

Health Advisory: Updated Clinical Provider Guidance for Monkeypox (MPX)

August 19, 2022

Purpose:

To provide updated guidance to County healthcare providers regarding monkeypox virus testing, reporting, vaccine administration, and treatment. Guidance provided in this Health Advisory will replace guidance issued on 7/27/2022 and will go into effect on 8/19/2022.

Situation Update:

Monkeypox (MPX) virus transmission is ongoing in the Bay Area. As of August 17, 2022, there are 148 reported MPX cases among Alameda County residents and 2356 cases in California. Most local cases reported to date are among gay and bisexual men and other men who have sex with men. There have been no deaths reported among MPX cases in the United States, and hospitalization numbers remain low.

MPX can spread to anyone through close, personal, skin-to-skin contact, with a person infected with MPX. MPX can also be spread through touching objects or surfaces, such as clothing, bedding, or towels, that have touched the rash of someone infected with MPX. Although MPX transmission may occur through contact with respiratory secretions of a person infected with MPX, this has typically been reported only in household settings or settings in which there is prolonged face to face contact. For more information on how MPX spreads, please refer to <u>information provided by the Centers for Disease Control and Prevention</u> (CDC).

CDC has recently updated guidance on infection prevention and control of MPX in healthcare settings. See <u>CDC Infection Prevention and Control of Monkeypox in Healthcare Settings.</u>

The Alameda County Public Health Department (ACPHD) has a zero-tolerance stance to stigma and discrimination. We have received complaints of poor treatment on the part of residents attempting to access healthcare regarding suspected MPX exposure. Since persons who have been diagnosed with MPX are often subject to stigma and discrimination based on socioeconomic status, race, sexual orientation, and gender identity, ACPHD strongly recommends that all healthcare workers are trained to provide sensitive and evidence-based care, including care that is culturally/linguistically appropriate and gender affirming, to the following overlapping populations: low-income individuals, people of color, immigrants, and lesbian, gay, bisexual, transgender, gender queer and gender non-binary people. Additional background information regarding MPX can be found in the resources listed at the bottom of this advisory.



Testing

The California Department of Public Health (CDPH) <u>has provided resources</u> to help clinicians evaluate patients who have clinical signs and symptoms that may be consistent with MPX, including a list of commercial laboratories that provide monkeypox testing. Patients should not be sent to a commercial laboratory for specimen collection; specimens for testing should be collected by a healthcare provider according to <u>instructions provided by CDC</u> and the testing laboratory. For uninsured patients, providers may contact Alameda County Public Health Department (ACPHD) when reporting a case (see below for details) and request assistance with facilitating testing at CDPH.

Reporting

Report all probable (e.g., positive orthopox virus by PCR) or confirmed MPX (e.g., positive MPX virus by PCR) cases to ACPHD within 1 working day by submitting a completed <u>Confidential Morbidity</u> <u>Report (CMR) form</u> by fax to (510) 273-3744.

For any suspect case who has signs or symptoms of MPX and resides in a congregate setting (e.g., homeless shelter, skilled nursing facility, correctional facility) while testing is pending, **please review** <u>CDC guidance</u> and ensure individuals can comply with guidance on isolation. Also, please notify ACPHD within 24 hours by calling (510) 267-3250 during business hours Monday through Friday 8AM to 5PM, and (925) 422-7595 after 5PM on weekdays and on weekends.

Case definitions for suspect, probable, and confirmed cases of monkeypox are provided by the CDC here: <u>CDC Case Definitions for Use in the 2022 Monkeypox Response</u>

Vaccine Administration

The JYNNEOS vaccine continues to be in short supply. However, as of August 9, 2022 the FDA has issued an <u>Emergency Use Authorization (EUA)</u> expanding administration routes of the vaccine as follows:

- JYNNEOS vaccine may be administered via the intradermal (ID) route <u>in persons aged 18 years</u> <u>and older</u>. This approach uses 0.1mL intradermally, allowing each 0.5mL JYNNEOS vial to support multiple vaccinations.
- JYNNEOS vaccine may be administered in a dose of 0.5ml via the <u>subcutaneous (SC) route for</u> <u>persons aged younger than 18 years old</u> or for persons who have a history of keloids.



