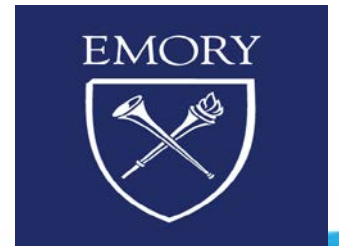


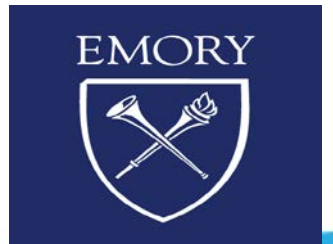
MPX | Poxvirus

Kari L. Love RN, MS CIC FAPIC



Patient information

- 27 yo male presenting w/rectal pain, anogenital lesions
- Physical examination revealed painful lymphadenopathy, macular rash in the inguinal area
- Recent international travel and attendance at large gathering in Europe
- Disclosed unprotected sexual intercourse with previously unknown partner. Sexual partner notified him that he tested positive for MPX

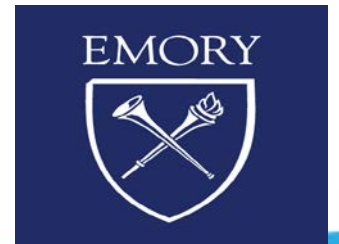


Patient information

- Patient was seen in an Urgent Care 72 hours previously and treated for HSV

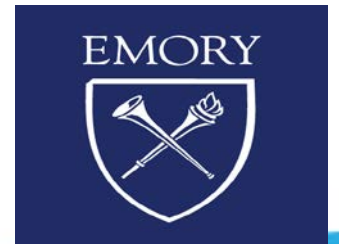


Anogenital Rash



Patient Stable and Discharged to Home

- Asked to isolate at home until lesions crust over
- Contacted by the state health department within 24-48 hours



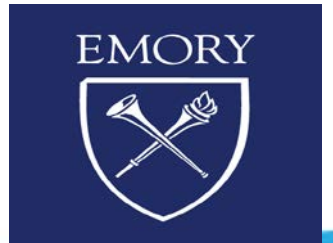
Clinical Presentation Differences

Historically:

- Initial prodrome of fever, malaise, headaches, lymphadenopathy
- Followed by rash 1-3 days later
- Rash progression macule → papule → vesicle/pustule → crusting → resolution

Current:

- Prodrome often mild or absent
- Patient presentations can be confused with STIs with rashes largely limited to the anogenital lesions
- Patients presenting with isolated proctitis



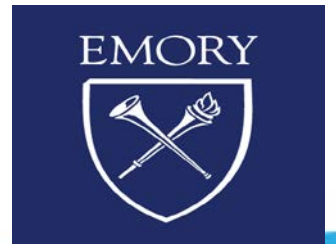
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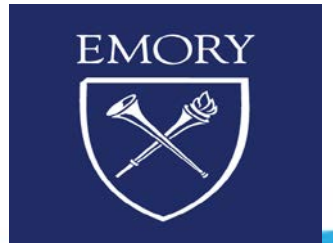
- Prodrome often mild or absent
- Patient presentations can be confused with STIs with rash limited to anogenital region in some patients
- In other patients the rash is present in multiple stages at once and lesions are not as deep-seated as previously described
- Patients presenting with isolated proctitis



How to Identify MPX

- High index of suspicion in the following situations:
 - New disseminated or genital rash
 - Especially concerning if accompanied by new lymphadenopathy
- New/unexplained rash that includes vesicular or pustular lesions
- New/unexplained proctitis, especially if accompanied by rash
- Any of the above with an epidemiologic risk factor*:
 - Recent international travel
 - Recent attendance at raves or other large gatherings, especially in Europe or Canada
 - Recent unprotected sexual intercourse, particularly in MSM patients
 - Recent sexual intercourse with a partner who had skin lesions
 - Recent close contact with a patient diagnosed with MPX

***Absence of these risk factors does NOT exclude the diagnosis.**

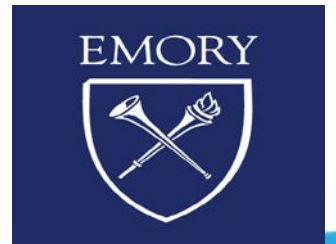


Transmission

- Skin to Skin contact
- Skin contact with contaminated linens/towels
- Respiratory droplets via prolonged face-to-face contact

- Ensure that the patient:
 - Is masked (surgical/procedure mask at minimum)
 - Is in a private exam room with the door closed
 - Has all skin lesions covered to the extent possible with clothing, a gown, and/or a sheet

- Ensure that any staff/providers entering the room wear appropriate PPE (N95, eye protection, gown, gloves)



Thank You

