

**Alabama Department of Public Health (ADPH)
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
June 18, 2022**

ADPH HAN Monkeypox UPDATED 6/18/2022

UPDATED LINK – 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) continues to monitor the monkeypox situation in the United States. At this time, no cases of monkeypox have been identified in Alabama, although ADPH expects that cases will occur. ADPH Bureau of Clinical Laboratories (BCL) can perform PCR for orthopox, upon ADPH physician approval, and has already performed some testing. ADPH regularly updates its Monkeypox page with the latest information at <https://www.alabamapublichealth.gov/monkeypox/index.html>.

Recommendations

Patients with initial rash characteristics of more common infections (e.g., varicella zoster or sexually transmitted infections) should be carefully evaluated for a characteristic monkeypox rash: See images: <https://www.alabamapublichealth.gov/monkeypox/index.html>

Clinicians should perform a thorough skin and mucosal (e.g., anal, vaginal, oral) examination for the characteristic vesiculo-pustular rash of monkeypox; this allows for detection of lesions the patient may not have been previously aware of.

Submission of specimens of lesions that have characteristic appearance, such as deep seated and well circumscribed lesions, often with central umbilication, lesions progressing through specific sequential stages: macular, papular, vesicular, pustular, and scabs, should be considered, especially if the person has epidemiologic risk factors for monkeypox infection.

Epidemiologic risk factors include persons who, within 21 days of illness onset:

- Report having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR
- Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity. This includes men who have sex with men (MSM), who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) OR
- Traveled outside the US to a country with confirmed cases of monkeypox or where monkeypox virus is endemic OR
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc).

Evaluate any individual presenting with perianal or genital ulcers, diffuse rash, or proctitis syndrome for sexually transmitted infections (STIs) per the [2021 CDC STI Treatment Guidelines](#). Testing for STIs should be performed. The diagnosis of an STI does not exclude monkeypox, as a concurrent infection may be present. The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis.

Advise patients with prodromal symptoms (e.g., fever, malaise, headache) and one or more epidemiologic risk factors for monkeypox to self-quarantine. If a rash does not appear within 5 days, the illness is unlikely to be monkeypox and alternative etiologies should be sought. If a patient does not respond to STI treatment as expected, the patient should return for follow-up evaluation and monkeypox testing should be considered.

Consultation Form

If a clinician determines that a person might need testing for monkeypox, the clinician should visit the ADPH Monkeypox webpage and fill out the Monkeypox Testing Consultation Form for Healthcare Providers. The form will be reviewed by an ADPH physician for determination of testing. <https://www.alabamapublichealth.gov/monkeypox/healthcare.html>.

Clinicians can also call ADPH's Infectious Diseases & Outbreaks Division (ID&O), if they have additional questions, 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.

Specimen Collection & Shipping

Use appropriate infection prevention measures when collecting specimens for monkeypox evaluation. Information on infection prevention and control in healthcare settings is provided in the link <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>.

More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances. Two swabs should be collected for testing as follows:

- 1) Vigorously swab or brush lesion with sterile, dry polyester or Dacron swabs.
- 2) Break off end of applicator of each swab into separate sterile containers.
 - a) Do not add or store in viral or universal transport media.
- 3) Refrigerate or freeze (-20°C or lower) specimens within an hour after collection.
 - a) Specimen should be received within 7 days of collection.
- 4) Specimens should be sent to the ADPH BCL as a Category B infectious substance.
 - a) Shipping on dry ice is strongly recommended, but frozen cold packs are acceptable.
- 5) On the BCL requisition form in the "Special Instructions" section, indicate specimen source (e.g., lesion), source site (e.g., thigh) and collection method (e.g., swab).
 - a) For test requested, select "Other" and write "monkeypox".

For more information, visit CDC HAN-<https://emergency.cdc.gov/han/2022/han00468.asp>