

Date: May 25, 2022
To: Medical Care Providers
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Please distribute to all providers and relevant medical staff in your office.

Health Advisory

Monkeypox

Situation: CDC issued a health advisory May 20, 2022 notifying clinicians and public health authorities regarding a confirmed case of monkeypox virus infection in Massachusetts as well as multiple clusters of the monkeypox virus infections in other countries. As of May 24, 2022, there is a person with confirmed orthopox in Sacramento, California. Confirmatory testing to confirm monkeypox is underway.

ACTIONS REQUESTED OF CLINICIANS:

Suspect monkeypox in a patient with a rash consistent with monkeypox with or without the typical prodrome of fever, headache, and muscle aches. Conduct a complete history and physical exam, including thorough sexual and travel history. Many but not all cases have been identified in men who have sex with men. Monkeypox-like lesions may appear only on the genital and perianal region, and the typical prodrome features of fever or flu-like symptoms may be absent. Consider ruling out, if possible, other etiologies of rash such as herpes, syphilis, molluscum contagiosum, and varicella-zoster.

Implement contact and airborne precautions immediately for suspected cases. Place suspected cases as soon as possible in a single-person exam room with the door closed or an airborne infection isolation room. PPE includes a gown, gloves, eye protection, and N95 respirator.

Report suspect monkeypox cases immediately by calling the Stanislaus County Public Health (PH) Communicable Disease Program at (209) 558-5678. After hours, weekends, and holidays, please call (209) 664-6032.

Test suspected cases. Collect specimens using proper PPE as discussed above. Call PH for prior approval for monkeypox testing by the PHL. Two dry lesion swab specimens are required for diagnose by PCR. It is preferred that more than one lesion is sampled from a different location on the body or from lesions that differ in appearances. See below for specific instructions for specimen collection.

Advise patients with suspected monkeypox to stay home until all lesions have resolved and a fresh layer of skin has formed.

Clinical Presentation:

Monkeypox classically starts with fever, headache, muscle aches, and exhaustion. The main difference between the smallpox and monkeypox is that monkeypox causes lymphadenopathy. The incubation period is usually 7-14 days but can range from 5-21 days. Other symptoms include backache, chills, and exhaustion. Within 1-3 days or longer after the appearance of fever, the patient will develop a rash that often begins on

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the face and then spreads to other parts of the body. Lesions start off as macules, progressing to papules, vesicles, pustules, scabs and then fall off. The illness typically lasts for about 2-4 weeks. Young children, pregnant women, and those who are immunocompromised are at higher risk for severe disease.

Infection Control:

1. Mask suspected monkeypox patient immediately and move the patient out of waiting area or other common area into an airborne infection isolation room if available, or in a private room with the door closed.
2. The healthcare personnel providing care should wear proper PPE such as gloves, gown, eye protection, and a N95 or equivalent or higher-level respirator when providing care to the patient. Healthcare personnel entering the room should use respiratory protection (N95 respirator).
3. Use any EPA-registered hospital-grade disinfectant for cleaning and disinfecting environmental surfaces
4. If the patient is going to another health care facility, notify them about the patient's suspect monkeypox status prior to referral.
5. Instruct the patient and all exposed persons to inform all healthcare providers of the possibility of monkeypox prior to entering a healthcare facility.
6. It is theorized that human-to-human transmission occurs primarily through large respiratory droplets and those generally cannot travel more than a few feet so prolonged (> 3 hours) face-to-face contact is required. **It generally does not spread easily from person to person.**

For additional guidance: <https://www.cdc.gov/poxvirus/monkeypox/about.html>

Test suspected cases:

Collect specimens for monkeypox testing as approved by public health.

- Store all specimens at 4°C if shipping within 24-72 hours; store at -80C if shipping will be delayed.
- **Two specimens are required** from swabbing a dry lesion, preferably from different body sites.
- Collect using sterile nylon, polyester, or Dacron swabs with plastic or aluminum shaft
- To collect a specimen vigorously, swab or brush the lesion with two separate sterile dry polyester or Dacron swabs. Break off the end of the applicator of each swab each into a **separate** sterile 1.5- or 2.5-mL screw-capped tube with an O-ring or place each entire swab into a separate sterile container. Do not add or store in viral or universal transport media

Isolate suspected cases at home

Provide the patient with a supply of surgical masks. They should return home by private car and avoid using public transportation. Infected people are usually contagious until all lesions have resolved, and a fresh layer of skin has formed underneath. The patient should go to the hospital if having an emergency and be advised to inform the hospital of the possible monkeypox prior to arrival.

Treatment: An antiviral is available through the SNS for those at risk for severe disease. Public Health will facilitate this request.

Prevention: Vaccine is available in the SNS for pre-exposure and post-exposure prophylaxis. Please contact Stanislaus County public health to request.

Additional Information:

- CDC Monkeypox page: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>
 - Public Health Communicable Disease Program: (209) 558-5678.
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