

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Join the Community!

Read about trends in consult volume, cornea culture algorithms, on-call bags, open hospitalist positions, and more!

[AAO/OHIG Online Community!](#)

OHIG at AAO 2022

Save the date for **"Who's on Call? - Ophthalmic Hospitalists: A Better Way to Solve an Age Old Problem"**, featuring OHIG members
10/3 @ 9:45am-11:00am CDT
See page 6 for topic outline

OHIG Meet and Greet

Meet your fellow OHIG members at our first ever in person gathering at the AAO meeting on **10/1 @ 4:00-5:00pm CDT**, AAO Global Alliance office conference room N427A

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the [OHIG website](#).



[Image Source](#)

Articles

[Update on the Monkeypox Outbreak, JAMA, Aug 2022](#)

A helpful overview of Monkeypox in terms of its transmission, clinical characteristics, testing, treatment, and vaccine use.

[Ophthalmic Manifestations of Monkeypox Virus, Eye, July 2022](#)

An article reviewing clinical ocular findings for Monkeypox virus.

[Ophthalmic Manifestation of Monkeypox Infection, The Lancet, Infectious Diseases, Sept 2022](#)

An article sharing an interesting case of Monkeypox with ocular involvement.

PEARLS



AAO on Monkey Pox

Monkeypox and
Pink Eye
(Conjunctivitis):
When to Call a
Doctor



A high yield review of Monkeypox symptoms, clinical manifestations, disease course, treatment, and disease prevention.

[Click here](#)

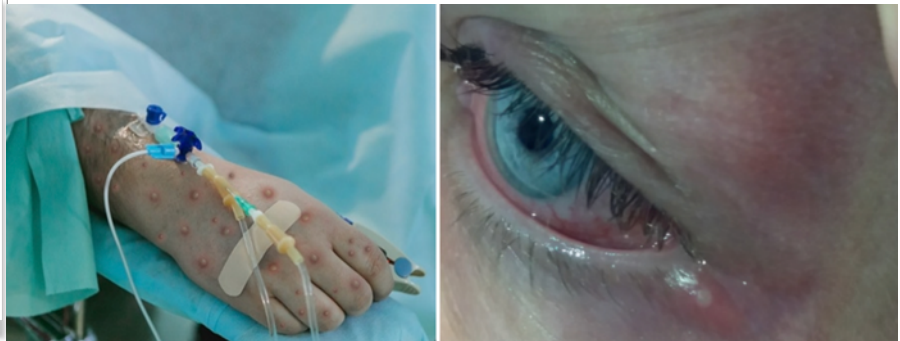
WHO on Monkeypox



A helpful review and key tips from the World Health Organization about Monkeypox.

[Click Here](#)

CONSULT ROUNDS



You are paged by the medicine service about a 27 year old sexually active male with a new potential diagnosis of Monkeypox.

He has a fever, cough, and vesicular skin lesions throughout his face and body. He complains of blurry vision and has a red left eye.

As the on-call ophthalmologist a few questions come to mind:

Q1) What PPE precautions should I take when evaluating a consult patient with monkey pox?

CDC recommends the following PPE when evaluating patients with suspected or confirmed Monkeypox:

- 1) Gown
- 2) Gloves
- 3) Eye Protection (goggles or face shield that covers the front and sides of the face)
- 5) NIOSH-approved particulate respirator mask equipped with N95 filter or higher

Fore more information about PPE from the CDC: [click here](#)

Q2) What ocular findings should I be looking for?

Case reports are limited, reported findings include eyelid edema, vesicular lesions involving the eyelid or conjunctivitis, conjunctivitis, and keratitis.

Fore information from the AAO: [click here](#)

Q3) If I see a suspicious lesion, how do I obtain a sample and what kind of test should I order?

