or mucous membrane lesions that may be painful, often progressing through various stages:
  - macules
  - papules
  - vesicles
  - pustules
  - crusts

IF MONKEYPOX IS SUSPECTED

PCR TESTING FOR MONKEYPOX

The recommended samples are:

- Swab of lesion surface or lesion exudate in UTM (recommended when the patient has active lesions). Dry swabs will also be accepted but are not the sample of choice.
- Throat or Nasopharyngeal swab in UTM (Recommended during the prodromal phase).

Note:

- The sample should be kept at 4 C for a maximum of 72 hours.
- Lesion swab submitted in UTM can also be used for the HSV, VZV and Enterovirus assays (only one sample needed)

When testing for monkey pox, testing for other infections including STBBIs should be completed: Herpes simplex virus, Varicella-Zoster virus, Haemophilus ducreyi, Chlamydia trachomatis, Lymphogranuloma Venereum (LGV) and Neisseria gonorrhea, Syphilis, Hepatitis B, hepatitis C, HIV

CARING FOR THE PATIENT

- Management of mild to moderate cases includes an antipyretic and analgesics.
- Currently there is no specific treatment; antiviral medications with activity against orthopoxviruses can be considered such as Tecovirimat. Antiviral use will be assessed on a case by case basis in consultation with an infectious disease specialist or medical microbiologist. Authorization for release of Imvamune and/or TPOXX must be approved by the Medical Officer of Health (MOH). RHA PHN will arrange release of vaccine and/or treatment from McKesson Canada to the clinician when required.
- While waiting for results, instruct the patient to isolate at home, wear a mask, keep lesions covered, refrain from sexual encounters, avoid contact with household members and pets.
- Provide handout on home management and potential complications
- Instruct individual that PH will contact them with further instructions should they become diagnosed as cases.

REPORTING MONKEYPOX TO PUBLIC HEALTH

Suspected cases must be reported verbally to PH within 24 hours and in writing within 7 days, as per the PH Act requirements

Resources for patients:

GNB.CA/MONKEYPOX

New Nouveau Brunswick