

05/25/2022

MEMORANDUM

TO: Local Health Departments, infectious disease physicians, infection control professionals, hospital emergency departments, laboratories

FROM: Communicable Disease Control Section

DATE: May 25, 2022

SUBJECT: Update on current monkeypox situation

Summary

Recently there have been 92 confirmed and 28 suspect cases reported in 12 countries in Europe, North American and Australia (outside of the endemic area in Africa) with numbers changing daily.

Transmission is suspected to include sexual networks involving gay, bisexual, or other men who have sex with men (MSM). However, clinicians should be vigilant for patients with a characteristic monkeypox rash even if the patient is not part of any specific community or network. In the U.S. there has been one confirmed monkeypox and seven orthopox positive (pending monkeypox testing) cases. No cases have been identified in Illinois this year. In Illinois, cases are reportable in the category of “unusual case” and as “monkeypox” in the IDPH INEDSS data system.

Background

Monkeypox is a rare but potentially serious viral illness. In central and west Africa where monkeypox typically occurs, people can be exposed through bites or scratches from rodents and small mammals, preparing wild game, or having contact with an infected animal or possibly animal products. Human-to-human monkeypox transmission occurs through direct or indirect contact with body fluids or lesions, contact with fomites like shared towels or bedding, skin to skin contact, or being within six feet of a patient during procedures that create aerosols from oral secretions or skin lesions or dried exudates without an N95 mask. The recent worldwide increase in cases is concerning as they indicate that cases are developing in countries without endemic monkeypox and in persons who have not traveled to endemic areas.

Clinical syndrome

In typical cases of monkeypox, there is a prodrome which can include fever, enlarged lymph nodes, fatigue, headache and muscle aches. In recent cases, these symptoms have not been seen and the initial symptom is limited to monkeypox lesions in the genital and perianal region. These lesions may be quite painful. Patients are infectious once any monkeypox symptoms begin and will remain infectious until the rash lesions scab, the scabs fall off and new skin is present.

Treatment and vaccine pre- and post-exposure prophylaxis

The following products must be requested through the local health department who will consult with IDPH, and then CDC will review the request and distribute if approved. Post-exposure prophylaxis (PEP) should begin as soon as possible after exposure as there is only minimal information about how long after exposure PEP will still be effective.

Two vaccines are available for use in monkeypox pre-exposure prophylaxis for certain high-risk individuals (like lab personnel working with the virus) or post exposure prophylaxis for close contacts (within 6 feet of index case for at least 3 hours).

- 1) Jynneos is the only approved vaccine for pre-exposure and PEP purposes for monkeypox in the U.S. and only for ages 18 and older. This is a two-dose series, four weeks apart and contains a live, attenuated, non replicating vaccinia virus. It is a single dose vial and administered with a regular needle and syringe. It has a better safety profile than the ACAM 2000 vaccine
- 2) The ACAM2000 vaccine is FDA-approved for smallpox. It is a live, attenuated replicating vaccinia virus. It can be used for PEP for other orthopox viruses as an IND. This is not an FDA-approved use at this time. It takes one dose and is administered by scarification using a bifurcated needle. It comes in a 100-dose vial.

At this time, only one antiviral is considered for use in monkeypox cases. TPOXX (tecovirimat) is an antiviral drug for smallpox. It can be used for other orthopox viruses as an IND use. Its formulation is oral capsule or IV use.

One additional treatment available is vaccinia immune globulin intravenous (VIGIV).

Case/contact information

- 1) Anyone who is a suspect or confirmed case of monkeypox should be isolated until lesions have resolved and a fresh layer of skin has formed.
- 2) Contacts to a case should self-isolate if symptoms develop and seek medical attention after contacting the local health department. It is best for a person who suspects they may have monkeypox to call ahead to a health care provider before arriving on site.

Screening Questions and preparedness for urgent care, emergency department, immediate care, ambulatory care health care facilities

- 1) Screening questions should include:
 - a. Travel history - to a country endemic for monkeypox or a location where monkeypox cases are currently occurring
 - b. Do you have a rash with or without a fever?
- 2) Review your rash illness protocol
- 3) Do not send persons with a fever and rash, or any suspected monkeypox case, to a chair in a waiting room. They should be moved to a private room with a closed door.

Infection control

CDC is updating their infection control guidance on their website but information they provided to-date included:

A monkeypox patient can be managed in a single-person room. Health care providers should use standard, contact, and droplet precautions. If an aerosolizing procedure is done, such as intubation, then an AIIR room should be used. Review the CDC website on infection control procedures daily.

Confidentiality

It is imperative to protect the confidentiality of any patient who is diagnosed with an orthopox virus or specifically monkeypox. If information needs to be released, it should be very limited in scope including large county, or region of the state for small counties for residence, gender, but not age or sexual orientation. In other states there has been considerable interest on the part of individuals to identify the patient.

Recommendations for local health departments, health care providers and laboratories

- 1) Clinicians should promptly report any suspect cases to their local health department during or after work hours and take appropriate infection control precautions. In all healthcare settings standard, contact and droplet precautions should be used when a patient presents with fever and a vesicular/pustular rash. See more on infection control guidance in helpful links.
- 2) Local health departments should report promptly to the IDPH Communicable Disease Control section during or after work hours.
- 3) Laboratories should report any requests for monkeypox testing to their local health department for follow up. Testing for orthopox virus can be done at all three IDPH laboratories, and if positive, specimens will go to CDC for monkeypox specific testing.

Helpful links

Overall monkeypox page for CDC <https://www.cdc.gov/poxvirus/monkeypox/index.html>

WHO worldwide situation <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON381>

Infection control <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-hospital.html>

Monitoring of exposed individuals <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>

Vaccines <https://www.cdc.gov/smallpox/vaccine-basics/index.html>