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URGENT HEALTH BULLETIN

Evaluation of Suspect Monkeypox Infection

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Health Bulletin webpage (https://kernpublichealth.com/health-bulletin/) or on the
COVID-19 webpage (https://kernpublichealth.com/2019-novel-coronavirus/)

June 16, 2022

Dear Kern County Healthcare Provider:

- **Monkeypox Situational Report**
  As of June 15, 2022, CDC has reported 84 cases identified in 16 states and the District of Columbia. The California Department of Public Health (CDPH) reports 17 cases of monkeypox in California. While there have been no cases identified in Kern County to date, there have been cases reported in neighboring counties, and healthcare providers are reminded to remain vigilant.

  All suspected cases of monkeypox should be reported immediately to Kern County Public Health Services Department (KCPHSD) at 661-321-3000. After hours, on holidays, or on weekends, healthcare providers should call 661-241-3255 to reach Public Health On-Call staff.

- **Monkeypox Background**
  Monkeypox virus belongs to the orthopoxvirus genus. This is the same genus that includes the virus that causes smallpox and cowpox. Monkeypox was identified in 1958 among monkeys and the first human case was recorded in 1970. The natural reservoir for monkeypox is unconfirmed, however African rodents and non-human primates may harbor the virus and infect people.

  Monkeypox is transmitted through contact with an infected animal or human or with material contaminated with the virus. Current epidemiology suggests person-to-person community spread through infectious body fluids (respiratory droplets, exudate of skin lesions), contact with rashes and scabs, and prolonged physical contact which includes intimate sexual contact.

  Symptoms of monkeypox may include fever, headache, muscle ache and back ache, swollen lymph nodes, chills, exhaustion, and a specific rash. While monkeypox is rarely fatal, persons with weakened immune systems, children under 8 years of age, people with history of eczema, and people who are pregnant or breastfeeding may be more likely to become seriously ill or die. Monkeypox can be extremely painful and scarring from the rash may be permanent.

Monkeypox is extremely rare outside of Western and Central Africa; however, 2,207 cases have been reported across 36 countries this year. There have been 158 cases reported in Canada and 5 cases reported in Mexico as of June 15, 2022. See CDC's Global Map and Travel Advisory for more information.

In 2021, there were two travel-associated cases of monkeypox identified in the U.S. Prior to that, the most recent cases identified in the U.S. were during a 2003 outbreak where 47 cases were linked to imported small mammals.

- **Evaluation of a Suspected Monkeypox Case**

  The current case definition of a suspect case includes the following new characteristic rash OR epidemiological criteria with high clinical suspicion for monkeypox.
  - The characteristic rash associated with monkeypox lesions include deep-seated and well-circumscribed lesions, often with central umbilication; lesions progressing through specific sequential stages (macules, papules, vesicles, pustules, and scabs). Rash differentials may include secondary syphilis, herpes, and varicella zoster. For more details about rash progression, including images of the characteristic monkeypox rash, see CDC's Clinical Recognition webpage.
  - Epidemiological criteria include the following within 21 days of illness onset:
    - Reports of contact with person(s) with similar rash or person(s) who have been diagnosed with monkeypox OR
    - Close or intimate in-person contact with individuals in a social network experiencing monkeypox OR
    - Travelled outside the US. To a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR
    - Contact with a live or dead wild animal, exotic pet that is an African endemic species, or products derived from such animals (game meat, creams, lotions, powder, etc.)

Exclusion criteria include an alternative diagnosis which can fully explain the illness; individual with symptoms that does not develop a rash within 5 days of illness onset; or high-quality specimens do not demonstrate the presence of orthopoxvirus or monkeypox virus or antibodies to orthopoxvirus. Patients can be co-infected with monkeypox virus and other infectious agents.

The average incubation period for monkeypox is 7 to 14 days but can range from 5 to 21 days. The prodromal period includes flu-like illness (fever, malaise, headache, weakness, new lymphadenopathy etc.) lasting a few days followed by a characteristic rash. Lesions typically develop simultaneously and evolve together on any given part of the body, unlike in varicella-zoster virus (chicken pox) which will have lesions in multiple stages. Disseminated rash is centrifugal (more lesions on extremities and face). Perianal or genital lesions have been reported without flu-like prodromal symptoms. Examples of the characteristic monkeypox rash can be found on CDC's Clinical Recognition webpage.

All suspected cases of monkeypox should be reported immediately to KCPHSD at 661-321-3000. After hours, on holidays, or on weekends, healthcare providers should call 661-241-3255 to reach Public Health On-Call staff. If possible, please provide photographs of the rash to assist with clinical evaluation.

- **Testing for Monkeypox**
  Currently, orthopoxvirus testing is limited to Laboratory Response Network (LRN) laboratories. Confirmatory monkeypox virus-specific testing is performed at CDC. Please contact Kern County Public Health Services Department at 661-321-3000 to request monkeypox virus testing. After hours, on holidays, or on weekends, contact 661-241-3255 to reach Public Health On-Call staff.

