Guidance for Assessment and Monitoring of Suspected Monkeypox Virus Cases and Contacts
July 12, 2022

Context
Cases of monkeypox virus have been confirmed in the United States and clusters have been reported in Europe. At this time, the majority of infections have occurred in men who report having sex with men and some have been identified at sexual health clinics. Monkeypox disease symptoms include a characteristic rash sometimes preceded by a prodrome including fever, swollen lymph nodes, and often other non-specific symptoms such as malaise, headache, and muscle aches. Some recently reported cases presented with characteristic, monkeypox-like lesions in the genital and perianal region in the absence of subjective fever and other prodromal symptoms. Cases may be confused or coincide with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster). Additional clinical information and images of monkeypox rash lesions can be found on the CDC COCA website.

Assessment and Specimen Collection for Suspected Cases

- Persons with suspected monkeypox virus should be assessed for other rash-associated illnesses and routine testing should be performed based on clinical judgement.
- Patients with symptoms consistent with monkeypox virus infection should be screened for the following epidemiologic risk factors in the 21 days prior to start of symptoms:
  - Travel history to an outbreak-affected or endemic country or state with known cases.
  - Contact with a person with confirmed or suspected monkeypox or who has a similar appearing rash.
  - Skin-to-skin 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, dating app, bar or party.
  - Contact with dead/live animal that is an African endemic species or used a product derived from such animals (however, this has not been a primary source of infection for this current outbreak).
- A **Suspect Case** is a patient with either:
  - A new rash with high clinical suspicion for monkeypox virus; OR
  - A new rash and at least one epidemiologic risk factor.
- **If a Suspect Case is identified, clinicians** should:
  - Follow infection control recommendations (N95 mask and eye protection in addition to gown and gloves) when entering the patient's room. Additionally, any personnel who may be handling linens or materials that came into contact with the patient should wear this same PPE when touching or cleaning areas where the patient has been.
  - Acquire digital photos of the lesions, with patient consent.
  - Alert the facility infection control department that there is concern for monkeypox

- **Pathways to test:** There are now two pathways to submit swabs for testing, one to the State lab and one to a commercial lab. Either is permitted and can be determined by the ease of courier services and other factors:
  - **State lab:** To submit specimens to the state Division of Laboratory Services (DLS) lab, please contact KDPH to discuss testing by calling 888-9REPORT (888-972-7678).
    - All test requests should be ordered in the DLS Outreach system, with test code MVPCR. If Outreach access is unavailable, you may complete the Special Microbiology Requisition Form 219.
    - Ship specimens overnight on ice packs to DLS at the following address:

      KY Division of Laboratory Services (DLS)
      Attn: Melissa Peterson
      100 Sower Blvd, Suite 204
      Frankfort, KY 40601

  - **Commercial labs:** To submit samples to one of the commercial labs that are now performing orthopoxvirus testing, complete the swab collection, complete the EPID 200 form to notify KDPH of the samples being sent and alert local infection control department that this is concern for monkeypox.
    - https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/EPID200.pdf

- **Procedure for obtaining samples for submission to any lab,** obtain 2 or more dry lesion swabs:
  - Swab or brush lesion vigorously (do not unroof; swab the exterior and base/advancing line of the lesion) with two separate dry Dacron or sterile nylon or polyester swabs with a plastic, wood, or thin aluminum shaft. Do not use other types of swabs. Each lesion site tested needs to have swabs collected in duplicate, with 2-3 different lesion sites collected in total.
  - Place swabs in individual sterile containers and DO NOT ADD ANY VIRAL OR UNVIERSAL TRANSPORT MEDIA. Refrigerate immediately (2--8^{o}C) or freeze (-20^{o}C or lower) if after-hours collection. Label specimens with anatomic location of the lesion sampled (e.g. Right Lateral Thigh #1, Right Lateral Thigh #2).
  - All specimens for orthopoxvirus testing must come through DLS or a commercial lab and cannot go directly to CDC. DLS is unable to receive FedEx shipments on Sundays. Other guidance for shipping may apply per the other labs. If orthopoxvirus is detected at DLS or a commercial lab, the second specimen from the corresponding site will be shipped to CDC on dry ice to ensure temperature requirements are met upon arrival at CDC; turnaround time at CDC is 5 business days.

Exposure Assessment for Contacts of Confirmed Orthopox or Monkeypox Virus

Transmission of monkeypox typically requires prolonged close interaction with a symptomatic individual. Skin-to-skin contact with lesions is considered highest risk. Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant postexposure prophylaxis (PEP).

<u>High Risk Exposures</u>

- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing); OR
- 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 (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection; OR
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances).

<u>Intermediate Risk Exposures</u>

- Being within 6 feet for 3 hours or more of an unmasked person with confirmed monkeypox virus without wearing, at a minimum, a surgical mask; OR
- Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown; OR
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances (e.g., if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from high to intermediate).

