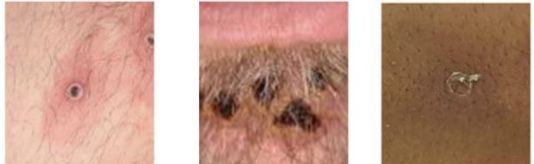



Mpox Guidance for Healthcare Providers

(updated 9/11/2025)

Clinical Guidance

- Consider mpox as a possible diagnosis in patients with [epidemiologic characteristics](#) and [lesions or other clinical signs and symptoms](#) consistent with mpox.
- Ask about travel history.
- Test all [suspected cases](#) for mpox, even if the person has been vaccinated or had mpox in the past.
- Immediately report patients suspected to have mpox to the health department by telephone (contacts below) even if testing is being conducted at a commercial laboratory.

Epidemiologic Criteria	Clinical Criteria	Lesions
<p>Within 21 days of illness onset:</p> <ul style="list-style-type: none">Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox ORHad close or intimate in-person contact with individuals in a social network experiencing mpox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) ORTraveled outside the US to a country with confirmed cases of mpox or where MPXV is endemic ORHad contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)	<ul style="list-style-type: none">Characterized by a specific type of rash.Lesions can begin on the genitals, perianal region, or oral cavity and might be the first or only sign of illness.Some patients have a prodrome, including fever, headache, muscle aches, exhaustion, and/or lymphadenopathy.Both mucosal and cutaneous lesions may occur. Cutaneous lesions progress through stages: macules→papules→vesicles→pustules→scabsCo-infection with sexually transmitted infections have been reported.	<div></div> <p>Mpox lesions are characteristically firm and often have a dot on top of the lesion (umbilication).</p>

Testing

- VDH encourages providers to use commercial laboratories for mpox testing.
- Public health testing through the Division of Consolidated Laboratory Services (DCLS) continues to be available at no cost for certain patients who meet clinical and epidemiologic criteria.
 - Testing at DCLS must be approved prior to submission. Use the contact information below for testing approval.

- Contact your local health department if a patient with suspected mpox has traveled or had contact with someone with mpox symptoms who traveled to Central or Eastern Africa in the 21 days before symptom onset so that clade-specific testing can be performed through the state lab, the DCLS.
- If a patient does not meet the criteria for DCLS testing but is still highly suspicious for mpox, testing through a commercial lab should be pursued.

Specimen Collection

- [All recommended PPE](#) should be worn when collecting a specimen from a person with suspected or confirmed mpox.
- The type of acceptable specimen (dry swab or wet swab in transport media) for diagnostic testing may vary depending on the laboratory. Contact the appropriate laboratory facility to determine the specimen types accepted.
- Only sterile, synthetic swabs (including but not limited to polyester, nylon, or Dacron) with plastic, wood, or thin aluminum (wire) shafts should be used to collect suspected or confirmed mpox specimens for diagnostic testing.
 - Do not use cotton swabs.
- Skin lesion material, including swabs of lesion surface, exudate, or lesion crusts are the recommended specimen types for laboratory testing of mpox virus specimens.
- Collect two swabs from each lesion, preferably from different locations on the body or from lesions that differ in appearance (e.g., a pair of swabs for each lesion with a total of 2-3 lesions).
 - Vigorously swab each lesion, avoiding contamination of gloved hands, to ensure adequate viral DNA is collected.
 - Unroofing or aspiration of lesions (or otherwise using sharp instruments for mpox testing) before swabbing is not necessary, nor recommended due to the risk for sharps injury.
 - Place swabs from lesions, crusts, and exudate in separate tubes.

Local Health Department Contacts

District Epidemiologist	Clarissa Bonnefond, MPH, CIC	Cell: 804-517-5773 Direct Line: 540-771-3725
District Epidemiologist, Jr.	Stephanie Neal, MPH, CIC	Cell: 540-303-7934 Direct Line: 540-459-6960
After-hours	LFHD Answering Service	540-665-8611

Healthcare Exposures

- See [Exposure Risk Assessment and Public Health Recommendations for Healthcare Personnel and Patients Exposed to a Patient with Mpox Infection](#)

Treatment

- Supportive care for mpox includes [pain management](#), [skin](#) and wound care, maintenance of fluid balance, and treatment of co-occurring sexually transmitted infections or bacterial superinfections.
- In some patients, supportive care and pain control may not be adequate and treatment should be considered. [Tecovirimat](#) or TPOXX is considered as first line treatment of mpox in people who have advanced or poorly controlled HIV or are otherwise immunocompromised, as they may be at high risk for severe disease.
- Providers seeking oral tecovirimat must access it through [CDC's expanded access investigational new drug \(EA-IND\) protocol](#).

Vaccine

CDC recommends 2-dose JYNNEOS vaccination to any adult, regardless of gender identity or sexual orientation, if:

- They are traveling to a country where Clade I MPXV is spreading between people AND
- They anticipate any of the following:
- Sex with a new partner
- Sex at a commercial sex venue, like a sex club or bathhouse
- Sex in exchange for money, goods, drugs, or other trade
- Sex in association with a large public event, such as a rave, party, or festival

Resources

[VDH Mpox Information for Healthcare Professionals Website](#)

[CDC Monitoring People Who Have Been Exposed](#)

[DCLS Mpox Testing and Shipping Instructions](#)

[EPA Disinfectants for Emerging Viral Pathogens: List Q](#)