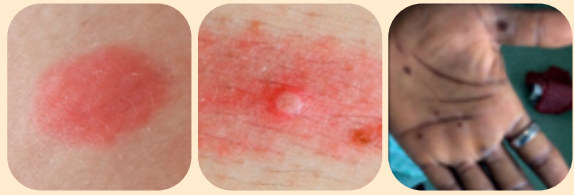


# Mpox Clinical Recognition and Testing Quicksheet: Mpox Presentations vs Common Exanthems

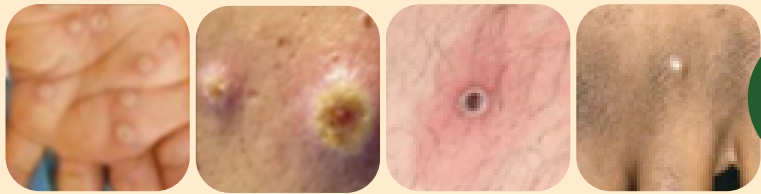
## Mpox



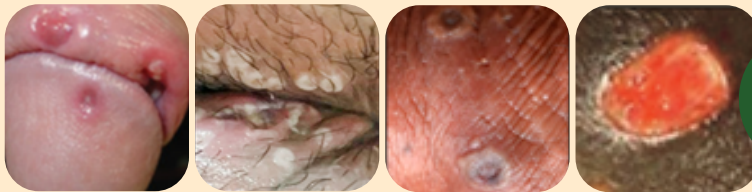
Macular/  
Papular



Vesicular



Pustule/  
Scab



Ulcerative  
Lesions



Oral  
Lesions

## Mimickers



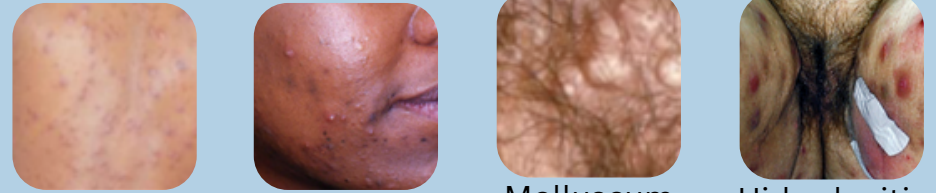
Secondary Syphilis

Disseminated Gonorrhea



Herpes

Disseminated Gonorrhea



Varicella

Acne

Molluscum  
Contagiosum

Hidradenitis  
Suppurativa



Primary Syphilis

Hand-foot-mouth



Herpes

Hand-foot-  
mouth

Aphthous ulcer  
(canker sore)

Secondary syphilis  
mucous patch

## CONSIDERATIONS for MPOX TESTING

- ✓ If testing for mpox, consider STI co-infection testing including HIV, syphilis, gonorrhea, chlamydia, & herpes
- ✓ Testing is still warranted among persons who were previously vaccinated or had previous mpox infection
- ✓ Have a lower threshold for mpox testing if any of the following are on your differential diagnosis:

	Infectious Mpox Mimickers	Non-infectious Mpox Mimickers
<b>Genital Lesions</b>	<ul style="list-style-type: none"> <li>• Herpes simplex virus (HSV; genital herpes)</li> <li>• Primary or secondary syphilis</li> <li>• Molluscum contagiosum</li> <li>• Lymphogranuloma venereum (LGV)</li> <li>• Chancroid</li> <li>• Granuloma inguinale</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent aphthous ulcers</li> <li>• Behçet’s disease</li> <li>• Hidradenitis suppurativa</li> <li>• Squamous cell carcinoma</li> <li>• Drug-induced</li> <li>• Trauma</li> </ul>
<b>Diffuse Rash</b>	<ul style="list-style-type: none"> <li>• Secondary syphilis</li> <li>• Primary varicella (chickenpox)</li> <li>• Disseminated varicella zoster (VZV)</li> <li>• Disseminated HSV</li> <li>• Molluscum contagiosum</li> <li>• Disseminated fungal or gonococcal infection</li> <li>• Scabies</li> <li>• Hand, foot, and mouth disease (coxsackievirus)</li> </ul>	<ul style="list-style-type: none"> <li>• Atopic dermatitis (eczema)</li> <li>• Contact dermatitis</li> <li>• Psoriasis</li> <li>• Pityriasis rosea</li> <li>• Autoimmune</li> <li>• Drug-induced</li> </ul>
<b>Proctitis</b>	<ul style="list-style-type: none"> <li>• Gonorrhea (GC)</li> <li>• Chlamydia (CT), including LGV</li> <li>• HSV</li> <li>• Syphilis</li> </ul>	<ul style="list-style-type: none"> <li>• Inflammatory bowel disease (Ulcerative colitis or Crohn’s disease)</li> <li>• Anal fissure</li> <li>• Hemorrhoids</li> </ul>

Source: [CDC Mpox 101 – What Clinicians Need to Know](https://archive.cdc.gov/#/details?url=https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-101-What-Clinicians-Need-to-Know.pdf) (https://archive.cdc.gov/#/details?url=https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-101-What-Clinicians-Need-to-Know.pdf)

## HOW to TEST for MPOX

**Mpox lesion-based testing is widely available through most commercial laboratories and certain public health laboratories.** \* Contact your contracted lab for specimen collection criteria as swabs and tubes can vary by lab; most commercial labs list this online (e.g., search [lab name] mpox-, monkeypox-, or orthopoxvirus-test or PCR). Consider creating a few mpox test kits for your clinic with personal protective equipment (PPE), swabs, tubes, and lab instructions.

1. **Don PPE** (N95, eyewear, gown, gloves) prior to exam and any specimen collection.
2. **Prepare specimen collection supplies** for all co-infection and/or differential testing.  
Note: Mpox testing swabs *cannot* be combined with other swabs (e.g., HSV, CT/GC, VZV, etc.).
3. **Perform complete physical exam** of all skin, oral, genital, and perianal areas.
4. **Swab lesion(s) surface vigorously** with sterile synthetic swab(s)—do not unroof or aspirate; do not clean the site before swabbing. Ideally, submit 2 specimens from different lesions/locations/appearance into their own sterile tubes.
5. **Label, store, and/or transport specimen(s)** per designated lab instructions.

### If mpox is likely or confirmed, evaluate for antiviral treatment and ensure adequate pain control:

Tecovirimat (TPOXX) is available for persons at high risk for complications or severe disease through the U.S. Centers for Disease Control and Prevention (CDC) expanded access investigational new drug (EA-IND) protocol. For more information: [go.cdph.ca.gov/TPOXX](https://go.cdph.ca.gov/TPOXX).

**\*Contact your local health department for expedited testing ASAP if clade I mpox is suspected and/or for reporting or testing support.**