ACPHD recommends intradermal administration as the preferred route of administration of JYNNEOS vaccine for persons aged 18 years and older. At this time, ACPHD recommends that the intradermal route of administration be used for persons 18 years of age and older whenever: (1) staff have been adequately trained, (2) appropriate supplies are available, and (3) the patient has no contraindications to this route of administration – e.g., no history of forming keloids. For more information on administering JYNNEOS via the ID route, please see additional resource links provided below.

As a result of the new recommendation for ID administration, the number of available doses of JYNNEOS vaccine has increased in Alameda County. For this reason, ACPHD now recommends that the following persons receive JYNNEOS vaccine:

- Gay, bisexual, and other men, or trans people, who have sex with men, who have had more than 1 sexual partner in the past 14 days
- Sex workers of any sexual orientation or gender identity
- Persons who have had close contact within the past 14 days with someone with suspected or confirmed monkeypox
- Persons who had close contact with others at a venue or event or within a social group in the past 14 days where a suspected or confirmed monkeypox case was identified. This includes persons who received notice from a venue or event of a potential exposure within the past 14 days
- Laboratory workers who routinely perform monkeypox virus testing
- Clinicians who have had a high-risk occupational exposure (e.g., examined monkeypox lesions or collected monkeypox specimens without using recommended personal protective equipment)

Regardless of the immunization route chosen, ACPHD recommends following <u>CDPH guidance to</u> <u>prioritize administration of the first dose</u> of JYNNEOS vaccine for those that are recommended to receive it. Persons who have <u>moderate or severe immunocompromising conditions</u> based on self-attestation should be prioritized for a second dose of the JYNNEOS vaccine.

In the future, the ACPHD website will be updated to provide information on sites and healthcare facilities that are providing the JYNNEOS vaccine in the County.

Treatment

Tecovirimat (TPOXX), an antiviral agent that is FDA-approved for treatment of smallpox, is available to treat patients with MPX via CDC's Expanded Access Investigational New Drug (EA-IND) protocol. ACPHD Updated Clinical Provider Guidance for MPX 2022.08.19



recommends following CDC guidance for TPOXX treatment, including CDC guidance for selectively treating those patients whose health status, clinical course, age, or comorbidities increase their risk for more severe disease.

TPOXX can only be obtained through healthcare providers or institutions that have met certain regulatory requirements set by the CDC (see <u>Information for Healthcare Providers on Obtaining and</u> <u>Using TPOXX (Tecovirimat) for Treatment of Monkeypox</u>). Prescribing TPOXX also requires informed patient consent. **Providers should NOT write prescriptions for TPOXX expecting their patients to obtain the drug through the usual routes (e.g., commercial pharmacies).**

More TPOXX providers are needed in Alameda County. If you have a patient with MPX who is interested in treatment with TPOXX and you are unable to provide TPOXX at your institution, please email <u>monkeypox@acgov.org</u> and include "Urgent: TPOXX treatment needed" in your subject line.

Additional Resources:

- General inquiries: 510-268-2101
- <u>ACPHD Monkeypox Epi and Clinical Information</u>
 - <u>ACPHD CMR Form for Reporting</u>
- <u>CDC Monkeypox</u>
 - <u>Clinical Recognition</u>
 - <u>Considerations for Monkeypox Vaccination</u>
 - Guidance for Tecovirimat Use Under Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Cases
 - Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox
- <u>CDC JYNNEOS Vaccine information</u>
- <u>JYNNEOS Vaccine Administration Errors and Deviations</u>
- <u>Vaccination Administration Considerations for Specific Populations</u>
- California Immunization Program information on JYNNEOS vaccine
- <u>CDPH Interim guidance: Intradermal administration of JYNNEOS smallpox and</u> <u>monkeypox vaccine recommended to extend scarce supplies</u>
- <u>CDPH Monkeypox Vaccines</u>
- <u>CDPH Monkeypox Home Isolation Guidance for the General Public</u>
- <u>CDC Infection Prevention and Control of Monkeypox in Healthcare Settings</u>
- <u>CDC Clinical Considerations for Monkeypox in Children and Adolescents</u>
- CDC Clinician FAQs

Food & Drug Administration EUA August 9, 2022 for JYNNEOS