Alabama Department of Public Health (ADPH)
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
May 26, 2022

UPDATED with additional Epidemiologic, Clinical, and Exclusion Criteria:

CDC and ADPH Health Advisory on Monkeypox Virus Infections in the United States and Other Non-endemic Countries - 2022

The Alabama Department of Public Health (ADPH) is following the cases of monkeypox being reported in the United States. At this time, no cases of monkeypox have been reported in Alabama, but ADPH remains on alert.

Presentation:

- *Typical*: Rash preceded by a non-specific prodrome (fever, lymphadenopathy, malaise, headache, or muscle aches)
- *Recent*: Rash in the genital and perianal regions without fever or other prodromal symptoms

At-risk Populations: The rash occurs in people who:

1. traveled to countries with recently confirmed cases of monkeypox OR
2. report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or suspected monkeypox, OR
3. report having had direct contact with animals infected with monkeypox, OR
4. are men who regularly have close or intimate in-person contact with other men, including those met through an online website, digital application ("app"), or at a bar or party.

Lesions may be disseminated or located on the genital or perianal area alone. Some patients may present with proctitis, and their illness could be clinically confused with a sexually transmitted infection (STI) like syphilis, herpes, chancroid, or varicella zoster virus infection. It may occur concurrently with other infections.

Incubation period: Usually between 6 to 13 days but can range from 5 to 21 days.

Infectious period: An individual is infectious until the crust over the lesion falls off.

Case fatality rate: 1-11%

Recommendations for Clinicians: Clinicians should employ a combination of standard, contact, and droplet precautions when assessing patients who present with **fever and vesicular/pustular** rash. Keep in mind that there are a number of other diseases which can cause fever and a vesicular/pustular rash which should be part of the differential.

Recommendations include wearing disposable gown and gloves for patient contact, using a NIOSH-certified N95 (or comparable) filtering disposable respirator that has been fit-tested, and

using eye protection (e.g., face shields or goggles) if medical procedures may lead to splashing or spraying of a patient's body fluids.

If a clinician suspects a patient has monkeypox, they should perform a physical exam and take a detailed patient history and review information regarding epidemiologic criteria, clinical criteria, and exclusion criteria to determine whether to call ADPH.

Persons who should be tested for monkeypox <u>should:</u>

Meet one of the epidemiologic criteria AND have fever or new rash AND have at least one other sign or symptom with onset 21 days after last exposure that meets epidemiologic criteria.

Epidemiologic Criteria:

Within 21 days of illness onset:

- Report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox **OR**
- Be a man who regularly has close or intimate in-person contact with other men, including through an online website, digital application ("app"), or social event (e.g., a bar or party) **OR**
- Have traveled to a country with confirmed cases of monkeypox **AND have** at least one of the above criteria **OR**
- Have traveled to country where monkeypox is endemic **OR**
- Have had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived such animals (e.g., game meat, creams, lotions, powders, etc.)

WHO list of countries with outbreaks:

https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385

Clinical Criteria

- **New rash (any of the following)**
  - Macular
  - Papular
  - Vesicular
  - Pustular
  - Generalized or localized
  - Discrete or confluent
- **Fever (either of the following)**
  - Subjective or Measured temperature of ≥100.4° F [>38° C]
- **Other signs and symptoms:**
  - Chills and/or sweats
  - New lymphadenopathy (periauricular, axillary, cervical, or inguinal

Exclusion Criteria

A case may be excluded as a possible, probable, or confirmed monkeypox case if:

- An alternative diagnosis* can fully explain the illness **OR**
- An individual with symptoms consistent with monkeypox but who does not develop a rash within 5 days of illness onset **OR**
- A case where specimens do not demonstrate the presence of orthopoxvirus or monkeypox virus or antibodies to orthopoxvirus as describe in the laboratory criteria

*The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster). Historically, sporadic reports of patients co-infected with monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis) have been reported.

If the clinician determines that a person should be tested for monkeypox, the clinician should call ADPH's Infectious Diseases & Outbreaks Division (ID&O) at (334) 206-5971 or (800) 338-8374. After hours, please call the same numbers, as they will be answered by voicemail and follow up response.

Specimen collection: Multiple specimens should be collected for preliminary and confirmatory testing as follows:

1. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs;
2. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
3. Refrigerate (28°C) or freeze (-20°C or lower) specimens within an hour after collection. Store refrigerated specimens for up to 7 days and frozen specimens for up to 60 days. Refrigerated specimens should be sent within 7 days of collection; frozen specimens should be shipped within 60 days of collection. Shipping on dry ice is strongly recommended.
4. One dry swab will be tested at the ADPH Bureau of Clinical Laboratories (BCL) for presumptive results. CDC can provide *Monkeypox virus*-specific testing on the second dry swab specimen if the first dry swab is presumptive positive at the BCL.

Specimens should be sent to the ADPH BCL as a Category B infectious substance. The BCL will coordinate shipment to the CDC laboratory for confirmatory testing.

Monkeypox specimens should only be sent to laboratories that are biosafety level 2 (BSL-2) or higher. BSL-2 laboratories should handle specimens suspected of monkeypox virus using BSL-3 practices.

Recommendations for health departments: ADPH will contact CDC for consultation related to any suspicious cases of monkeypox. After diagnosis, ADPH will begin investigation and monitor any patients.

Monitoring period: Persons who were exposed to monkeypox should be monitored for 21 days after the last known exposure. A person with high risk exposure is someone who has had direct

skin or mucous membrane contact. A person should be monitored if they were within a 6-foot radius for 3 hours or more even if they were wearing an N95 respirator.

Treatment: Any treatment measures will be coordinated through ADPH. There is both post-exposure prophylaxis and antiviral treatment available by request from the Strategic National Stockpile for select individuals.

Orthopox vaccine (2 types: JYNNEOS and ACAM2000) – can be requested from CDC for those persons ≥18 years old at-risk from occupational exposure. Vaccine administered within 3-5 days may prevent disease; within 7 days may reduce disease.

Tecoviromat (TPOXX) – can be requested from CDC for those persons weighing at least 13 kg.

Education: CDC has hosted a COCA call: "What Clinicians Need to Know about Monkeypox in the U.S. and Multiple Countries" which is archived in the attached link: https://emergency.cdc.gov/coca/calls/2022/callinfo_052422.asp

An MMWR will be forthcoming, and ADPH will provide the link for this, as well.

Background information on original case: On May 17, 2022, the Massachusetts Department of Public Health notified the Centers for Disease Control and Prevention (CDC) about an individual who recently traveled to Canada by private transportation and subsequently developed a skin lesion. The lesions were firm, well circumscribed, deep-seated, and umbilicated. Specimens were collected and forwarded to the Massachusetts Laboratory Response Network for testing. Preliminary testing confirmed the presence of an orthopoxvirus. The specimen was then forwarded to CDC on May 18, where it was confirmed to be a West African strain of monkeypox virus. On May 19, CDC was notified by New York that they were also investigating a suspected case of monkeypox in a recent traveler.

For additional information, see links below:

https://emergency.cdc.gov/han/2022/han00466.asp

Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022

https://www.cdc.gov/media/releases/2022/s0518-monkeypox-case.html

https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html

https://www.cdc.gov/poxvirus/monkeypox/index.html

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

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html#:~:text=Hand%20hygiene%20(i.e.%2C%20hand%20washing,had%20contact%20with%20lesion%20material.