Philippine Society for Microbiology and Infectious Diseases

UPDATED GUIDANCE ON SCREENING AND DETECTION OF MONKEYPOX VIRUS INFECTION FOR CLINICIANS AND HEALTHCARE PROVIDERS

version 1, dated 31 July 2022

1. Intensified case finding and increased knowledge about Monkeypox virus infections are especially important as the Department of Health declared the first case in the country. As an update, we would like clinicians and healthcare providers to be aware of the newer and atypical disease presentation of Monkeypox virus infections based from published reports from countries reporting confirmed cases beginning January 2022.

2. Monkeypox should be considered in a patient with fever, lymphadenopathy and unexplained rash plus a history of travel to countries where Monkeypox has already been reported (refer to https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON393). These symptoms comprise the classic disease presentation of Monkeypox.

3. The newer and atypical presentation of monkeypox include fewer lesions (<10 lesions), with or without fever. The lesions are discrete and frequently pustular with umbilication. However, the classic rash progression (macule→ pustule → vesicle → umbilication→ crusting) and the classic distribution (more concentrated on the face, upper and lower extremities) may not be present. The absence of prodromal symptoms and occurrence of prodromal symptoms after the appearance of the rashes have also been reported. (Thornhill JP et al. NEJM DOI: 10.1056/NEJMoa2207323)

4. Monkeypox virus infection can be considered among patients with rash, genital lesions or ulceration and:
    - A strong history of close physical contact (skin-to-skin, mouth-to-skin), such as those involved in sexual activities (with or without genital penetration) and non-sexual activities with prolonged contact time, especially in areas with reported cases of Monkeypox
    - Close physical contact including exposure to respiratory secretions
    - Diagnosis of concomitant sexually transmitted infection

5. Few lesions can occur around the genital area, the anal area and the oral mucosa. These can be associated with anal pain, throat pain, myalgia, lethargy and the classic lymphadenopathy. (Thornhill JP et al. NEJM DOI: 10.1056/NEJMoa2207323)

6. In evaluating patients presenting with rash, the recommended set of Personal Protective Equipment (PPE) includes: N95 mask, disposable gown, face shield or goggles, and disposable gloves. These should be readily available, or at least, easily accessible should a suspect be identified.

7. Monkeypox virus infection screening procedures should be implemented in areas providing frontline medical services (wards, Emergency rooms, OPD clinics including doctors' clinics, social hygiene clinics, STD/HIV Clinic, sexual health clinics, etc.) to determine suspected case of monkeypox. A sample screening checklist below can be used.

Screening Checklist for Monkeypox Virus Infection

Question	Yes	No
1. Do you have any rash?		
2. Is the rash associated with any of the following: • Headache • Fever or history of fever • Swollen lymph nodes • Muscle and body pains, including back pain • Weakness		
3. Do you have any travel history to other countries?		
4. Do you have any history of contact with another person with rash?		
5. Do you have any history of prolonged or close physical (skin-to-skin, mouth-to-skin) contact with other individuals in the past 21 days?		
6. Do you have any unprotected exposure to respiratory secretions, or items used by confirmed or suspected cases of monkeypox?		

Note: An answer of YES to Number 1 PLUS any of the other items should make one consider the possibility of monkeypox.

8. As part of institutional preparedness for monkeypox, healthcare facilities should:

8.1 Identify an isolation area(s) for suspected monkeypox cases.

8.2 Have a process in place for referral of suspected cases for monkeypox testing or transfer to designated referral centers. Even before a suspect

case is identified in your facility, the Infection prevention and control unit (IPCU) should already coordinate with the local (Municipal, City or Regional) Epidemiology and Surveillance Units to determine the procedures to be followed in the event that a monkeypox case is identified in your facility.

9. If a monkeypox suspect is identified, the following should be done:

   9.1 Transfer the patient to an isolation room. A single patient room is preferred.
   9.2 Healthcare workers managing the suspect case should use the recommended PPE and observe all infection control precautions.
   9.3 Immediately inform your IPCU. If your health institution does not have one, coordinate with your municipal, city or regional Epidemiology and Surveillance Unit. The IPCU or the Epidemiology units will coordinate testing or transfer of suspected monkeypox cases to DOH referral hospitals.
   9.4 If the suspect case is admitted and transfer to a DOH referral hospital is not possible, send specimens to RITM according to the Guidelines for Specimen Collection, Storage and Transport described in the Department of Health and RITM Issuances (https://ritm.gov.ph/announcements/monkeypox-specimen-collection/)
   9.5 Advise close contacts of the suspect case to quarantine and observe for symptoms compatible with monkeypox.

10. An Interim Technical Guidelines for the Implementation of Monkeypox Surveillance, Screening, Management, and Infection Control (Department Memorandum No. 2022-0220) has been issued by the Department of Health to serve as a comprehensive guide on the various aspects of Monkeypox Infections response which include the recommendations on laboratory diagnosis and clinical management.