

Zynx Health

Monkeypox: Moving Beyond Misconceptions and Toward Prevention and Treatment that Really Works

Recognizing and disregarding the many misconceptions about monkeypox are among the first steps toward delivering the right care to infected patients.

Unfortunate nomenclature, a surge of cases during the COVID-19 pandemic, and the fact that the disease initially infiltrated a specific population have resulted in a plethora of misconceptions surrounding monkeypox (Mpox).

As such, healthcare professionals have their work cut out for them. They need to take the time to dismantle the following five misconceptions before digging in and doing what's required to better protect patients and treat the disease:

Misconception #1: Monkeypox is a new disease.

While monkeypox resurfaced in 2022, the disease had been around for quite some time. The disease was discovered in 1958, and the first human case of monkeypox was recorded in 1970. Prior to the 2022 outbreak, monkeypox had been prevalent in several central and western African countries, **according to the Centers for Disease Control (CDC).**

Misconception #2: Monkeypox is similar to COVID-19.

While monkeypox became a health concern during the pandemic, the disease is much different from the coronavirus. Consider the following: COVID-19 can easily be contracted through aerosols in the air. Contracting monkeypox, however, is more difficult and requires prolonged, close contact with an infected person's skin lesions, large respiratory droplets, or contaminated objects, according to an **article in the *New England Journal of Medicine*.**

Misconception #3: Monkeypox is spread only through sexual contact.

The disease is not transmitted through seminal or vaginal fluids but is spread through close skin-to-skin contact, which can occur *during* sexual

activity, according to information cited in the [New England Journal of Medicine](#).

Misconception #4: The vaccines don't work.

At a [White House press briefing](#), health officials shared data illustrating the effectiveness of the monkeypox vaccine: People who were eligible but didn't get the monkeypox shot were about 14 times more likely to be infected, compared to those who did get vaccinated.

Misconception #5: Monkeypox only affects homosexual men.

While this is a commonly held notion, it's a misguided one. What's most likely happening is that current cases are primarily spreading among social networks of gay and bisexual men. The fact of the matter, though, is that anyone can get and spread monkeypox.

"We've gone down that rabbit hole of stigmatizing gay and bisexual men in the past through HIV/AIDS with devastating public health consequences, not only for them, but for the whole public health community. And we don't want to go there again," Peter Hotez, MD, PhD, dean of the National School of Tropical Medicine, and professor of pediatrics and molecular and virology and microbiology at Baylor College of Medicine and Texas Children's Hospital, said in an [article published by the American Medical Association](#). "It was just by accident that it got into that network in the Canary Islands and then the people who are having contact belong to that demographic and group."

Very real concerns

While the buzz around monkeypox definitely resulted in many unwarranted misconceptions, that doesn't mean the disease is not worthy of attention. In fact, the [World Health Organization has declared](#) the *global monkeypox outbreak a public health emergency of international concern—the agency's highest-level warning*. And, while cases of monkeypox in the United States are falling overall, the CDC contends that the total elimination of the disease is not likely, according to a [report](#) released in late September of 2022.

And, while not as deadly as COVID-19, monkeypox is difficult to deal with. [Symptoms include:](#)

- Painful rashes that look like pimples or blisters and may be located on or near the genitals or other areas such as the hands, feet, chest, face, or mouth
- Rashes that progress through several stages, including scabs, before healing
- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache
- Sore throat, nasal congestion, or cough

Complications include pneumonia, encephalitis, and eye infections, which occur mostly in children younger than eight years, pregnant people, or individuals who are immunocompromised.

The bottom-line

Healthcare professionals need to take action to help prevent, control, and treat the disease.

As such, healthcare leaders need to find ways to decrease the spread of the infection. The problem: Prevention of monkeypox infection can be challenging for individuals who have close contact with an infected patient. To start, healthcare professionals and their patients should avoid direct contact with skin lesions or with materials such as clothing, bedding, and towels used by people who have been afflicted with monkeypox.

Patients with skin lesions should use personal protective equipment including gown, gloves, eye protection, and a fitted N95 mask. When visiting a health facility, a patient with suspected or confirmed monkeypox infection should be masked immediately, have lesions covered with a gown or sheet, and be placed in isolation in a single-person room. If a patient is admitted to the hospital for care, they should be placed in a negative-pressure room, if available. Standard cleaning and disinfection procedures are sufficient, but soiled laundry should be handled with gloves to avoid contact with lesion material, **according to an article in JAMA Network.**

Treating the disease also presents challenges. There is no specific treatment approved for monkeypox virus infections, **according to the**

CDC. But antivirals that were developed for use in patients with smallpox might work, **according to the AMA article**.

Certain patients should be considered for treatment after consultation with the CDC. **According to the CDC**, such patients include those who have severe complications and those with certain risk factors predisposing them to severe complications. These groups include:

- Patients who are immunocompromised
- Patients with atopic dermatitis or other active exfoliative skin conditions
- Patients who are pregnant or breast-feeding
- Those with involvement of hazardous anatomical areas such as the eyes, mouth, genitals, and anus.

Options for the treatment of monkeypox currently available from the Strategic National Stockpile are the antiviral agents tecovirimat (approved for treatment of smallpox) and cidofovir (approved to treat cytomegalovirus retinitis), as well as IV vaccinia immune globulin (licensed for treating complications due to smallpox vaccine).

The cornerstone of management for all patients with monkeypox is symptom relief. The CDC provides recommendations for **pain management**, including pain due to genital lesions, oropharyngeal lesions, and proctitis, as well as itching, which can also be associated with the lesions.

How current is your clinical guidance?

As new treatments are apt to be developed and protocols are likely to evolve in the future, it's imperative for clinicians to stay on top of the latest recommendations. Evidence-based clinical decision support tools can help. For example, **ZynxCare** offers a robust care plan library that features actionable interventions based on evidence-based best practice recommendations, enabling clinicians to more effectively diagnose, treat, and manage diseases such as monkeypox. In addition, **ZynxOrder** provides a cloud-based clinical decision support solution that enables healthcare organizations to deploy and customize order sets into their electronic health record systems. To learn more, contact us today!

