

Evidence-based resources for successful triage, testing, and treatment programs at health centers

WHAT

is mpox (formally known as Monkeypox or the Monkeypox Virus)?

Mpox is an itchy, painful, and contagious virus identified by a rash that looks like pimples or blisters. The mpox virus is part of the family of viruses that causes smallpox.

The mpox rash often starts near the genitals or anus but may be on the hands, feet, chest, or mouth. Symptoms typically begin within 3 weeks of exposure and 1-4 days after fever and flu-like symptoms, but they vary for people as outlined by the Centers for Disease Control and Prevention (CDC). Contagious symptoms, starting with the rash, can last 2-4 weeks and become severe, leading to hospitalization, and even death.

Health center staff are often the first line of defense to protect communities from an outbreak. They must be prepared to protect themselves and strengthen the health center response. A robust community outreach effort, an informed system for triage, and a work plan that speeds access to treatment are essential for primary care professionals to address an outbreak.

WHO

is at risk?

This virus spreads with close skin-to-skin contact with the mpox rash, healing scabs, saliva, or mucus.

The people most impacted have been gay, bisexual, or men who have sex with men; though anyone in close, prolonged physical contact with someone who has mpox is at risk. People with weaker immune systems, specifically those with HIV, face the highest risk for severe symptoms. Mpox is syndemic with HIV, STIs, and other social drivers of health. For example, 1 in 4 people contracting mpox experience periodic homelessness.

Mpox care must be incorporated into routine sexual health services to ensure all patients have their risk factors addressed and further negative outcomes can be addressed before the virus spreads.

Health center staff who work closely with someone who has this virus should wear personal protective equipment including a N95/KN95 mask, gloves, eye protection, and gown.

WHAT

does NACHC recommend for testing, treatment, and vaccination against mpox?

Triage

- Incorporate sexual health as a routine part of standard primary care. Make sure all staff are regularly trained on culturally competent, patient-centered approaches to sexual health history and counseling.
- Take a sexual health history with questions like:
 - What are your preferred gender, pronouns, and name?
 - Are you sexually active with one or more partners? With men, women or both?
 - Do you have HIV or have you had any STIs in the past?

“Younger LGBTQ+ people born after 1970 are primarily getting mpox since they didn’t get the smallpox vaccine when they were young. The best thing we can do is talk to them about prevention – and encourage them to get the mpox vaccine now.”

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HRSA allows Ryan White funds to be used for mpox. NACHC is part of a group petitioning for more funds to support the health center response.

- Ask about flu-like symptoms and rash associated with mpox. This rash looks similar to other STI rashes – ask if the patient has been exposed to someone (or a pet) with a similar rash.
- Data collection strategies begin with non-stigmatizing triage. Ensure the EHR includes these concepts and that staff know where and how to use them.

Testing

- Perform mpox testing for patients with a rash consistent with mpox, especially if they fall in a high-risk category. Offer other STI tests, including HIV testing.
- Your local health department can provide access to testing equipment and lab processing; many commercial labs also offer testing (but may be expensive).
- Keep testing supplies on hand and train staff in proper triage. This includes considerate patient isolation, PPE use, and swabbing protocol. If you suspect mpox, consult your health department.
- CDC offers useful information for patients while they wait for results.

Treatment

- There is no FDA-approved treatment specifically for mpox. Symptoms are treated with oral antihistamines, topical creams/gels, and other rash relief strategies. Pain, fever, rectal bleeding, scarring, and other symptoms must be treated too. Refer to CDC's guidance.
- The antiviral drug tecovirimat (TPOXX) was approved by the Food and Drug Administration (FDA) to treat smallpox, and it's being studied to learn how well it reduces the level of virus in the body.
- Because TPOXX is under investigation, learn if it is a good option: TPOXX fact sheet. It is free for patients with severe disease or at risk for severe symptoms.
- Plan extra time to acquire medication from your local health department and register patients for treatment. Updates can be found here: <https://emergency.cdc.gov/coca/cocanow/index.asp>
- Health centers are more successful when they designate and train a member of the care team (other than the clinician) to perform the processing for approvals, reporting, and treatment protocols.

Vaccination

- Vaccination appears to be protective and is recommended by CDC and infectious disease experts for people at elevated risk of mpox.
- Vaccines are for people exposed to the virus within the past 4 days (as post-exposure prophylaxis), and people at risk for exposure (as pre-exposure prophylaxis). This vaccination is not currently recommended for healthcare workers, as their risk is low with appropriate infection controls.
- To prevent mpox: 2, 0.1ml doses of the JYNNEOS vaccine, administered intradermally 28 days (4 weeks) apart is recommended. ACAM2000 vaccine is an alternative.
- These vaccines are free for patients. Health centers must bill private insurance or Medicare/Medicaid for reimbursement.
- People at risk should avoid skin-to-skin contact with someone who has mpox, though the vaccine seems protective at a 14:1 rate.
- You can access mpox vaccine basics from the CDC, with a goal to improve equity here.
- Vaccination for mpox should become part of standard care for high-risk patients and included in regular surveillance, quality improvement vaccination, and sexual health programs.
- Talking about or addressing mpox risk opens an opportunity to address HIV prevention including PrEP and PEP.