<u>Low/Uncertain Risk Exposures</u>

- Being in the same room as a person with confirmed monkeypox virus without wearing eye protection on one or more occasions, regardless of duration of exposure; OR
- During all entries in the patient care room (except during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask; OR
- Being within 6 feet of an unmasked person with confirmed monkeypox for less than 3 hours without wearing at minimum a surgical mask; OR
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances (e.g., uncertainty about whether Monkeypox virus was present on a surface and/or whether a person touched that surface).

Management of Exposed Contacts

- Contacts with High, Intermediate, or Low risk of exposure to persons with confirmed monkeypox should be monitored for symptoms for 21 days after their last exposure.
- Active daily monitoring (via phone, text, or email) by health department personnel is recommended for contacts with High risk of exposure, where resources permit. Health departments should take into consideration the person's exposure risk level, the number of persons needing monitoring, time since exposure, and available resources, when determining the type of monitoring to be conducted.
- Contacts who remain asymptomatic are permitted to continue routine daily activities (e.g., go to work, school), including healthcare workers who have unprotected exposures. Contacts should not donate blood, cells, tissue, breast milk, semen, or organs while they are under symptom surveillance.
- Symptoms* of concern include:
  - Fever ≥100.4°F (38°C)
  - Chills
  - New lymphadenopathy (swelling of lymph nodes) (periauricular, axillary, cervical, or inguinal)
  - New skin rash

  *Fever and rash occur in nearly all people infected with monkeypox virus
- Contacts should be instructed to monitor their temperature twice daily. If symptoms develop, contacts should immediately self-isolate and contact the health department for further guidance.

- Persons who report only chills or lymphadenopathy should remain at their residence, self-isolate for 24 hours, and monitor their temperature for fever; if fever or rash do not develop and chills or lymphadenopathy persist, the person should be evaluated by a clinician for the potential cause.

- Contacts with symptoms should be evaluated for other common illnesses (e.g., COVID-19 and influenza). Monkeypox virus testing must be coordinated through KDPH/DLS at this time.

Vaccination

Three categories of vaccination have been defined by CDC. Until vaccine is more widely available, KDPH will focus primarily on the first strategy, PEP. Should situations arise where PEP++ might be useful, please contact KDPH by calling 888-9REPORT (888-972-7678).

Postexposure Prophylaxis (PEP) for Exposed Contacts:

- PEP is recommended for contacts who have been determined to have a High risk of exposure to a confirmed case. Jynneos vaccine is available for PEP if given within 4 days from the date of the first exposure. Vaccine administered between 4–14 days after the

date of exposure may reduce the symptoms of disease, but may not prevent the disease. PEP is not offered if the exposure was 21 days or more prior to presentation but vaccination for PrEP could be considered if the patient has epidemiologic risk factors.
- Administration of Jynneos vaccine as expanded postexposure prophylaxis (PEP++) is recommended for individuals who report high-risk exposures (MSM with frequent or anonymous sex partners) in venues or communities where monkeypox virus is actively spreading.
- PEP and PrEP vaccination against monkeypox for patients under the age of 18 years must be discussed with KDPH and CDC.

Expanded Post-Exposure Prophylaxis (PEP)++:
- People with certain risk factors are more likely to have been recently exposed to monkeypox.
- The PEP++ approach aims to reach these people for post-exposure prophylaxis vaccination, even if they have not had documented exposure to someone with confirmed monkeypox.
- When coupled with self-isolation and other prevention measures when symptoms first occur, PEP++ may help slow the spread of the disease in areas with large numbers of monkeypox cases—which would suggest a higher level of monkeypox virus transmission.

Pre-Exposure Prophylaxis (PrEP):
- This approach refers to administering vaccine to someone at high risk for monkeypox (for example, laboratory workers who handle specimens that might contain monkeypox virus).
- At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox virus, are not advised to receive monkeypox vaccine PrEP.
- PrEP may be expanded in the future to vulnerable populations as they are identified and vaccine supply is available.

If orthopoxvirus is confirmed:
- A confirmed orthopoxvirus result at DLS is a presumed case of monkeypox; specimens will be sent to CDC for confirmatory monkeypox testing (turnaround time is 5 days).
- Use of Tecovirimat (TPOXX) antiviral medication for treatment of patient may be considered. Tecovirimat is acquired through KDPH from the Strategic National Stockpile at this time.
- Healthcare, social, and sexual contact exposures need to be assessed. The local health department and regional epidemiologists may be able to help with this process.
- The confirmed orthopoxvirus positive patient should remain in isolation and take precautions to not expose other humans or animals until lesions have healed to the point where there is new, intact skin at every lesion site. Additional guidance documents for explaining isolation expectations is available.