- 1) Use a sterile, dry synthetic swab (Dacron, nylon, polyester). Do not use cotton swabs.
- 2) In general, vigorous swabbing on the lesion surface is acceptable +/- unroofing the lesion if needed
- 3) Place into a viral transport media tube (see photo)
- 4) Place in a specimen biohazard bag and refrigerate or freeze within 1 hour of collection
- 5) Sent to ARUP Laboratory for Orthopoxvirus PCR, test code 3005716
- 6) Be sure to **call the lab at your own institution** to confirm their preference for specimen collection before obtaining any swabs samples as institutions may vary. For instance, Northwell Health uses a COVID swab to culture for Monkeypox. Oregon Health and Science University (OHSU) uses a universal viral transport swab.



For more information about specimen collection from the CDC: [click here](#)

Q4) How do I treat ocular Monkeypox lesions?

Severe ocular manifestations are rare. When symptoms are present they are generally mild and not sight threatening. Supportive management is typically recommended including the use of lubricating eye drops and avoidance of CTL wear and eye make up. Patients should also refrain from touching or rubbing their eyelid or eyes when blisters are present. They should not share fabrics such as bedding, towels, and clothing with other people to help avoid transmission.

For information from the AAO: [click here](#)

Consult Rounds Image Sources:

<https://www.ndtv.com/health/monkeypox-here-are-the-basics-you-need-to-know-about-3214589>

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00504-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00504-7/fulltext)

MONKEYPOX



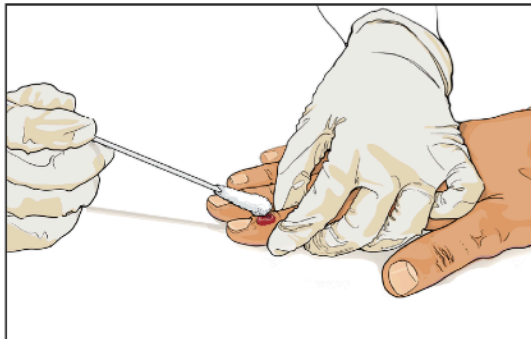
Testing Patients for Monkeypox

What lesion specimens to collect

- Collect lesion specimens for initial monkeypox testing at Laboratory Response Network (LRN) laboratories located within your public health department or at authorized commercial laboratories.
 - » Skin lesion material is recommended.
 - » Contact the laboratory (LRN or commercial) for specifics on acceptable specimen type.
- For further characterization of a specimen at CDC, three types of specimens are accepted.
 - » Dry swabs of lesion material
 - » Swabs of lesion material in viral transport media (VTM)
 - » Lesion crusts

How to collect lesion specimens

1. Wear appropriate personal protective equipment (PPE).
2. Collect two swabs from each lesion, preferably from different locations on the body or from lesions which differ in appearance.
 - » Use sterile, dry synthetic swabs (including, but not limited to polyester, nylon, or Dacron swabs) with a plastic, wood, or thin aluminum shaft. (Any type of shaft is acceptable as long as it can be broken or cut).
 - » Do not use cotton swabs.



3. Generally, with **vigorous** swabbing, sufficient monkeypox virus DNA is present on the surface of a lesion, and you don't need to de-roof the lesion before swabbing. Put each swab into a separate container, either:
 - » By breaking off or cutting the end of each swab's applicator into a 1.5- or 2-mL screw-capped tube with O-ring or other sterile leak-proof container (e.g. sterile urine cup) or
 - » By putting the entire swab in a sterile container that has a gasket seal. Use a plastic container instead of a glass container, when possible.

How to ship specimens

- Specimens can be shipped as UN 3373 Biological Substance, Category B.
- Specimens should first be tested by an LRN or authorized commercial laboratory unless you are authorized to send specimens directly to CDC.
- If you are authorized to send specimens directly to CDC, or if you are sending specimens to CDC for viral characterization:
 - » Store refrigerated (2-8°C) or frozen (-20°C or lower) within an hour of collection.
 - » Ship specimens on dry ice, when possible. Specimens received outside of acceptable temperature ranges will be rejected.
 - » Include an electronic Global File Accessioning Template (GFAT) form and ensure that each specimen is labeled with a unique identifier GFAT.
 - If less than 20 specimens are being submitted to CDC, a [CDC 50.34 form](#) for each specimen may be submitted instead of a GFAT.
 - » Please include a printed manifest of your specimens with your shipment.
 - » Email the GFAT form to Poxviruslab@cdc.gov

For patients with confirmed monkeypox, health care providers may send serum to CDC directly for pox serology test. See [CDC Poxvirus Serology](#) for details.

