



MEMO

Date: July 27, 2022

Re: Quick Reference – Monkeypox Guidance for Healthcare Providers

The purpose of this document is to provide healthcare providers a quick reference tool with information regarding the current monkeypox outbreak. The following includes guidance and contact information regarding ordering testing; treatment, and vaccinations for individuals with exposures to monkeypox. For additional information and guidance regarding Monkeypox please visit the Missouri Department of Health and Senior Services (DHSS) website at <https://health.mo.gov/living/healthcondiseases/communicable/monkeypox/>

- **Case Summary:** According to the most recent update, a total of 3,592 confirmed monkeypox/orthopoxvirus cases have been reported in the United States including 6 cases reported in Missouri. According to CDC, cases reported nationally with information available, the median age of cases is 35 years. Over 99% of reported cases are male, and 98.4% of cases report male to male sexual contact.

- **Clinical Presentation:** Monkeypox is a rash illness caused by the monkeypox virus. The time period from exposure to onset of symptoms (incubation period) is on average 1-2 weeks (range, 3 to 21 days). The symptoms can start with a prodrome of fever, chills headache, muscle aches, swollen lymph nodes followed by a rash. Not all cases report having the prodromal symptoms or the symptoms follow, rather than precede, rash onset. The rash or sores may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butt) but could also be on other areas like the hands, feet, chest, and face. They may also be limited to one part of the body. The rash can look like pimples or blisters that appear on various parts of the body. The rash goes through different stages, including scabs, before healing completely in approximately 2-4 weeks. Monkeypox can spread from the time symptoms start until all sores have healed and a fresh layer of skin has formed.

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- **Transmission:** The mode of transmission for monkeypox virus includes direct contact with infectious rash, scabs, or body fluids; respiratory secretions during prolonged face-to-face contact or during intimate physical contact such as kissing, cuddling, or sex; indirectly through touching items such as clothing, linens, bandages, etc. that previously were in contact with infectious rash/body fluids; or to a fetus through placenta during pregnancy. Monkeypox is NOT spread through: casual brief conversations; walking by someone with monkeypox, like in a grocery store

- **Testing:** Monkeypox virus testing includes the collection and submission of two swabs from two separate lesions preferably from different locations and with differing appearances. The specimens should be submitted for polymerase chain reaction (PCR) testing for the presence of non-variola orthopox. In the context of the current outbreak a positive PCR result for orthopox should be considered a case of monkeypox.

The PCR tests for monkeypox/orthopoxvirus are now available at five commercial laboratories Aegis Science, LabCorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare. The submission of specimens to the commercial laboratories does not require pre-approval from public health. Testing is also available through the Missouri State Public Health Laboratory (SPHL). Testing at the SPHL does require pre-approval before the specimen is submitted. To request monkeypox/orthopox testing at the SPHL call the Missouri Department of Health and Senior Services at 573-751-6113 or 800-392-0272 (24/7).

Treatment: Currently there is no treatment approved specifically for monkeypox virus infections. However, antivirals such as Tecovirimat (also known as TPOXX, ST-246), developed for use in patients with smallpox may prove beneficial against monkeypox. Many people infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy though the prognosis for monkeypox depends on multiple factors. Patients who should be considered for treatment include those with severe disease; at risk for severe disease; people with immunocompromised; pediatric populations (especially younger than 8 years); certain pre-existing skin conditions; pregnant/breastfeeding women; one or more complication; or with infection in anatomical locations with increased concern such as eyes, mouth, genitals, and anus. To request monkeypox/orthopox testing at the SPHL call the Missouri Department of Health and Senior Services at 573-751-6113 or 800-392-0272 (24/7).

- **Vaccination:** The JYNNEOS vaccine contains a modified live *Vaccinia virus* that does not replicate efficiently in human cells. The vaccine consists of a two dose series of

subcutaneous injections given four weeks apart. The immune response takes about two weeks after second dose for maximum development. For post-exposure prophylaxis (PEP), the CDC currently recommends giving the vaccine within 4 days after the date of exposure for the best chance of preventing onset of disease. If given between 4-14 days after date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. There are currently no data available on the effectiveness of the vaccine in the current outbreak.

The U.S. Department of Health and Human Services (HHS) purchases and is currently the only source of JYNNEOS vaccine. The HHS in collaboration with Centers for Disease Control and Prevention (CDC) determine how much JYNNEOS vaccine each state will receive. The amount of vaccine is based on several factors including the number of reported monkeypox cases reported within the state. The Missouri Department of Health and Senior Services (DHSS) is working with local public health agency partners (LPHAs) to provide JYNNEOS vaccine in accordance with national strategy. In accordance with the national strategy as described at [CDC website](#), Missouri's allotment of JYNNEOS vaccine is **only** available for use in Missouri to individuals who meet the following criteria:

- **Post-Exposure Prophylaxis (PEP):** Individuals who are contacts to laboratory confirmed cases of orthopox/monkeypox virus with the degree of exposures meeting the intermediate or high category. The CDC guidance for determining degree of exposure is available in the CDC document "[Monitoring People Who Have Been Exposed](#)"; **OR**
- **Post-Exposure Prophylaxis (PEP) ++:** Individuals who are aware that one of their sexual partners has been diagnosed with monkeypox, but they may not know or be able to provide the individual's name. In addition, individuals who have had multiple sexual partners or other high-risk exposures in areas or locations (ex. clubs, events, etc.) with known monkeypox virus transmission; **AND**
- **Date of Last Exposure:** The vaccine can be administered within the 14 days past last date of exposure. In addition, the individual has not developed symptoms of monkeypox.

In accordance with the current national strategy, vaccine is **not** currently recommended or available for **Pre-Exposure Prophylaxis (PrEP)**, which includes, but is not limited to, clinicians and healthcare providers in the U.S., or other individuals who do not meet the above PEP or PEP++ criteria. Healthcare workers with exposures should be evaluated for PEP, determining degree of exposure in accordance with the CDC document "[Monitoring People Who Have Been Exposed](#)".

Healthcare providers requesting vaccine for PEP following a known exposure or PEP++ following a likely exposure should contact their local public health agency. Contact information for LPHAs in Missouri is available at <https://health.mo.gov/living/lpha/lphas.php>.

- **Infection Prevention:** During the current outbreak, no cases of healthcare-associated transmission of monkeypox virus from a patient to health care workers in the U.S. has been reported. However, it is very important that healthcare workers continue to take the appropriate precautions to prevent possible exposures while caring for patients. The appropriate precautions include, but are not limited to the use of the recommended personal protective equipment (PPE), which includes gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher. Additional recommendations for the infection prevention and control of monkeypox in a healthcare setting is available from CDC at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>.