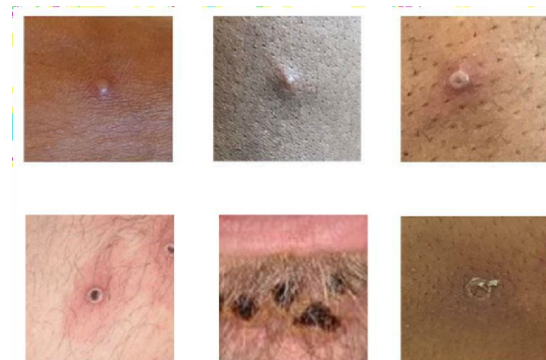


Mpox Tip Sheet

For suspected/confirmed cases, call UCSF Infection Prevention within
1 working day

Consider the diagnosis

- [Presentation](#) can include a flu-like illness followed by a rash.
- Rash progression macules-> papules-> vesicles-> pustules filled with yellowish fluid-> crusts. Lesions are deep-seated, firm/hard, well-circumscribed and may umbilicate or become confluent.
- Cases can present atypically with no prodrome and with localized genital/perianal lesions.



Isolation and Personal Protective Equipment

- Initiate [Novel Respiratory Isolation](#). Room the patient right away. If no medical contraindications, have the patient mask and cover the rash.
- Use a fit-tested N95, eye protection (or PAPR), gloves, gown including during room cleaning and linen handling.

Patient Placement and Disinfectants

- Place the patient in a single room with the door closed, preferably with a dedicated bathroom. An Airborne Infection Isolation/negative pressure room is needed only if the patient is having any [aerosol generating procedures](#).
- If the patient had aerosol generating procedures, keep the room empty with the door closed for 1 hour after the patient leaves and before cleaning.
- Routine hospital disinfectants are appropriate for cleaning.

Reporting

- Notify UCSF Infection Prevention within 1 working day
 - (M-F 8am-4pm) Adults 628-248-9059, BCH-SF 628-248-8503
- Report cases to SFDPH by completing the Confidential Morbidity Report Form (CMR) (see below)

Testing

- SFDPH approval is not required to test. Refer to this [guidance](#) for testing recommendations.
- Order [Mpox Virus DNA, Qualitative PCR](#). Collect 2 swabs from 2 separate lesions. Each swab should be placed in a separate container.
- Complete the [Confidential Morbidity Report](#) (CMR) Form and send the completed form to the UCSF clinical lab with the specimens. Tests will not be processed without this form.

Clinical Guidance and Treatment

- Tecovirimat is an investigational antiviral that can be offered for serious or high-risk cases.
- Serious or high-risk cases: Rash involving eye, mouth, rectum, urethra; infections complicated by sepsis, proctitis, pneumonia or encephalitis; pregnancy, children <8 years old; immunocompromised hosts (ex. Poorly controlled HIV, leukemia/lymphoma, transplant, primary immunodeficiencies.)
- If your patient may need treatment call adult patients pger 415-443-8996, BCH-SF pger 415-443-2384.