

# Monkeypox Tip Sheet

For suspected/confirmed cases, Call UCSF Infection Prevention

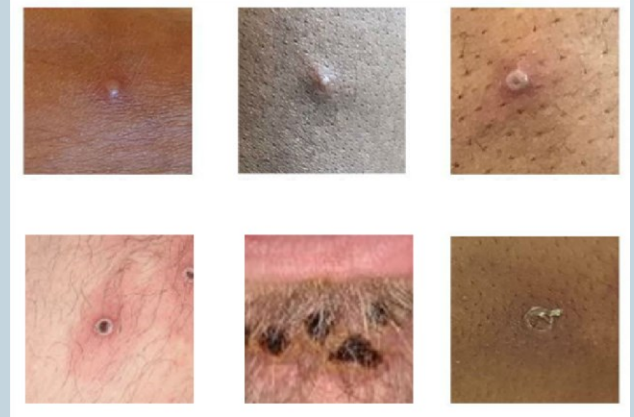
Business hours (M-F 8AM- 4PM): Adults 628-248-9059 & Pediatrics 628-248-8503 After hours:

Moffitt-Long 415-353-8036; BCH-SF 415-502-0728, MB Adults 415-502-0562

For SF Department of Health (SFDPH) support, call 415-554-2830

## Consider the diagnosis

- [Presentation](#) can but does not always include a flu-like illness lasting days followed by a rash. Refer to this [algorithm](#) for further guidance.
- 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.
- Differential Diagnosis: HSV, VZV, syphilis, molluscum, chancroid.



## 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 not needed unless the patient has an [aerosol generating procedure](#).
- If the patient had an aerosol generating procedure, 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 as noted above
- SFDPH no longer requires a phone call to report suspected cases

## Testing

- SFDPH approval is not required to test. Refer to this [guidance](#) for testing.
- Order '[Monkeypox 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: For inpatients – call Adult patients via Voalte/415-443-8996, Pediatrics 415-443-2384. For outpatients – call the Monkeypox Adult ID attending 415-443-3319