



DATE: June 1, 2022

TO: Healthcare Providers

FROM: Dr. Maggie Park, Public Health Officer

Please distribute to all providers and relevant medical staff in your office.

HEALTH ADVISORY

Monkeypox

Situation:

The U.S. Centers for Disease Control and Prevention (CDC) issued a health advisory on May 20, 2022, regarding a confirmed case of monkeypox virus infection in Massachusetts as well as multiple clusters of the monkeypox virus infections in other countries. Per CDC, as of May 31, 2022, there have been 18 confirmed cases of Monkeypox/Orthopox in the United States, including 3 in California. The 3 cases in California have all been in Sacramento County and are reportedly related. Monkeypox is currently an extremely rare diagnosis and evaluations for patients with rash should take into consideration other more common causes of rash. There have been no suspected or confirmed cases in San Joaquin County.

Clinical Presentation:

The classic presentation of monkeypox disease includes a flu-like illness lasting a few days, followed by a characteristic rash. Presenting symptoms typically include fever, headache, myalgia, and possibly chills and new lymphadenopathy. The rash is distinctive and historically has started 1-3 days after fever with a rash that may affect the face and extremities (including palms and soles). Mucous membranes and genitalia may be involved. Recently reported cases have had onset with perianal or genital lesions in the absence of flu-like symptoms. The appearance and progression of the rash is very characteristic, evolving sequentially from macules (lesions with a flat base) to papules (slightly raised firm lesions), vesicles (lesions filled with clear fluid), pustules (lesions filled with yellow fluid), and crusts which dry up and fall off. The incubation period is usually 7-14 days but can range from 5-21 days. The illness typically lasts for about 2-4 weeks. A person is considered infectious once symptoms begin and until all lesions scab and scabs fall off. For more clinical recognition guidance, follow this link: https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html

ACTIONS REQUESTED OF CLINICIANS:

• Suspect monkeypox in a patient with an unexplained rash (unlikely to be secondary syphilis, herpes, varicella, molluscum contagiosum, or other diagnosis) that is consistent with monkeypox. Conduct a complete history and physical exam.





Suggestive history includes:

- Recent travel to Central or West African countries or other areas reporting monkeypox cases; and/or
- Contact with a person or people who have a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox; and/or
- Is a man who regularly has intimate in-person contact with other men.
- Implement contact and airborne precautions immediately for suspected cases. Place suspected cases as soon as possible in a single-person exam room with the door closed, or an airborne infection isolation room. The patient should remain masked with a respirator or surgical mask, and any exposed skin lesions should be covered with a bandage, sheet, or gown. Personal protective equipment (PPE) for healthcare workers should include gowns, gloves, eye protection (goggles or face shield), and a N95 or equivalent or higher-level respirator. Any EPA-registered hospital-grade disinfectant can be used for cleaning and disinfecting environmental surfaces.
- Report suspected monkeypox cases immediately by calling the San Joaquin County Public Health Services (SJCPHS) Disease Control and Prevention (DCP) Program at (209) 468-3822. After hours, weekends, and holidays, please call (209) 468-6000 and ask to speak to the on-call public health nurse.
- Test suspected cases that are determined to be high on the differential diagnosis in consultation with SJCPHS. Wearing appropriate PPE, collect 2 specimens from each lesion. If multiple lesions are present, collect specimens from different locations on the body and/or from lesions with different appearances; or if only 1 location is affected, collect specimens from more than 1 lesion. At this time, up to a total of 3 lesions should be swabbed, for a total of 6 swabs collected. Collect specimens as follows:
 - 1) Vigorously swab lesion (unroofing, if possible) with two separate sterile dry polyester or Dacron swabs. Careful unroofing of the lesion may improve testing results.
 - 2) Break off each swab into a sterile 1.5- or 2-mL screw-capped tube with O-ring, or place each entire swab into a separate sterile container. Keep swab dry; do not add or store in any type of transport media.

The California Department of Public Health (CDPH) Viral and Rickettsial Disease Laboratory (VRDL) is unable to accept specimens overnight or on weekends. If specimens are collected after hours, specimens should be stored at 4C if shipped within 24 to 72 hours; the specimen needs to be kept at -80C freezer if it will be held longer than 72 hours.







Treatment and Prevention:

Most patient have mild disease and recover without medical intervention. Antiviral therapy of cases or post-exposure prophylactic immunization of contacts may be considered after consultation with SJCPHS, CDPH, and CDC.

Two vaccines licensed by Food and Drug Administration (FDA) can be considered for post-exposure prophylaxis in people who have had a high-risk exposure to monkeypox, as defined by CDC.

- **JYNNEOS** is a live, non-replicating vaccine
- **ACAM2000** is a live replicating vaccine

Vaccine should be given within 4 days of exposure to prevent disease but might reduce severity of disease up to 14 days after exposure.

Supplies of these products are only available from the federal Strategic National Stockpile.