  More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances. When possible, use plastic rather than glass materials for specimen collection.

  To collect a specimen, vigorously swab or brush lesions with two separate sterile dry polyester or Dacron swabs. Do not use cotton swabs. Break off end of application of each swab in a sterile 1.5- or 2-mL screw-capped tube with O-ring or place entire swab in a separate sterile container. As noted in the June 14, 2022 HAN, CDC is now accepting lesion swabs in viral transport media (VTM) and lesion crusts in addition to dry swabs. Swabs in VTM and lesion crusts must be received within 7 days of specimen collection. See CDC's Preparation and Collection of Specimens webpage for more detailed information. Specimens that have been authorized for testing should be appropriately packaged and routed to the Kern County Public Health Laboratory at 1800 Mt Vernon Avenue, Bakersfield, CA 93306.

- **Infection Control Recommendations for a Suspected Monkeypox Case**
  Standard precautions should be applied to all patient care, including patients with suspected monkeypox. Healthcare workers should wear personal protective equipment (PPE) including gown, gloves, eye protection, and NIOSH-approved particulate respirator (N95 or higher). Whenever possible, the patient should be placed in a single-person room with a dedicated bathroom. Transport outside of their room should be limited to medically essential purposes. If patient must be transported out of the room, a well-fitting mask for source control should be used and all lesions should be covered with a sheet or gown. Activities that could resuspend dried lesions (portable fans, sweeping, etc.) should be avoided without appropriate precautions. Any aerosol-generating procedures should be performed in an airborne infection isolation room (negative pressure room).

  Standard cleaning and disinfection procedures should be following using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (List Q). Soiled laundry should be handled in a manner to avoid contain with lesions material that might be present in laundry. Dry dusting, sweeping, and vacuuming should be avoided; wet cleaning methods are preferred. Food service should be performed in accordance with routine procedures. See CDC's Infection Prevention and Control in Healthcare Settings webpage for more information.

  Patients with suspected or confirmed monkeypox who do not require hospitalization may be isolated at home. Patients should be isolated in a room or area separate from other household members whenever possible. Patients should not leave home except to receive medical care. Unexposed persons should only visit the home with an essential need. Household members should limit contact with the patient. Patients should avoid contact with animals, including pets, whenever possible. Patients should wear a surgical mask whenever possible. Household members or caregivers should consider wearing a surgical mask in the presence of a person with monkeypox. Disposable gloves should be worn for direct contact with lesions and disposed properly followed by effective hand hygiene. Skin lesions should be covered as much as possible. See CDC's Infection Prevention at Home webpage for more information.

- **Interim Clinical Guidance for the Treatment of Monkeypox**
  There is no specific treatment approved for monkeypox virus infections. Many individuals will have a mild, self-limiting infection. However, treatment should be considered for high-risk populations.

  Antivirals developed for use in patients with smallpox, another similar orthopoxvirus, may be beneficial. CDC holds expanded access protocols (commonly referred to as "compassionate use") for Tecovirimat (TPOXX), Cidofovir (Vistide), and Vaccinia Immune Globulin Intravenous (VIGIV) to be used for the treatment of monkeypox or orthopoxviruses (including monkeypox) in an outbreak. These therapeutics may be available from the Strategic National Stockpile (SNS). Brincidofovir (Tembexa) is another antiviral approved for treatment of human smallpox disease, but is not yet available through the SNS. CDC is currently developing an EA-IND for this product.

  More information on high-risk populations can be found on CDC Monkeypox Treatment webpage and Interim Clinical Guidance webpage.

  To request treatment for a suspected or confirmed monkeypox case, contact KCPHSD at 661-321-3000. After hours, on holidays, and on weekends, contact 661-241-3255 to reach Public Health On-Call staff.

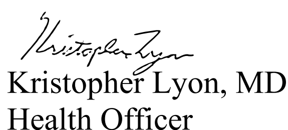
- **Pre-exposure Prophylaxis (PrEP) to Prevent Monkeypox and Postexposure Prophylaxis (PEP)**
  There is no vaccine approved to prevent monkeypox; however, two vaccines currently licensed to prevent smallpox have been shown to protect people against monkeypox. At this time, most clinicians and laboratorians are not recommended to receive orthopoxvirus PrEP. See CDC's Vaccine Guidance for more information.

  Vaccination after monkeypox exposure may help prevent disease or decrease severity of illness. CDC recommends that vaccine be given within 4 days of exposure to prevent onset of disease. Vaccination administered between days 4 and 14 may reduce the severity of illness.

- **Monkeypox Resources**
  This continues to be an evolving situation. Please refer to the CDC and CDPH webpages for the most up-to-date information.
  CDPH Monkeypox Webpage
  CDC Monkeypox Information For Healthcare Professionals, June 14, 2022 HAN, May 20, 2022 HAN

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit our KCPHSD website.

Thank you,



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