

Health Advisory: Monkeypox

Minnesota Department of Health, Tue May 24 13:00 CDT 2022

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please forward to infection preventionists, internists, infectious disease doctors, emergency department staff, sexual health clinics, dermatology clinics, and all other health care providers who might see patients presenting with a rash-like illness.

Health care providers:

This is a followup to the [CDC Monkeypox HAN \(https://emergency.cdc.gov/han/2022/han00466.asp\)](https://emergency.cdc.gov/han/2022/han00466.asp) regarding Monkeypox released last Friday, May 20, 2022.

- Consider monkeypox in people with unexplained rash and:
 - Travel in the last 30 days to a country with confirmed or suspected case of monkeypox.
 - Contact with a person with confirmed or suspected monkeypox.
 - Is a man who reports close or intimate contact with other men.
- Call the Minnesota Department of Health (MDH) if you suspect monkeypox, 651-201-5414 or 1-877-676-5414.
 - MDH will provide consultation to determine the need for laboratory testing using real-time polymerase chain reaction.
 - Specimens acceptable for testing: dry swabs of lesion fluid or lesion surface.
 - Submit two swabs: one for screening, one for confirmation. Polyester or Dacron swabs, in a sterile dry container.
 - Preliminary testing for orthopoxvirus will be performed at MDH-PHL; confirmatory testing to further characterize as monkeypox will be performed at the CDC.
- Use a combination of standard, droplet and contact precautions when patients present with fever and/or vesicular/pustular rash.
- Test for other rash illnesses including syphilis, herpes simplex, and chickenpox if indicated.

Background

Monkeypox is a zoonotic infection endemic to several Central and West African countries. Before May 2022, cases outside of Africa were reported either among people with recent travel to those countries or contact with a person with a confirmed monkeypox virus infection. Since mid-May, 160 monkeypox cases have been confirmed in over 15 countries that don't normally have monkeypox; including several presumptive cases in the U.S. and one case confirmed in Massachusetts. There is evidence of community transmission of monkeypox including transmission in persons who self-identify as gay, bisexual, or men who have sex with men (MSM), though sexual transmission has not been considered a primary driver of transmission in previous outbreaks. This is an evolving investigation and public health authorities hope to learn more about routes of exposure in the coming days.

Monkeypox

Monkeypox is an *Orthopoxvirus*, the same genus as smallpox, variola and vaccinia viruses. Incubation period is generally between 5 and 21 days. Clinical disease is very similar to smallpox and starts with a prodromal phase of 1-4 days consisting of fever, headache and fatigue. Lymphadenopathy may occur as well. However, in the most recently reported cases, prodromal symptoms have not always occurred, and some cases only had lesions in the genital and perianal region, without other symptoms. Some patients have presented with proctitis.

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The rash progresses from macules to papules, vesicles, pustules and crusts. The rash is well circumscribed, hard, deep-seated and umbilicated. The number of lesions varies from a few to several thousand in severe cases.

A person is infectious from symptom onset until lesions have crusted over, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through direct contact with body fluids or lesion material, or prolonged contact with respiratory droplets. Fomite transmission has also been documented. Animal-to-human transmission may occur through a bite or scratch, preparation of wild game, and direct or indirect contact with body fluids or lesion material.

There is no specific treatment for monkeypox virus infection, although antivirals developed for use in patients with smallpox may prove beneficial. Persons with direct contact (e.g., exposure to the skin, crusts, bodily fluids, or other materials) or indirect contact (e.g., presence within a six-foot radius in the absence of an N95 or filtering respirator for ≥ 3 hours) with a patient with monkeypox will be monitored by public health; depending on their level of risk, some persons may be candidates for post-exposure prophylaxis with smallpox or monkeypox vaccine under an Investigational New Drug protocol after consultation with public health authorities.

For More Information

- [CDC Monkeypox \(https://www.cdc.gov/poxvirus/monkeypox/index.html\)](https://www.cdc.gov/poxvirus/monkeypox/index.html)
CDC is currently reviewing this information to consider the need for updates.
 - [CDC Clinical Recognition of Monkeypox \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html)
 - [CDC Monkeypox Treatment \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html)
 - [Monkeypox CDC HAN \(https://emergency.cdc.gov/han/2022/han00466.asp\)](https://emergency.cdc.gov/han/2022/han00466.asp)
- [WHO Monkeypox \(https://www.who.int/news-room/fact-sheets/detail/monkeypox\)](https://www.who.int/news-room/fact-sheets/detail/monkeypox)
- [MDH Monkeypox \(https://www.health.state.mn.us/diseases/monkeypox/index.html\)](https://www.health.state.mn.us/diseases/monkeypox/index.html)
MDH is currently reviewing this information to consider the need for updates.
- For questions, call MDH at 651-201-5414 or 877-676-5414

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The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.