



## Health Advisory: Cases of Monkeypox Identified in Non-Endemic Countries Including the US

### Background:

Monkeypox virus belongs to the *Orthopoxvirus* genus which also includes the variola (smallpox) virus. The symptoms of monkeypox are similar but milder than smallpox. Monkeypox occurs primarily in Central and West Africa and has been rarely exported to other regions where the virus is thought to spread to people from infected animals when people kill or prepare meat for consumption; however there were two confirmed cases in the US in 2021 and an outbreak in 2003.

Once the virus jumps to people, human-to-human transmission can occur via contact with monkeypox lesions or bodily fluids, with the virus entering through small cuts in the skin or prolonged face-to-face contact via respiratory droplets through the respiratory tract or mucosal membranes. It can also be contracted by contact with [clothing or linens](#) contaminated with material from monkeypox lesions. Unlike the COVID-19 virus, monkeypox transmission occurs only with close contact and is not easily transmitted.

Monkeypox lesions are first macular, then papular, then vesicular, pustular, and then crust, with 1-2 days between stages. The lesions are often painful, and lymphadenopathy is frequently present. Notably, the rash can occur on the hands and appear firm, vesicular and umbilicated. A flu-like illness often precedes the rash. Several recent cases had lesions in the genital and perianal areas, some without a preceding illness. The incubation period is usually 7-14 days, and illnesses typically last 2-4 weeks. In Africa, the case fatality rates have been reported to be 1-11%.

There is currently no specific treatment for monkeypox, but particularly in the outbreak setting, post-exposure smallpox vaccine and antivirals may be considered after consultation with public health.

### Situation:

As of May 24, 2022, monkeypox virus infections have been confirmed in Australia, Europe and North America including 1 confirmed in a Massachusetts resident – all countries where the virus is non-endemic. In addition, patients with symptoms compatible with monkeypox infection are under investigation in the United States (7) who are all confirmed with Orthopox viral DNA. Cases of monkeypox have been identified since early May 2022; many of the cases have involved men who identify as gay, bisexual or have sex with men (MSM) without a history of travel to an endemic country. Clinical details on these cases, including any hospitalizations or deaths, are currently unknown. Current risk factors for contracting monkeypox include those who:

1. Traveled (within 21 days) to an area where monkeypox cases or exposures have been reported;

2. Reported contact with a person who has a similar rash or received a diagnosis of confirmed or suspected monkeypox; and
3. Persons self-identifying as men who have sex with men (MSM).

**The suspect case definition** is a patient with an unexplained rash (unlikely to be secondary syphilis, herpes, varicella, molluscum contagiosum, or other diagnosis) that is consistent with monkeypox (firm, well circumscribed, deep-seated, and umbilicated lesions; progresses from macules to papules to vesicles to pustules to scabs) especially in patients who 1) report close contact with a person or people with confirmed or suspected monkeypox and/or with a similar rash; and/or 2) report travel in the past month to an area where confirmed cases have been reported; and/or 3) is an MSM.

### **Action Requested of Healthcare Providers (HCP)**

Clinicians who identify a patient with an unexplained rash that could be consistent with monkeypox, especially those with a recent travel history to central or west African countries, parts of Europe where monkeypox has been reported, or other areas reporting monkeypox cases should **immediately implement the following**:

- 1) Apply standard, droplet and contact precautions
  - Place patient in a single-person exam room with door closed, or an airborne infection isolation room, if available. The patient should remain masked, as tolerated (as currently required for all persons in healthcare settings) and any exposed skin lesions should be covered with a sheet or gown.
  - Healthcare personnel (HCP) evaluating the patient should wear the following personal protective equipment (PPE): gloves, gown, eye protection (goggles or faceshield) and a N95 or equivalent or higher-level respirator. HCP should don PPE before entering the patient's room and use PPE for all patient contact. HCP should remove and discard gloves, gown and eye protection, and perform hand hygiene prior to leaving the patient's room; the N95 respirator should be removed, discarded and replaced with a mask for source control after leaving the patient's room and closing the door
  - Environmental surfaces should be cleaned and disinfected with an EPA-registered disinfectant
- 2) Notify the facility infection control designee/team
- 3) Ensure environmental surfaces are being cleaned and disinfected thoroughly in the patient care with any EPA-registered hospital disinfectant.
- 4) Consider and rule out, if possible, other more common etiologies of rash illness such as herpes, syphilis, molluscum contagiosum, and varicella zoster. Immediate reporting of suspected cases meeting the monkeypox suspect case definition should not be delayed pending rule out of other diagnostics
- 5) Report suspected cases of monkeypox immediately to the Alameda County Public Health Department at: (510)267-3250. If after hours call (925)422-7595 to reach On-Call Public Health Duty Officer.

Additional Resources:

[CDC Monkeypox page](#)

[CDC Health Advisory](#)

[CDC Monkeypox Infection Control: Hospital](#)