MEMO

To: All Providers

From: Russell Olmsted, Director - Infection Prevention Management, Integrated Clinical Services, System Office

Date: 6/09/2022

Re: Situational Update - Monkeypox Virus Infection; updates are highlighted in yellow

---

Situational Update: As of yesterday, 6/8/2022, the CDC reports 40 cases of monkeypox/orthopoxvirus in the U.S. Globally there are 1200 cases identified in 29 countries with majority of cases in the UK (N=321), Spain (198), Portugal (191), Germany (113) and Canada (100).

Presentation: Patients with monkeypox typically experience a febrile prodrome 5–13 days after exposure (range = 4–17 days), which often includes lymphadenopathy, malaise, headache, and muscle aches; this prodrome might depend on the nature of exposure. The prodrome is followed 1–4 days later by the onset of a characteristic deep-seated, vesicular, or pustular skin rash.

Clinical Specimen(s) for Lab diagnosis: Contact state public health agency for details on collection and submission of clinical specimens. Only state public health laboratories can test for orthopoxvirus and they will facilitate test confirmation for monkeypox by CDC's Lab.

Treatment: At this time, there are no specific treatments available for monkeypox infection as data on effectiveness are lacking however the following have been used to control outbreaks: cidofovir, brincidofovir, tecovirimat, or vaccinia immune globulin (VIG). Providers should contact state public health for recommendation on use of any of these to treat monkeypox infection.

Vaccination; Pre- and Post-exposure: JYNNEOSTM (also known as Imvamune or Imvanex), has been licensed in the United States to prevent monkeypox and smallpox. Because monkeypox virus is closely related to the virus that causes smallpox, smallpox vaccine can also protect people from getting monkeypox. Pre-exposure vaccination is recommended for personnel that perform testing for diagnosis of orthopoxvirus infections, e.g., laboratory professionals. For post-exposure, CDC recommends vaccine be given within 4 days from the date of exposure. If given between 4–14 days after the date of exposure, vaccination may still reduce the symptoms of disease, but may not prevent the disease.

Isolation precautions = Contact, Droplet & Standard precautions. Place patient in a single-person room; special air handling is **not** required. The door should be kept closed (if safe to do so). Transport and movement of the patient outside of the room should be limited to medically essential purposes. For transport outside of their room, have patient wear a mask and keep any exposed skin lesions covered.

Notification & Reporting: Clinicians should promptly notify local/state health department and infection prevention/control team. A risk assessment will need to be conducted to determine if post-exposure medication or vaccination is recommended.

Additional details are available at:
Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC