

**Alabama Department of Public Health (ADPH)
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
May 23, 2022**

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 aware of a confirmed case of monkeypox being reported in Massachusetts and at least one suspected case in another state. More cases may be detected in the United States. At this time, no cases of monkeypox have been reported in Alabama, but ADPH remains on alert.

Background: 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.

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,
- 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) is a man who regularly has 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. 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. Questions should be asked about recent travel, sexual history, and contact with sick individuals. Then, they should call ADPH's Infectious Diseases & Outbreaks Division (ID&O) at (334) 206-5971 or (800) 338-8374.

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 will host the COCA call [“What Clinicians Need to Know about Monkeypox in the U.S. and Multiple Countries”](#) on **Tuesday, May 24, 2022 at 2:00 pm EDT**. The call will present what clinicians need to know about monkeypox, including guidance about the typical clinical presentation, treatment options, pre- and post-exposure prophylaxis, and reporting to public health authorities.

What Clinicians Need to Know about Monkeypox in the U.S. and Multiple Countries

Webinar link: <https://www.zoomgov.com/j/1601861381>

Webinar ID: 160 186 1381

Passcode: 387494

Dial-in: US: +1 669 254 5252

or +1 646 828 7666

or +1 669 216 1590

or +1 551 285 1373

For additional information:

<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>