For more information, see [CDC's 2022 Monkeypox: Information for Healthcare Professionals](#).


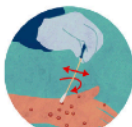

MONKEYPOX



Tips for Adequate Collection of a Lesion Specimen from a Suspect Monkeypox Virus Case

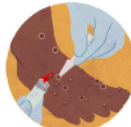


Vigorous swabbing of lesion specimens maximizes the probability of achieving accurate diagnostic results. **Specimens that do not contain enough human DNA may lead to inconclusive PCR test results, with no positive or negative result.** Inconclusive results necessitate patients being sampled again which can delay diagnosis. Follow the instructions below to make sure your specimens are adequate for testing. While vigorous swabbing on the surface of a lesion should collect enough viral DNA, more viral DNA can be found in crusts when present. Recommended [infection prevention and control practices](#), including the use of personal protective equipment (PPE), for caring for a patient with suspected or confirmed monkeypox infection should be used during specimen collection: [What Healthcare Professionals Should Know](#). Unroofing or aspiration of lesions (or otherwise using sharp instruments for monkeypox testing) is **not necessary, nor recommended due to the risk for sharps injury**.

Swabbing of Lesion Surface:

1. Use sterile, synthetic swabs. Do not use cotton swabs.
2. More information on specimen collection can be found here: [Preparation and Collection of Specimens](#).
3. Do not clean the lesion with ethanol or any other disinfectant prior to swabbing.
4. Hold the swab with a firm grasp. Avoid touching the swab shaft at least an inch before the tip if collecting a dry swab and the length of the swab shaft that will be submerged in liquid if using a swab to be stored in viral transport media. 
5. Apply firm pressure (generally firm enough so that the swab shaft, if plastic, may bend slightly). This may result in discomfort or slight pain, but it is necessary to obtain adequate DNA.
 - a. If lesion ruptures while swabbing, ensure that swab collects lesion fluid.
 - b. If possible, avoid using swabs that bend too easily which may make applying firm pressure difficult.
6. Swipe the swab back and forth on the lesion surface at least 2-3 times then rotate and repeat on the other side of the swab at least 2-3 times. 
 - a. If material is visible on the swab surface (such as skin material or from lesion fluid that is leaking from the lesion), this is indicative of an adequate collection. Although please note that material may not always be visible on swabs.
7. Place swab within appropriate container. 
 - a. Ensure container, storage and shipping conditions are approved by laboratory that specimen is being sent to for testing.

Collection of crusts from healing lesions:

Crusts are not accepted by all laboratories as an approved specimen type. Ensure the laboratory that will be receiving the specimen for testing is able to test crusts before collecting or sending.

1. Use a forceps or other blunt-tipped sterile instrument to remove all or a piece of the crust at least 4mm x 4mm – about the size of this dot: ● 
2. Separate each crust into a dry, sterile container.
 - a. Ensure container, storage, and shipping conditions are approved for laboratory that specimen is being sent to for testing. 
3. Cover lesion with band aid. 

AAO 2022 Annual Meeting Course

Who's On Call? - Ophthalmic Hospitalists, A Better Way to Solve an Age Old Problem

10/3 @ 9:45am-11:00am CDT

This course will feature a panel of OHIG members who will discuss topics relevant for hospital based care including hospitalist models, navigating coverage for ocular trauma, and fungemia consult guidelines from the AAO.

Introducing the Ophthalmic Hospitalist - Donna Kim, MD

Ophthalmic Hospitalist Interest Group (OHIG) - Maggie Hymowitz, MD

Residency Program Director Hospitalists - Lori Stec, MD

Private Practice Hospitalists - Craig Czyz, DO, FACOS, FACS

Pearls and Pitfalls for First Hire Hospitalists - Matt Gorski, MD

Call Coverage for Hospital Based Ocular Trauma - Fasika Woreta, MD, MPH

Fungemia Update - Mark Breazzano, MD and John Bond, MD

We look forward to seeing OHIG at the fall AAO meeting!