



PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY

PSUOG SAFETY PROTOCOL FOR MPOX

The global surge of cases with the second declaration of Public Health Emergency of International Concern (PHEIC) for Mpx in August 2024 and in response to the call for action of the Department of Health (DOH), the Philippine Society of Ultrasound in Obstetrics and Gynecology (PSUOG) has developed a safety protocol in ultrasound practice. To safeguard both healthcare providers and patients, identification, and prevention of Mpx (formerly known as monkeypox) requires specific protocols. Mpx is a viral disease primarily transmitted through close, intimate contact, including with lesions, and body fluids or indirect contact with contaminated bedding, clothing/linens, utensils or surfaces.

This safety protocol outlines the necessary steps tailored to ultrasound settings aligning with the current guidelines and recommendations set by the World Health Organization (WHO), the Center for Disease Control (CDC) in the United States and the DOH.

By adhering to this set protocol, the goal is to significantly reduce the risk for disease transmission, ensure timely identification of infected individuals and maintain the optimum standards of infection control in your place of practice.

I IDENTIFICATION OF MPOX IN ULTRASOUND PRACTICE

1) Patient Screening:

- Prior to the appointment, the following information should be obtained:
 - Recent travel history to areas with Mpx outbreaks or contact with animals that may carry the virus (e.g., rodents, primates)
 - Close contact with infected individuals within 21 days before the onset of signs and symptoms
 - Symptoms such as acute onset of FEVER (>38.5C), MYALGIA, BACK PAIN, PROFOUND WEAKNESS OR FATIGUE, RASH, and SWOLLEN LYMPH NODES
- Check for visible skin lesions, particularly on the face, hands, or genital area.
- High index of suspicion if common causes of acute rash do not explain the current clinical picture

2) Clinical Presentation:

- Mpx typically presents with a characteristic rash that evolves into pustules or vesicles. It can be extensive, and lesions may be visible on the skin during an ultrasound.
- Other associated symptoms may include fever, headache, muscle ache and lymphadenopathy.

3) Ultrasound findings:

- Ultrasound may show swollen lymph nodes or liver and spleen abnormalities in systemic infections.
- For obstetric ultrasound, Mpx infection may complicate pregnancies, necessitating careful monitoring of fetal development.



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II PREVENTION PROTOCOL FOR MPOX IN ULTRASOUND PRACTICE

- 1) Personal Protective Equipment (PPE):
 - Mandatory use of PPE for sonographers, including disposable gloves, disposable gown, eye protection (goggles or face shield), and an N95 mask or equivalent if prolonged exposure or aerosol-generating procedures are involved.
 - Ensure all staff are trained in the proper donning and doffing of PPE.
 - Patients should wear a medical mask and cover any skin lesions with clothing or dressings.
- 2) Disinfection Protocol:
 - Clean and disinfect all ultrasound equipment (*transducers, cables, beds*) after each use. Use disinfectants effective against viruses, as recommended by health authorities (*e.g., bleach-based, or alcohol-based solutions*)
 - Use disposable covers for ultrasound probes especially when performing transvaginal or transrectal scans.
- 3) Hand Hygiene: use soap and water or alcohol-based hand sanitizers
Five (5) moments of hand hygiene should be strictly observed by all healthcare staff such as:
 - Prior to touching a patient
 - Prior a clean/aseptic procedure
 - After a procedure or risk exposure to body fluid
 - After touching a patient
 - After touching the patient's surroundings
- 4) Isolation of Suspected or Confirmed Cases:
 - Schedule suspected or confirmed Mpox patients at the end of the day to allow for thorough cleaning.
 - Place these patients in isolated areas and minimize their contact with other staff and patients.
 - Instruct patients to wear masks, cover skin lesions, and follow respiratory hygiene measures.
 - Maintain a log of all persons who enter the room of patients with suspected or confirmed Mpox.
- 5) Vaccination:
 - Healthcare workers who are at high risk for exposure.
 - Close contacts of confirmed cases (post-exposure prophylaxis) within 4 days of exposure to prevent the onset of the disease.
 - Currently, there is none available yet in the country.
- 6) Waste management:
 - Dispose of contaminated materials (used PPE, dressings, etc.) following standard biohazardous waste protocols. WHO emphasizes that handling and disposal should follow local and international guidelines to prevent contamination.



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7) Reporting and Documentation:

- Ensure all cases of suspected or confirmed Mpox are reported to public health authorities such as the Epidemiology and Surveillance Unit (ESU) of DOH which refers to the following: 1) Centers for Health Development (RESU), 2) Provincial Health Offices (PESU), 3) City Health Offices (CESU), and 4) Municipal Health Units (MESU) or Inter-local Health Zones (DESU).
- Document all findings and follow infection control guidelines rigorously.

8) Telemedicine Triage:

- Use Telemedicine to pre-assess patients with Mpox symptoms before scheduling an in-person ultrasound, reducing the risk of exposure.

Mplmd2024.

The following are the issued policies of the Department of Health which you may access through this link:

<https://tinyurl.com/mpox2024issued>

DM 2024-0306: Updated Interim Guidelines on the Prevention, Detection, and Management of Mpox

DM 224-5521: Creation of the Interim Department of Health Mpox Task Force

DM 224-0310: Reiteration on the Use of the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program for Mpox Testing and Management

DM 2024-0333: Updated List of Dangerous Communicable Diseases Pursuant to the Requirements of AO No. 2021-0056-A entitled "Amendment to the Revised Implementing Rules and Regulations of the Code on Sanitation (PD 856)" Chapter XXI Disposal of Dead Persons

DM 2024-0311: Interim Guidelines on the Handling and Disposal of Human Remains of Suspect, Probable, and Confirmed Mpox Cases

DM 2024-0312: Interim Guidelines for Mpox Monitoring, Isolation, and Infection Prevention and Control in Home Settings

DM 2024-0320: Interim Guidelines for Mpox Prevention and Response in Workplaces and Other High Risk Commercial Establishments

DM 2024-0339: Interim Guidelines on the Management and Care Pathways for Mpox Cases



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