



A Public Entity

Inland Empire Health Plan



**To:** All Riverside County PCPs and Specialists  
**From:** IEHP – Provider Relations  
**Date:** July 20, 2022  
**Subject:** **NEW: Riverside County Public Health: Updated Monkeypox Guidance**

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Inland Empire Health Plan, (IEHP) would like to advise Providers that Riverside County Public Health has posted “**Updated Monkeypox Guidance.**” CDC is tracking an outbreak of monkeypox that has spread across several countries that do not normally report monkeypox, including the United States. As of July 15, 2022, 1,814 monkeypox cases have been reported in the United States; of those 266 cases were reported for California residents. Locally, in Riverside County, five confirmed/probable cases have been identified.

**Symptoms** after an average incubation period of 6 to 13 days (range, 5 to 21 days):

- Flu-like symptoms may (but not always) appear: fever, headache, lymphadenopathy, myalgia, fatigue.
- This is followed approximately 1 to 3 days later by a rash that may affect the face and extremities (including palms and soles).
  - Details of rash:
    - Mucous membranes and genitalia may be involved.
    - Evolving sequentially from macules (lesions with a flat base) to papules (slightly raised firm lesions), to vesicles (lesions filled with clear fluid), to pustules (lesions filled with yellowish fluid), and crusts which dry up and fall off.

**Transmission:**

- Human-to-human transmission occurs through direct contact with body fluids or lesion material, as well as through clothing or bedding contaminated by the virus
- Through large respiratory droplets during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex.
- A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.

**Testing:**

- Healthcare providers should test any patients with suspected monkeypox. This includes any patient with a new characteristic rash or patients with risk factors for monkeypox and a new rash.

- The rash associated with monkeypox can be confused with other rashes encountered in clinical practice including herpes, syphilis, and varicella and co-infections have been reported. Providers should wear appropriate personal protective equipment (PPE) to collect specimens (see Infection Control guidance below).
- Testing is now available through Quest Diagnostics, LabCorp, Aegis Sciences and Mayo Clinic Laboratories. LabCorp, Mayo Clinic Laboratories, and Aegis Sciences are using the CDC's orthopoxvirus test (which detects all non-smallpox related orthopoxviruses, including monkeypox).
- Providers that do not have access to commercial orthopoxvirus testing, may request testing for suspected cases by submitting a monkeypox intake form located at <https://rivcoph.org/Monkeypox>
- Photos of the rash/lesions via secure email to [bcole@ruhealth.org](mailto:bcole@ruhealth.org).

### **Infection Control:**

- Patients with suspected monkeypox symptoms should be placed into a single-person exam room with door closed. The patient should remain masked, and any exposed skin lesions should be covered with a sheet or gown.
- Healthcare personnel (HCP) evaluating patients with suspected monkeypox should wear the following personal protective equipment (PPE): gloves, gown, eye protection (goggles or face shield) and a N95 or equivalent or higher-level respirator. HCP should don PPE before entering the patient's room and use for all patient contact. HCP should remove and discard gloves, gown, and eye protection, and perform hand hygiene prior to leaving the patient's room; the N95 respirator should be removed, discarded, and replaced with a mask for source control after leaving the patient's room and closing the door.
- Any EPA-registered hospital-grade disinfectant should be used for cleaning and disinfecting environmental surfaces.
- All disposable equipment used for obtaining swabs (e.g., scalpel) must be properly discarded according to the facility's established procedures.

Additional information on monkeypox and treatment/protocol is located at:

<https://www.cdc.gov/poxvirus/monkeypox/>

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html>

As a reminder, all communications sent by IEHP can also be found on the IEHP website at:

[www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)