

Austin Public Health

Monkeypox Information Sheet for Healthcare Providers



Topic	Information
Situation	<ul style="list-style-type: none"> Multi-country outbreak. Affecting many US states and territories. Virus is spreading from person to person and many cases have occurred in men who self-identify as gay, bisexual, and/or men who have sex with men. Anyone in the population, who has close contact with a monkeypox case is at risk. Providers should be on alert for cases. Contact your clinic Infection Prevention staff and local health department (LHD) immediately if you suspect monkeypox.
Organism	<ul style="list-style-type: none"> Monkeypox virus; genus Orthopoxvirus; family Poxviridae (Other Orthopoxviruses that can infect humans: variola [smallpox], vaccinia, cowpox virus). This is not related to chickenpox. Two clades are west African monkeypox (milder) and central African monkeypox. This outbreak is tracing back to west African clade. Endemic to parts of west and central Africa. Animal reservoir unknown; hosts include African rodents and nonhuman primates.
Previous Outbreaks	<ul style="list-style-type: none"> 2003: Outbreak in the US, including Texas, after infected animals were imported into the country.
Transmission	<ul style="list-style-type: none"> A person is only infectious when they have symptoms. Direct contact with sores, scabs, or body fluids from an infected person or animal. Indirect contact with contaminated items. Large respiratory droplet transmission during prolonged face-to-face contact.
Precautions & Infection Control	<ul style="list-style-type: none"> Standard and transmission-based precautions needed when evaluating a potential case. Use an Airborne Infection Isolation Room if intubating, extubating, or other procedure that can cause aerosolization. Follow CDC guidance for disinfecting rooms and handling linens of patients to protect staff.
Incubation	<ul style="list-style-type: none"> Usually 6-13 days (range 5-21 days) A person is not contagious during this period.

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Signs and Symptoms	<ul style="list-style-type: none"> • A person can only spread the disease if they have symptoms. • Characterized by a specific type of rash (see photos below). Lesions can begin anywhere on the body including: the genitals, perianal region, or oral cavity and might be the first or only sign of illness. • Some patients have a prodrome, including fever, headache, muscle aches, exhaustion, and/or lymphadenopathy. • Once prodrome symptoms begin, rash can take up to 5 days to develop. • Both mucosal and cutaneous lesions may occur. • Cutaneous lesions progress through stages: macules→deeply-embedded firm, round papules (umbilicate)→vesicles→pustules→scabs. • Co-infection with sexually transmitted infections have been reported. • The rash has also been mistaken for adult chicken pox. It is encouraged to rule out other STIs as coinfections are common and syphilis rates are high nationwide. • A person is considered infectious until all lesions have scabbed over and new skin has formed.
Testing	<ul style="list-style-type: none"> • Can only be performed if a person has a rash/lesion. • Testing is via Polymerase Chain Reaction (PCR). • Available through commercial laboratories. • If commercial laboratory not available, can be coordinated through Austin Public Health. Requires pictures of lesions and approval from TX DSHS. See Testing information on APH website. • Confirmatory testing to confirm monkeypox is performed via the CDC. Samples are transported and coordinated via TX DSHS laboratory.
Treatment	<ul style="list-style-type: none"> • Tecovirimat (ST-246) (IND), Cidofovir, or Vaccinia Immune Globulin (IND) from the strategic national stockpile (SNS) • Trifluridine Ophthalmic drops can be prescribed for patients with eye involvement in addition to tecovirimat. • Coordinate with Austin Public Health, must be accessed through national stockpile and/or CDC. • See APH Tecovirimat process on APH website.

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Vaccines Available	<ul style="list-style-type: none"> JYNNEOS vaccine: 2-dose series 28 days apart, replication deficient. <ul style="list-style-type: none"> Intradermal administration: 0.1mL, for those 18 or older Subcutaneous administration: 0.5mL, under 18 years of age, Persons with history of keloids ACAM 2000 vaccine (IND): 1 dose, administered percutaneous, replication competent.
PrEP	<ul style="list-style-type: none"> PrEP is currently not recommended at this time due to vaccine availability. Once available for PrEP, recommended for high-risk exposure jobs (lab workers working with Orthopoxvirus, public health, and hospital teams).
PEP	<ul style="list-style-type: none"> Recommendations change based on vaccine availability. Vaccine is recommended after a high-risk exposure and can be considered after an intermediate-risk exposure. LHD can help determine exposure risk. Ideally, give within 4 days of exposure to prevent disease. If given within 14 days of exposure, disease severity can be reduced.



Photo credit: NHS England High Consequence Infectious Diseases Network. From CDC Clinical Recognition, <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>, accessed July 27, 2022.

Resources:

Austin Public Health Monkeypox Page: <https://www.austintexas.gov/page/monkeypox-health-care-provider-info>

Clinician FAQs by the CDC: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html>

CDC Monkeypox Clinical Recognition: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>

TX DSHS Monkeypox Updates: <https://www.dshs.state.tx.us/news/updates.shtm#monkeypox>