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URGENT HEALTH BULLETIN

Monkeypox Case Identified in Kern County

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July 9, 2022

Dear Kern County Healthcare Provider:

- **Monkeypox Situational Report**

The first probable case of monkeypox virus has been identified in a Kern County resident. The case has not been hospitalized and is recovering in isolation at home. Close contacts have been identified and are being notified of their potential exposure. Healthcare providers are reminded to consider monkeypox virus infection in persons presenting with rash and to assess risk factors of all persons reporting close contact with a monkeypox virus case. While only one case has been identified in Kern County so far, multiple cases have been identified in neighboring counties. Healthcare providers are also reminded to wear appropriate personal protective equipment (PPE) including gown gloves, eye protection, and N-95 respirator or higher when evaluating patients with suspected monkeypox infection or close contacts.

As of July 8, 2022, CDC has reported [791 cases](#) identified in 37 states, the District of Columbia, and Puerto Rico. The California Department of Public Health (CDPH) reports [141 cases](#) of monkeypox in California. While monkeypox can be extremely painful, no deaths have been reported in the U.S.

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 Assessment**

Many of the recent cases in California are persons who identify as men who have sex with men; however, it remains important to remember that monkeypox can infect anyone. Monkeypox is spread through contact with rashes, scabs, infectious body fluids, and prolonged physical contact which can include, but is not limited to, 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.

- **Updated Case Definition for Monkeypox Infection**

The [current case definition](#) of a monkeypox infection has been updated to include suspect, probable, and confirmed case definitions.

- A suspect case is defined by a new characteristic rash OR meeting one of the epidemiologic criteria with a high suspicion for monkeypox.
- A probable case is defined by no suspicion of other recent *orthopoxvirus* exposure AND demonstration of the presence of any of the following:
 - *Orthopoxvirus* DNA by PCR of a clinical specimen OR
 - *Orthopoxvirus* using immunohistochemical or electron microscopy testing methods OR
 - Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset.
- A confirmed case is defined by demonstration of the presence of *Monkeypox virus* DNA by PCR testing or Next-Generation sequencing of a clinical specimen OR isolation of *Monkeypox virus* in culture from a clinical specimen.

For more details about rash progression, including images of the characteristic monkeypox rash, see CDC's [Clinical Recognition](#) webpage. Rash differentials may include syphilis, herpes, and varicella zoster.

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, including men who have sex with men who meet partners through websites, apps, or social events OR
- Travel outside the U.S. to a country with confirmed cases of monkeypox or where *Monkeypox virus* is endemic OR
- Contact with a dead or live 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.

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**

On July 6, 2022, Labcorp began offering testing for monkeypox using CDC's orthopoxvirus test, which detects all non-variola orthopoxviruses. Please carefully [review test information and specimen collection](#)

[details](#). Specimens must be collected by a clinician at the facility where patient is being seen; Labcorp does not collect specimens at their patient service centers or draw stations.

CDC anticipates additional commercial laboratories will offer testing soon. These include Aegis Science, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare. Orthopoxvirus testing continues to be available at Laboratory Response Network (LRN) laboratories throughout the country. Confirmatory *Monkeypox virus*-specific testing is performed at CDC.

All patients being tested for *Monkeypox virus*, including through commercial laboratories, must be reported to the KCPHSD. Healthcare providers can call 661-321-3000 for assistance in arranging *monkeypox virus* testing if needed. After hours, on holidays, or on weekends, contact 661-241-3255 to reach Public Health On-Call staff.

- **Monkeypox Treatment**

There are no treatments specifically approved for monkeypox virus infections. Treatments indicated for smallpox may be beneficial against monkeypox, particularly for persons with severe illness or at high risk of severe illness. This may include:

- Persons with hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization.
- Persons with immunocompromise such as HIV/AIDS, leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥ 24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component.
- Pediatric populations, particularly patients younger than 8 years of age.
- Persons with a history of presence of atopic dermatitis, persons with other active exfoliative skin conditions (eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease [keratosis follicularis]).
- Persons who are pregnant or breastfeeding.
- Persons with one or more complications (secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities).
- Persons with aberrant infections that include accidental implantation in eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (genital or anus).

See [CDC's Interim Clinical Guidance for Treatment of Monkeypox](#) for more information. To request treatment for a suspected, probable, or confirmed case of monkeypox, contact KCPHSD at 661-321-3000. After hours, on holidays, or on weekends, contact 661-241-3255 to reach Public Health On-Call staff.

- **Postexposure Prophylaxis (PEP) after Monkeypox Exposure**

A very limited supply of JYNNEOS vaccine is available in Kern County for persons who have documented exposure to a person with Monkeypox. CDC recommends that vaccine be given within 4 days of exposure to help prevent onset of disease. Vaccination administered between 4 and 14 days after exposure may reduce the severity of illness. JYNNEOS vaccine is indicated for use in adults 18 years of

age and older who are determined to be at high risk of smallpox or monkeypox infection. It is a two-dose series given four weeks apart. Review the [FDA package insert](#) for more information.

Currently, most clinicians and laboratorians are not recommended to receive vaccination as orthopoxvirus pre-exposure prophylaxis (PrEP). As more vaccine becomes available, recommendations for orthopoxvirus PrEP are expected to be expanded. See CDC's [Vaccine Guidance](#) for more information.

To request vaccine, contact KCPHSD at 661-321-300 during regular business hours. After hours, on holidays, or on weekends, contact 661-241-3255 to reach Public Health On-Call staff.

- **Monkeypox Resources**

This continues to be an evolving situation. Please refer to the [CDC](#) and [CDPH](#) webpages for the most up-to-date information. Additional information can also be found on

[CDPH June 23, 2022 CAHAN](#)

[KCPHSD June 16 Urgent Health Bulletin](#)

[CDC June 14, 2022 HAN](#)

[CDC 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,


Kristopher Lyon, MD
Health Officer