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):

- 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 Monkeys 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