

## **Interim Guidance: Supportive Care for People with hMPXV (aka monkeypox)**

**July 29, 2022**

Colleagues,

Signs and symptoms associated with hMPXV (aka monkeypox) include fever, myalgias, headache, painful lymphadenopathy, asthenia, and rash. All patients with hMPXV should be provided supportive care and treatment of symptoms. This may include medications or other interventions to control pain, itching, nausea, and vomiting. Specific recommendations follow.

Pain and pruritus (itching) associated with hMPXV may be prominent and disproportionate to rash appearance. Severe proctitis (inflammation of the lining of the rectum and lower digestive system) has been a presenting symptom and can be associated with rectal tenesmus and bleeding. Pain may be severe enough to interfere with basic functions such as eating, urination and defecation, and can cause significant patient distress.

Coinfections with sexually transmitted infections, group A strep, and other viruses (for example, varicella zoster virus or VZV) have been reported. It is important to evaluate for and treat other potential infections as appropriate.

Supportive care includes maintenance of adequate fluid balance, pain management, treatment of bacterial superinfections of skin lesions, and treatment of co-occurring sexually transmitted or superimposed bacterial skin infections. Providers should address these symptoms adequately and early to prevent hospitalizations.

Skin lesions should be kept clean and dry when not showering or bathing to prevent bacterial superinfection. Pruritus can be managed with oral antihistamines and inert, anti-irritant topical agents such as calamine lotion or petroleum jelly.

For oral lesions, compounds such as “magic” or “miracle” mouthwashes (prescription solutions used to treat mucositis) can be used to manage pain. Oral antiseptics can be used to keep lesions clean (for example, chlorhexidine mouthwash). Topical benzocaine/lidocaine gels can be used for temporary relief, especially to facilitate eating and drinking, but should be limited to recommended doses.

For painful genital and anorectal lesions, warm sitz baths lasting at least 10 minutes several times per day may be helpful. Topical benzocaine/lidocaine gels or creams at the recommended doses may also provide temporary relief.

Proctitis can occur with or without internal lesions and, though often manageable with appropriate supportive care, can progress to become severe and debilitating. Stool softeners such as docusate should be initiated early. Sitz baths, as described above, are also useful for proctitis, and may calm inflammation. Similarly, over-the-counter pain medications such as acetaminophen can be used. Pain from hMPXV proctitis may require prescription medications, use of which should be balanced with the possibility of side effects, like constipation. Proctitis may additionally be accompanied by rectal bleeding. Though rectal bleeding has been self-limited, patients with rectal bleeding should be evaluated by a healthcare provider.

Nausea and vomiting may be controlled with anti-emetics as appropriate. Diarrhea should be managed with appropriate hydration and electrolyte replacement. The use of anti-motility agents is not generally recommended given the potential for ileus (inability of the intestine to contract normally).

For people with or at risk for severe hMPXV disease, please see [Obtaining Tecoviramat for hMPXV Patients](#) for ordering and providing tecoviramat for your patients.