



Monkeypox FAQ

Background:

Since May 2022, monkeypox cases, which have historically been rare in the United States, have been identified in 18 states and territories. Globally, more than 1,600 cases have been reported from more than 30 countries; the case count continues to rise daily.

How is monkeypox transmitted?

Monkeypox is transmitted by symptomatic individuals through close contact with lesions, bodily fluids, or respiratory secretions and objects that have had contact with lesion crusts or bodily fluids (e.g., contaminated linens, bandages, dishes). (See: [What is Monkeypox? \(acphd.org\)](https://www.cdphd.org/monkeypox/)).

What should prompt a clinical suspicion of a monkeypox infection?

Clinicians should consider monkeypox infection in patients who present with a new characteristic rash or if the patient meets one of the [epidemiologic criteria](#) and there is a high clinical suspicion for monkeypox.

The epidemiologic criteria include:

- contact with a person or persons with similar rash within 21 days of illness onset, **or**
- close contact with a person with monkeypox infection, **or**
- travel outside the US to a [country with confirmed cases](#) of monkeypox, **or**
- contact with dead or live wild animal or exotic pets of an African endemic species.

Monkeypox usually begins with fever, lymphadenopathy, headache, and other flu-like symptoms; soon after a rash develops which is firm, well-circumscribed and sometimes umbilicated. The rash typically progresses through stages of papular, vesicular, pustular to scabs. The rash can appear without prior symptoms, and may be associated with perianal vesicular, pustular, ulcerative skin lesions and proctitis.

Examples of monkeypox lesions:



What if patient is diagnosed with an STI? Should they be screened for monkeypox?

The cases of monkeypox described in the current outbreak have some atypical features. The rash may start in the genital and perianal areas; the rash may not always disseminate to other parts of the body; and typical prodromal symptoms may be mild or absent. These features of the newest monkeypox cases can easily be confused with other rashes including herpes, syphilis, varicella zoster and molluscum. Patients co-infected with *Monkeypox virus* and other infectious agents (e.g., varicella zoster, herpes, syphilis, Group A Streptococcus) have been reported. Patients with a new characteristic rash or who meet one or more of the [epidemiologic criteria](#) and in which there is a high suspicion should be tested for monkeypox.

What should providers do when they have a patient with a rash and clinical suspicion of monkeypox infection?

- Patients presenting for an evaluation of potential monkeypox rash should be placed into isolation and providers should use infection prevention steps when evaluating these patients. For specific information on Infection Prevention and Control, Isolation, and Personal Protective Equipment, refer to [ACPHD's Health Advisory](#).
- Evaluate any individual presenting with perianal or genital ulcers, diffuse rash, or proctitis symptoms for STIs per the [2021 CDC STI Treatment Guidelines](#). The diagnosis of an STI does not **exclude** monkeypox as a concurrent infection may be present. Clinicians should ask about recent contacts to persons with a similar rash, with persons with known monkeypox infection, recent travel, or exposure to exotic animals.
- **Clinicians should immediately contact Alameda County Public Health Department if they suspect a patient with monkeypox or with an exposure by calling 510-267-3250 Option 2 M-F 8:30-5PM. Afterhours and on weekends, clinicians may call 925-422-7595 (Alameda County Fire Dispatch) and ask to speak with the on-call public health duty officer.**
- Prompt notification is important to facilitate testing, exposure risk assessments for close contacts, and, for the patient or close contacts, consideration of available medications and post-exposure vaccination.
- 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.

For regular updates on monkeypox, visit <https://acphd.org/communicable-disease/monkeypox/>