

Virginia Department of Health
Monkeypox Information Sheet for Healthcare Providers

Updated 8/2/22

Situation	Multi-country outbreak in non-endemic countries. Affecting most US states, including Virginia. Monkeypox virus is spreading mostly through close, intimate contact with someone who has monkeypox. While anyone can get monkeypox, most cases to date have occurred in gay, bisexual, and other men who have sex with men. Providers should be on alert for cases and contact infection prevention staff and their local health department (LHD) if they suspect a monkeypox case.
Organism	<ul style="list-style-type: none"> ● Monkeypox virus; genus Orthopoxvirus (Other Orthopoxviruses that can infect humans: variola [smallpox], vaccinia, cowpox virus) ● Endemic to parts of west and central Africa ● Two clades are West African monkeypox (milder) and Central African monkeypox ● Current multi-county outbreak is the West African monkeypox clade ● Animal reservoir unknown; hosts include African rodents and nonhuman primates
Transmission	<ul style="list-style-type: none"> ● Direct contact with sores, scabs, or body fluids from an infected person or animal ● Indirect contact with contaminated items ● Large respiratory droplet transmission during prolonged face-to-face contact
Incubation	1-2 weeks (range 5-21 days)
Symptoms and Signs	<ul style="list-style-type: none"> ● Characterized by a specific type of rash (see photos below) ● Some patients have a prodrome, including malaise, fever, lymphadenopathy, and other symptoms. ● Lesions can begin on the genitals, perianal region, or oral cavity and might be the first or only sign of illness. Presentation can be a few or only a single lesion and may be painful. ● Both mucosal and cutaneous lesions may occur. Cutaneous lesions progress through stages→macules→deeply-embedded firm, round papules (umbilicate)→vesicles→pustules→scabs ● Illness duration is typically 2-4 weeks ● Co-infection with sexually transmitted infections have been reported
Infectious Period	Infectious from first symptom onset (prodrome or rash) until lesions scab, fall off, and a new layer of skin forms
When to Suspect Monkeypox	<ul style="list-style-type: none"> ● If the patient has a new characteristic rash or if the patient meets one of the epidemiologic criteria listed in the next bullet and there is a high clinical suspicion for monkeypox ● Within previous 21 days, patient: <ul style="list-style-type: none"> ○ Reports having contact with a person with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR ○ Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes 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) OR ○ Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR ○ Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams)

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Testing	<ul style="list-style-type: none"> ● Testing is available through commercial labs: Aegis Sciences, Labcorp, Mayo Clinic Laboratories (some clinics), Quest Diagnostics, and Sonic Healthcare ● Testing is also available through Virginia’s Division of Consolidated Laboratory Services (DCLS); requires coordination with LHD
Isolation	<ul style="list-style-type: none"> ● Standard and transmission-based precautions needed when evaluating a potential case ● Use an Airborne Infection Isolation Room if intubating, extubating, or other procedure that can cause aerosolization
Vaccines for PrEP & PEP	<ul style="list-style-type: none"> ● JYNNEOS vaccine: 2-dose series 28 days apart, administered SQ, replication deficient ● ACAM2000 vaccine (IND): 1 dose, administered percutaneous, replication competent
PrEP	<ul style="list-style-type: none"> ● Recommended for high-risk jobs; e.g., lab personnel working with Orthopoxvirus ● Currently most US clinicians, public health workers, and laboratorians are not advised to receive PrEP
PEP	<ul style="list-style-type: none"> ● Recommended for contacts of cases up to 14 days after exposure ● Ideally, given within 4 days of exposure to prevent disease; may reduce severity of illness if given 4-14 days after exposure
Expanded PEP	<ul style="list-style-type: none"> ● Vaccine supply is currently constrained, but as available, recommended for: <ul style="list-style-type: none"> ○ Gay, bisexual and other adult MSM who had multiple or anonymous sexual partners within the past 14 days, OR ○ Transgender women and nonbinary adults assigned male at birth who had sex with men and have had multiple or anonymous sexual partners within the past 14 days, OR ○ Sex workers within the past 14 days, OR ○ Staff of establishment where sexual activity occurs (e.g., bathhouses, sex clubs) within the past 14 days ○ Adults who attended sex-on-premises venues within the past 14 days
Treatment	<ul style="list-style-type: none"> ● Tecovirimat (ST-246) (IND), Cidofovir, Vaccinia Immune Globulin (IND), or Brincidofovir. ● Available from national stockpile or CDC for severe cases or patients at higher risk of severe illness; providers must coordinate with LHD.

Images of Monkeypox Rash



Photo credit: UK Health Security Agency and NHS England High Consequence Infectious Diseases Network. From CDC Clinical Recognition cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html, accessed June 28, 2022