Additional Information:

- CDPH Health Advisory https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Health-Advisory-Monkeypox-Virus-5-27-22.aspx
- CDC Monkeypox page: https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html

For more information, call San Joaquin County Public Health Services Disease Control and Prevention (DCP) Program at (209) 468-3822



SAN JOAQUIN COUNTY PUBLIC HEALTH LABORATORY (SJCPHL)

1601 EAST HAZLETON AVE. STOCKTON, CA 95205.

PHS Health Dept Phone: 209-468-3822

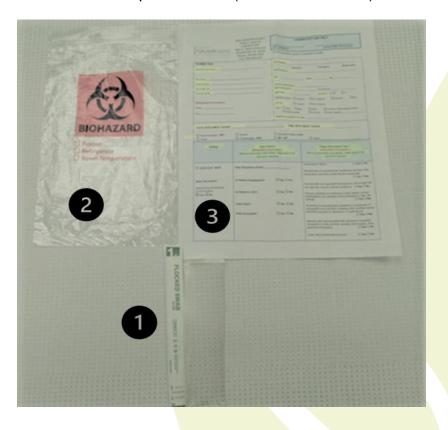
PHS lab Phone: **209-468-3460**

MONKEYPOX SPECIMEN COLLECTION PROCEDURE:

Evaluation of suspect cases and testing should be coordinated first with your local Public health department.

Use the following procedure for collection and submission of suspected Monkeypox specimens for laboratory testing.

- I. Supplies needed (can be provided by SJCPHL):
 - 1. Sterile swab (includes flexible and plastic shaft swab)
 - 2. Biohazard labelled Zip lock bags with outer sleeve
 - 3. Requisition form (fill out all the fields)



II. Monkeypox specimen type: Lesion Dry Swab

III. Collection of specimens:

- 1. Dry swabs of lesions, using only sterile nylon, polyester, or Dacron swabs with plastic or aluminum shaft. **DO NOT** use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
- 2. More than one lesion should be sampled, preferably from different body sites, for preliminary and confirmatory testing.
 - a. Vigorously swab or brush lesion with two separate sterile dry swabs
 - Break off swabs into separate 1.5- or 2-mL screw-capped tubes with O-ring or place each entire swab in a separate sterile container.
 - c. DO NOT add or store in viral or universal transport media
 - d. Tighten cap on specimen collection containers. Seal the cap using parafilm.
- 3. Label collection container with patient name, DOB, location of lesion, Date and Time of Collection. Avoid gel/ink pens to label the tubes. Use permanent Sharpie pens for labels.
- 4. Place specimens **inside the zip lock** specimen bag.

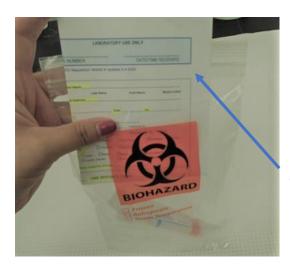


Specimens kept inside the zip lock bag

5. Place laboratory form **in the outer sleeve** of zip-lock bag to separate it from the specimen.







Form kept in the Outer sleeve

- 6. Complete all the required information on the laboratory requisition form.
 - a. Test(s) Requested: Poxvirus PCR
 - b. Disease Suspected: Monkeypox
 - c. Vaccination History: date of smallpox (vaccinia) vaccination, if administered
 - d. Clinical Findings and Symptoms: date of rash onset
 - e. Travel Information: travel and/or exposure history
- 7. Store the specimen at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store the specimen at -80°C or colder.
- 8. Coordinate with the SJCPHL for either specimen pickup or specimen drop off. Specimens must be transported at 2-8°C





IV. Unacceptable specimens:

- Specimens received without prior Public Health consultation
- Swab submissions in viral transport media are unacceptable and will be rejected.
- Any tubes that lack labelling; such vials are unacceptable and will be rejected.
- Calcium alginate swabs or swabs with wooden shafts are unacceptable as they may contain substances that inactivate some viruses and inhibit PCR testing.
- Specimens received without a test requisition form.



SAN JOAQUIN COUNTY PUBLIC HEALTH LABORATORY 1601 E. HAZELTON AVE. STOCKTON, CA 95205 Phone: 209-468-3460

Pnone: 209-468-3460 Fax: 209-468-0639 CLIA # 05D0643989

	LABORATORY USE ONLY			
LAB. NUMBER		DATE/TIME RECEIVED		

SUBMITTER Agency/County Name: Site Name: Street Address: City, State, Zip: Physician/NPI#: (REQUIRED information)		Patient Name: Last Name First Name Middle Initial Street Address: City State Zip Phone: County of Residence Medical Record # Accession # Birth date: GENDER: M				
Phone: Fax:		Race: ☐ Asian ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Unknown ☐ Other, Specify: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Specimen Source: Dry Swab (Lesions) using	g sterile Nylon, Polyester or Dacron s e in viral or universal transport media	wabs □Body site				
Testing	Case History (REQUIRED inform Missing information from below migl rejection	Triage Information (REQUIRED information) Missing information from below might lead to the specimen rejection				
□ Poxvirus PCR	Date onset symptoms (Rash): Vaccination History	□ No :: □ No	Clinical Findi	ected: ngs and Sympto tory: other individual	oms:	