FOR HEALTHCARE PROVIDERS: MONKEYPOX

HENRY COUNTY HEALTH DEPARTMENT

Monkeypox Reporting

Monkeypox is a Class B disease and should be reported by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Cases should be made to the local health district where the patient resides. If patient residence is unknown, report to the local public health department in which the reporting healthcare provider or laboratory is located.

Although most cases in the current outbreak to date have occurred among gay, bisexual, and other men who have sex with men, any patient, regardless of sexual or gender identity, with rash consistent with monkeypox should be considered for testing. Close physical contact with a person's infectious lesions or respiratory secretions or exposure to contaminated materials such as clothing or bedding can result in transmission.

Case Criteria

Clinical criteria:

- new onset of a clinically compatible rash; OR
- other clinical suspicion for monkeypox.*

*Clinical suspicion may include prodromal symptoms or atypical presentations which, when combined with epidemiologic linkage criteria or other exposure, is deemed to have a higher likelihood of monkeypox infection by the clinician.

Epidemiologic criteria:
Within 21 days of illness onset-

- Residence in or travel to a country where monkeypox is endemic; OR
- Contact with a dead or live wild or exotic pet animal of an African species, or used or consumed a product derived from such animals (e.g., game meat, powders, etc.); OR
- Contact with a person or persons, animal or animals, with a suspected or known orthopoxvirus or monkeypox infection; OR
- Contact with items that could serve as fomites that have been in contact with a person or persons, animal or animals, with suspected or known orthopoxvirus or monkeypox infection; OR
- Work in a non-clinical laboratory that handles MPXV; OR
- Member of a cohort (as defined by public health authorities) experiencing monkeypox activity.

Case Criteria continued:

Laboratory Criteria for Diagnosis:
Confirmatory Laboratory Evidence

- Detection of MPXV DNA by PCR testing in a clinical specimen; OR
- Detection of MPXV by genomic sequencing in a clinical specimen.

Presumptive Laboratory Evidence

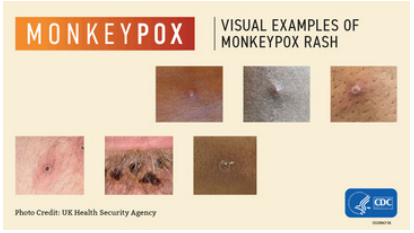
- Detection of orthopoxvirus DNA by PCR testing in a clinical specimen AND no evidence of infection with another non-variola orthopoxvirus; OR
- Detection of presence of orthopoxvirus by immunohistochemistry in tissue; OR
- Detection of orthopoxvirus by genomic sequencing in a clinical specimen; OR
- Detection of anti-orthopoxvirus IgM antibody using a validated assay on a serum sample drawn 4-56 days after rash onset, with no recent history (last 60 days) of vaccination.

Supportive Laboratory Evidence

- N/A.

Case Classification

- Suspected: Meets clinical criteria AND epidemiologic criteria.
- Probable: Meets presumptive laboratory criteria.
- Confirmed: Meets confirmatory laboratory criteria.



Testing

Testing is recommended for anyone with a new characteristic rash or who meets one of the epidemiologic criteria and for whom there is high clinical suspicion for monkeypox. Clinical suspicion may exist if the presentation is consistent with illnesses including secondary syphilis, herpes, and varicella zoster virus.

Clinicians should test patients with rash consistent with monkeypox, which involves lesions that are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication during the pustular stage.

PCR testing of dry swabs from lesions is the preferred diagnostic test. Two swabs from each lesion (in general, 2-3 lesions should be sufficient) should be collected for testing. The non-variola Orthopoxvirus PCR test is available at the ODH Lab and several commercial labs. Positive specimens are forwarded to the CDC for additional characterization (monkeypoxvirus-specific PCR test).

For testing at the ODH Lab, collect 4 swabs (2 from each of 2 lesions) using a sterile dry polyester, Dacron, or Rayon swab. Questions about submitting specimens to ODH Lab can be directed to ORBIT@odh.ohio.gov or (614) 995-5599.

Treatment

Tecovirimat (TPOXX) is an antiviral medication that is approved by the United States Food and Drug Administration (FDA) for the treatment of smallpox in adults and children. Data are not available on the effectiveness of tecovirimat in treating monkeypox infections in people, but studies using a variety of animal species have shown that tecovirimat is effective in treating disease caused by orthopoxviruses. Clinical trials in people showed the drug was safe and had only minor side effects.

TPOXX is available as a pill or an injection. Many people infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy. Patients who should be considered for treatment following consultation with CDC might include:

- People with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- People who may be at high risk of severe disease:
  - People with immunocompromising conditions
  - Pediatric populations, particularly patients younger than 8 years of age
  - People with a history or presence of atopic dermatitis, persons with other active exfoliative skin conditions
  - Pregnant or breastfeeding women
  - People with one or more complications (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)
- People with monkeypox virus aberrant infections that include accidental implantation in eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)

Providers should contact their local health department to initiate a request for TPOXX.

Vaccination

The preferred vaccine to protect against monkeypox is JYNNEOS, which is a two-dose vaccine. CDC recommends vaccination for people who have been exposed to monkeypox and people who may be more likely to get monkeypox.

Right now, Ohio has a very small supply of vaccine to help prevent monkeypox. The vaccine is being given to communities with the most cases to help limit spread. Providers should contact their local health department to initiate a request for vaccine or TPOXX.

Positive Case Management

For all patients with monkeypox, infection prevention measures should be continued until all lesions have crusted, crusts have separated, and a fresh layer of intact skin has formed. The illness typically lasts 2-4 weeks. For patients associated with healthcare settings or congregate living settings, isolation precautions should be maintained for the duration of illness.

CDC recommends that people with monkeypox remain isolated at home or at another location for the duration of illness, but that might not be possible in all situations. For further guidance please contact your local health department.