



Health Advisory: Monkeypox (MPX) Guidance for Healthcare Providers

September 2, 2022

Purpose: To update healthcare providers regarding: 1) MPX virus testing and case reporting for persons <18 years of age; and 2) administration of 2nd doses of JYNNEOS vaccine.

Background

Monkeypox (MPX) virus transmission continues in the Bay Area. As of August 30 2022, there have been [174 reported MPX cases among Alameda County residents and 3,624 cases in California](#). Although anyone can get MPX, most local cases reported to date are among gay and bisexual men and other men who have sex with men. There have been only 7 confirmed MPX cases in the pediatric population (< 18 years of age) in California as of 8/30/22. Additional background information regarding MPX can be found in the resources listed at the bottom of this advisory.

Eliminate Stigma and Discrimination

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.

Suspect MPX Cases in Pediatric Patients

Other common pediatric rashes may be easily confused with MPX, including but not limited to allergic skin rashes (e.g., eczema, contact dermatitis), chicken pox, herpes, molluscum contagiosum, and hand, foot and mouth disease. *Testing for MPX should be reserved for patients with a suspicious rash who do not have an alternative diagnosis that fully explains their symptoms*, especially when there is an [epidemiologic risk factor for MPX exposure](#) within the prior 21 days, such as:

- Contact with a person(s) who received a diagnosis of confirmed or probable MPX; **OR**
- Close or intimate in-person contact with individuals in a social network with monkeypox; this includes gay, bisexual and other 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).



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Persons with MPX in the current outbreak may not present with prodromal symptoms (e.g., fever, headache, lymphadenopathy, fatigue), but [nearly all have a characteristic rash](#) which typically begins as maculopapular lesions that then progress to form vesicles, pustules, and scabs.

Specimen Collection, Submission and Reporting in Patients <18

- Pediatric health care providers, who determine that a patient should be tested for MPX after considering clinical and epidemiologic factors, should collect the appropriate laboratory specimen according to [instructions provided by the CDC](#) and the commercial laboratory of their choice. CDPH has [provided a list of commercial laboratories](#) that offer MPX testing.
- **ACPHD requests that providers should ALSO submit a specimen to the Viral and Rickettsial Disease Laboratory (VRDL) at California Department of Public Health (CDPH).** Providers are asked to complete the [pediatric PUI form](#) and to call ACPHD, during business hours (Monday-Friday, 8:30 AM to 5 PM) at 510-267-3250 (Option 2) to obtain approval and assistance in requesting testing by the VRDL. Pediatric PUI forms should be submitted to ACPHD via email to monkeypox@acgov.org. After 5PM weekdays and on weekends, please submit a PUI form and ensure that a specimen is collected and stored in your laboratory in accordance with specimen collection instructions in the link above.
- Report all [suspect cases](#) (e.g., epidemiologic risk factors and signs and symptoms of MPX) in children or youth < 18 years of age **within 1 working day** by submitting a [pediatric PUI form](#) to monkeypox@acgov.org and call ACPHD at 510-267-3250 (option 2), M-F 8:30am-5PM.

For assistance in deciding how to evaluate and/or test a child for MPX, or in interpreting results of MPX testing when results are inconclusive or discrepant, please review the case with an infectious diseases specialist or contact ACPHD during business hours at 510-267-3250 (option 2). You may be asked to provide your clinical assessment and/or documentation, including photos of the rash to facilitate consultation.

The American Academy of Pediatrics has published an [FAQ for pediatricians](#) regarding MPX, including information on transmission, clinical presentation, testing, and infection control.

Reporting Requirements for MPX cases

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 [Confidential Morbidity Report \(CMR\) form](#) by fax to 510-273-3744.



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
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For any suspect case who has signs or symptoms of MPX and resides or works in a congregate setting (e.g., homeless shelter, skilled nursing facility, correctional facility) while testing is pending, please review [MPX Guidance for Homeless Service Providers](#) and [CDC guidance](#) to ensure individuals can comply with guidance on isolation. Also, please notify ACPHD within 24 hours by calling 510-267-3250 (option 2), during business hours (Monday through Friday 8:30AM to 5PM), and 925-422-7595 after 5PM on weekdays and on weekends.

Patient Notification of MPX Test Results

Providers are reminded to follow up with patients about their MPX test results. **The ACPHD contact tracing team has encountered several patients who were never informed that they tested positive.**

Second Doses of JYNNEOS

There is now an adequate supply of JYNNEOS vaccine to begin administering 2nd doses to anyone who received a first dose at least 28 days prior, and the CDPH website will be updated soon with this guidance. Healthcare providers should begin to utilize their vaccine allocations to give second doses. Although a 28-day interval is optimal, [there is no need to restart or add doses to the vaccine series if the second dose is given after 28 days.](#)

Additional Resources

[What is Monkeypox?](#) (for families)

[ACPHD MPX Website—For Health Care Providers](#)

[CDPH MPX website](#)

[CDC Clinical Considerations for Monkeypox in Children and Adolescents](#)

[Aug. 30, 2022 CAHAN Updates on Laboratory Testing and Treatment for Monkeypox \(MPX\) Virus Infection in California](#)