Virginia Department of Health
Monkeypox Information Sheet for Healthcare Providers

Situation	• Multicountry outbreak in nonendemic regions. Affecting many US states, including VA. • Virus is spreading from person to person and many cases have occurred in men who have sex with men. • Providers should be on alert for monkeypox as more cases are likely. Contact your Infection Prevention staff and local health department (LHD) immediately if you suspect monkeypox.
Organism	• Monkeypox virus; genus *Orthopoxvirus*; family *Poxviridae* • Other Orthopoxviruses that can infect humans: variola (smallpox), vaccinia, cowpox virus. • Two clades are west African monkeypox (milder) and central African monkeypox. • Endemic to parts of west and central Africa • Animal reservoir is unknown; potential hosts include African rodents and nonhuman primates.
Transmission	• Direct contact with sores, scabs, or body fluids from an infected person or animal or indirect contact with contaminated items. Not known if spread through semen or vaginal fluids. • Large respiratory droplets during prolonged, face-to-face contact or during intimate contact.
Incubation	• Incubation period is usually 6-13 days (range 5-21 days).
Symptoms and Signs	• Classically, 1-3 days of flu-like prodrome (fever, headache, fatigue, and lymphadenopathy). Prodrome has not always been present in cases associated with the current outbreak. • After the prodrome, a characteristic rash appears. Classically, lesions begin on the face and spread to a have centrifugal distribution. With the current outbreak, lesions might start on or be confined to the genital and perianal region and might be the only sign of illness. • Both mucosal and cutaneous lesions may occur. Cutaneous lesions progress through stages→macules→deeply-embedded firm, round papules (umbilicates)→ vesicles→pustules→scabs. Lesions are typically all in the same stage (unlike varicella), but this has not been consistent among all cases in the current outbreak.
Infectious Period	• Infectious from first symptom onset (prodrome or rash) until lesions scab and fall off and a new layer of skin forms.

When to Suspect Monkeypox	• If the patient has a new rash or if the patient meets 1 of the epidemiologic criteria and there is a high clinical suspicion for monkeypox.
	• Epidemiologic criteria: Within previous 21 days, patient:
	  o Had contact with a person(s) with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR
	  o Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men OR
	  o Traveled outside US to a country with confirmed cases or where monkeypox is endemic OR
	  o 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, lotions, powders)

Isolation	• 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.
Testing	• Limited to public health labs, including Virginia's Division of Consolidated Laboratory Services (DCLS). Must coordinate specimen collection and DCLS testing with LHD. • DCLS tests for *Orthopoxvirus*. If positive, DCLS sends to CDC for confirmatory monkeypox testing. Confirmation is not required for providers to start treatment or LHD to trace close contacts and recommend PEP.
Differential Diagnoses	• Secondary syphilis, herpes, chancroid, varicella zoster
Vaccines for PrEP and PEP	• JYNNEOS vaccine: 2-dose series 28 days apart, administered SQ, replication deficient • ACAM 2000 vaccine (IND): 1 dose, administered percutaneous, replication competent
PrEP	• Vaccine for high-risk jobs (lab workers working with O*rthopoxvirus*, public health, and hospital teams)
PEP	• Vaccine is recommended after a high-risk exposure and can be considered after an intermediate-risk exposure. LHD can help determine exposure risk. Ideally, give within 4 days of exposure, but can be later.
Treatment	• Available from national stockpile or CDC for severe cases or patients at higher risk of severe illness; must coordinate with LHD. • Tecovirimat (ST-246) (IND), Cidofovir, Vaccinia Immune Globulin (IND), or Brincidofovir.

Figure 1. Images from patients with "classic" monkeypox*

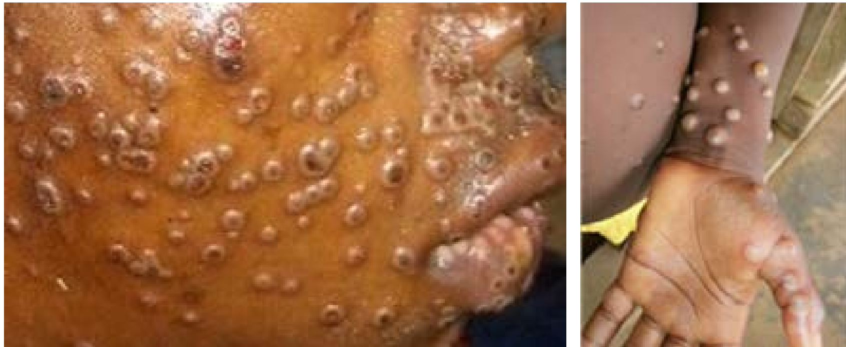

*Photo credit: CDC. Clinical Recognition (available at cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html, accessed June 9, 2022)

Figure 2. Images from patients with monkeypox in current outbreak*

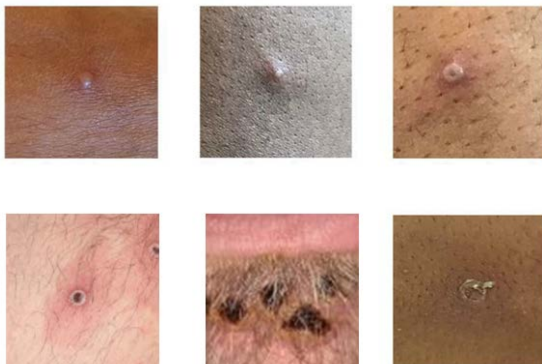

*Photo credit: UK Health Security Agency. From CDC U.S. Monkeypox 2022: Situation Summary (available at cdc.gov/poxvirus/monkeypox/response/2022/index.html, accessed June 9, 2022)