

Provider Health Advisory (Update #2)
August 1, 2022
**Monkeypox Virus Infection in the United States and
Other Non-endemic Countries—2022**

Summary:

As of August 1, there are >20,000 suspected or confirmed cases of monkeypox (MPX) from 71 non-endemic countries. In the US, there have been > 5,000 cases, including 799 California residents. Of the California cases, one has required hospitalization but there have been no deaths. Contra Costa County has had 4 confirmed (monkeypox PCR positive) cases and several probable or suspected cases to date ([Monkeypox \(ca.gov\)](#)). MPX vaccine (JYNNEOS™) supplies remain very limited but expected to increase over time and will eventually be distributed to both public health departments and health systems.

Actions Requested of Healthcare Professionals:

- 1. IDENTIFY** patients with:
 - A skin lesion suggestive of monkeypox **OR**
 - Onset of fever or lymphadenopathy within 21 days of an epi risk factor link
 - Epi risk factor link: higher-risk contact to a case without PPE or contact with fomites or a lab specimen without PPE
- 2. IMPLEMENT** infection control as soon as possible (as described in [previous advisory](#)).
 - Consider telemedicine evaluation when feasible and prepare facilities and staff when specimen collection is necessary.
- 3. TEST** suspected MPX patients using a commercial lab. Patients should be instructed to isolate at home until results are available.
 - **MPX testing by a commercial lab (LabCorp, Quest, Aegis, Sonic Healthcare/Westpac, Mayo) is strongly encouraged. Public Health approval is not necessary for commercial lab testing.** Additional commercial labs may be offering MPX testing over time.
 - CDPH VRDL testing is available in limited situations and does require Public Health approval and coordination. Please contact Contra Costa Public Health (925-313-6740 during business hours or 925-646-2441 after hours for Sheriff's Dispatch to connect with the Health Officer on-call) for:
 - Patients with severe disease presentation
 - Patients hospitalized for MPX-related reasons other than pain control or isolation
 - Pediatric patients
 - Pregnant or breastfeeding patients
 - Deaths in patients with MPX
 - Uninsured patients (list continues on following page)



Actions Requested of Healthcare Professionals (continued):

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- Patients associated with congregate living, correctional facilities, homeless encampment, group events, or bathhouses
- Providers who do not have access to commercial lab testing

4. REPORT within 1 business day to Contra Costa Public Health via fax (925-313-6465) or email (CoCoCD@cchealth.org)

- Patients who meet the current suspected MPX infection case definition
- Patients with a positive orthopoxvirus PCR result from a commercial laboratory
- Patients who may benefit from Tecovirimat (TPOXX) IND antiviral treatment
- Patients receiving Tecovirimat
- Exposures in a healthcare setting associated with inadequate PPE use

5. REFER patients with close contact or high-exposure risk and certain healthcare professionals (HCPs) to the Contra Costa Health [MPX vaccine website](#) request form. Asymptomatic close contacts do not need to quarantine but should monitor for symptoms 21 days post-exposure and inform health care provider of recent MPX exposure should symptoms develop.

- HCPs with intermediate- to high-risk occupational exposures needing vaccine for **post-exposure prophylaxis** (broad/general use of vaccine for **pre**-exposure prophylaxis in HCPs is not currently recommended)
 - i. Intermediate-risk:
 1. Without wearing at a minimum, a surgical mask, being within 6 feet for 3 hours or more of an unmasked patient, **OR**
 2. While wearing gloves but not wearing a gown, performing activities resulting in contact between the HCP's clothing and the patient's skin lesions, bodily fluids, their soiled linens, or their soiled dressings
 - ii. High-risk:
 3. Unprotected contact between the HCP's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g. any sexual contact, inadvertent splashes of saliva to the eyes or oral cavity of a person, ungloved contact with patient) or contaminated materials (linens, clothing, etc.) **OR**
 4. Without wearing an N95 or equivalent respirator (or higher) and eye protection, being inside the patient's room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (shaking of soiled linens)
- Patients who are close contacts, potential close contacts, or at higher risk of exposure needing vaccine for **post- or pre-exposure prophylaxis**:
 - i. Gay, bisexual, and other cisgender men who have sex with men, as well as transgender men and transgender women who:
 1. Have had a bacterial STI in the past three months, **OR**
 2. Have engaged in chemsex or group sex with men, **OR**
 3. Have had sex recently with anonymous male partners, **OR**
 4. Have attended sex-on-premises events or venues, such as bathhouses, **OR**
 5. Have engaged in survival or transactional sex



Additional Resources:

- [Contra Costa Health Monkeypox Information](#)
 - [Confidential Morbidity Report Form](#) for reporting MPX cases
- [Contra Costa Health Vaccination Request Form](#) for close contacts and other community members in the high priority vaccination group due to high exposure risk
- [CDPH Monkeypox Information](#), including case counts and data
- [CDC Monkeypox Information](#)
 - [CDC Clinical Recognition](#)
 - [CDC Infection Control](#)
 - [CDC Treatment Guidance](#)
 - [CDC Considerations for Vaccination](#)

