

**Alabama Department of Public Health (ADPH)  
Alabama Emergency Response Technology (ALERT)  
Health Alert Network (HAN)  
August 2, 2022**

**Situation Update:**

The Alabama Department of Public Health (ADPH) continues to respond to additional cases of monkeypox, providing guidance and resources to educate, test, treat, and prevent this illness. As of August 1, 2022, ADPH reports 17 cases in our state. More cases are expected as testing increases.

Each case is investigated to provide education regarding infection control, isolation, potential treatment, and elicit contacts who might benefit from the vaccine. CDC has issued two health alert network communications addressing updates information on monkeypox and updated information on monkeypox in people with HIV, children and adolescents, and people who are pregnant or breastfeeding.

ADPH recommends that clinicians review both these HANs for up-to-date information.

<https://emergency.cdc.gov/han/2022/han00471.asp>

<https://emergency.cdc.gov/han/2022/han00472.asp>

In addition to review of the CDC HAN, ADPH is providing information specific to Alabama's response in this HAN and continues to update the monkeypox webpage as new information becomes available.

<https://www.alabamapublichealth.gov/monkeypox/healthcare.html>

**Testing:**

When requesting testing through ADPH, please follow the instructions in the link below. Monkeypox testing through the Bureau of Clinical Laboratories (BCL) is at no cost to the patient. Some commercial laboratories test for monkeypox; but, ADPH does not have information regarding those laboratory processes. Specimen collection guidance below applies only to BCL.

<https://www.alabamapublichealth.gov/monkeypox/assets/mpx-specimen-guidance.pdf>

**Treatment:**

ADPH continues to work with providers to pre-position a limited number of doses of Tecovirimat (TPOXX) in Alabama. The process to order TPOXX has been simplified and information is included in the Therapeutics Section of ADPH monkeypox webpage. TPOXX is approved by the FDA for treating human smallpox. However, for monkeypox, TPOXX is not approved by the FDA but the CDC has an expanded access Investigational New Drug application (EA-IND) to allow for

treatment in all ages groups of persons who meet criteria. Information on this EA-IND is included in the CDC HAN.

TPOXX may be considered for treatment in people infected with *Monkeypox virus*:

- With severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- Who are at high risk of severe disease:
  - People with immunocompromising conditions (e.g., HIV/AIDS, leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant less than 24 months post-transplant or greater than or equal to 24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component)
  - Pediatric populations, particularly patients younger than 8 years of age
  - Pregnant or breastfeeding women
  - People with a history or presence of atopic dermatitis, people with other active exfoliative skin conditions [e.g., eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease (keratosis follicularis)]
  - People with one or more complication (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease; or other comorbidities)
- With aberrant infections involving accidental implantation in eyes, mouth, or other anatomic areas where *Monkeypox virus* infection might constitute a special hazard (e.g., the genitals or anus)

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html>

### **Prevention:**

Persons being tested for monkeypox should follow isolation guidelines until a diagnosis has been made regarding whether they have monkeypox. Persons identified as contacts to monkeypox should monitor for signs and symptoms of disease. In addition, vaccination of contacts may reduce illness or severity of illness, if used in the appropriate timeframe.

ADPH's primary preventive vaccine strategy is Post Exposure Prophylaxis (PEP) using Jynneos. Contacts vaccinated within 4 days of exposure have the best chance to prevent disease; but those vaccinated within 14 days of exposure may have reduced severity of illness. ADPH has received 1,271 doses of the 2-dose series of Jynneos. About 4,640 additional doses of Jynneos have been allocated to Alabama and are expected in the next week but vaccine supply will remain very low.

After this allocation is used, ADPH is unsure of how much more vaccine ADPH will receive but continues to monitor the supply. At this time, ADPH is only using Jynneos and has not ordered ACAM2000.

ADPH is also deploying a limited amount of Jynneos to reach persons who may have additional factors that may put them at increased risk to contract monkeypox. Information for persons who might benefit from this preventive measure include:

- Current additional recommendations for persons who are not direct contacts of cases of monkeypox are for people, 18 years and older\*, without symptoms of MPX infection, and who meet the following criteria.
  - Persons who have male to male sexual contact and at least one additional risk factor:
  - Attended an event/venue in the last 21 days where intimate, sexual contact with one or more partners occurred.
  - Treated for a sexually transmitted infection (STI) in the last 14 days.
  - Has had more than one partner in the past 14 days and reports at least one of the following:
    - HIV positive or on HIV PrEP.
    - Immune-compromising condition (leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant less than 24 months post-transplant or greater than 24 months but with graft-versus-host disease or disease relapse or having autoimmune disease with immunodeficiency as a clinical component.
  - Persons who engage in sex work.
  - Persons deemed at higher risk for monkeypox infections per clinical judgement of the managing clinician.

At this time, Pre-Exposure Prophylaxis (PrEP) is not being deployed in Alabama other than for laboratory workers who handle orthopox virus specimens. Currently, PrEP is NOT recommended for most clinicians, healthcare workers, and laboratories because adequate PPE and infection control education are readily available. Strict infection control should be practiced. Currently, no healthcare workers in the United States have contracted monkeypox taking care of patients. Recommendations for vaccine can change and ADPH continues to monitor.

<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/isolation-procedures.html>

**Additional information:**

\*For people less than 18 years of age who are cases or candidates for Jynneos, please contact ADPH at (334) 206-5971 or (800) 338-8374.

For additional questions related to monkeypox, clinicians may 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 the number will be answered by voicemail and follow-up response will be made.