



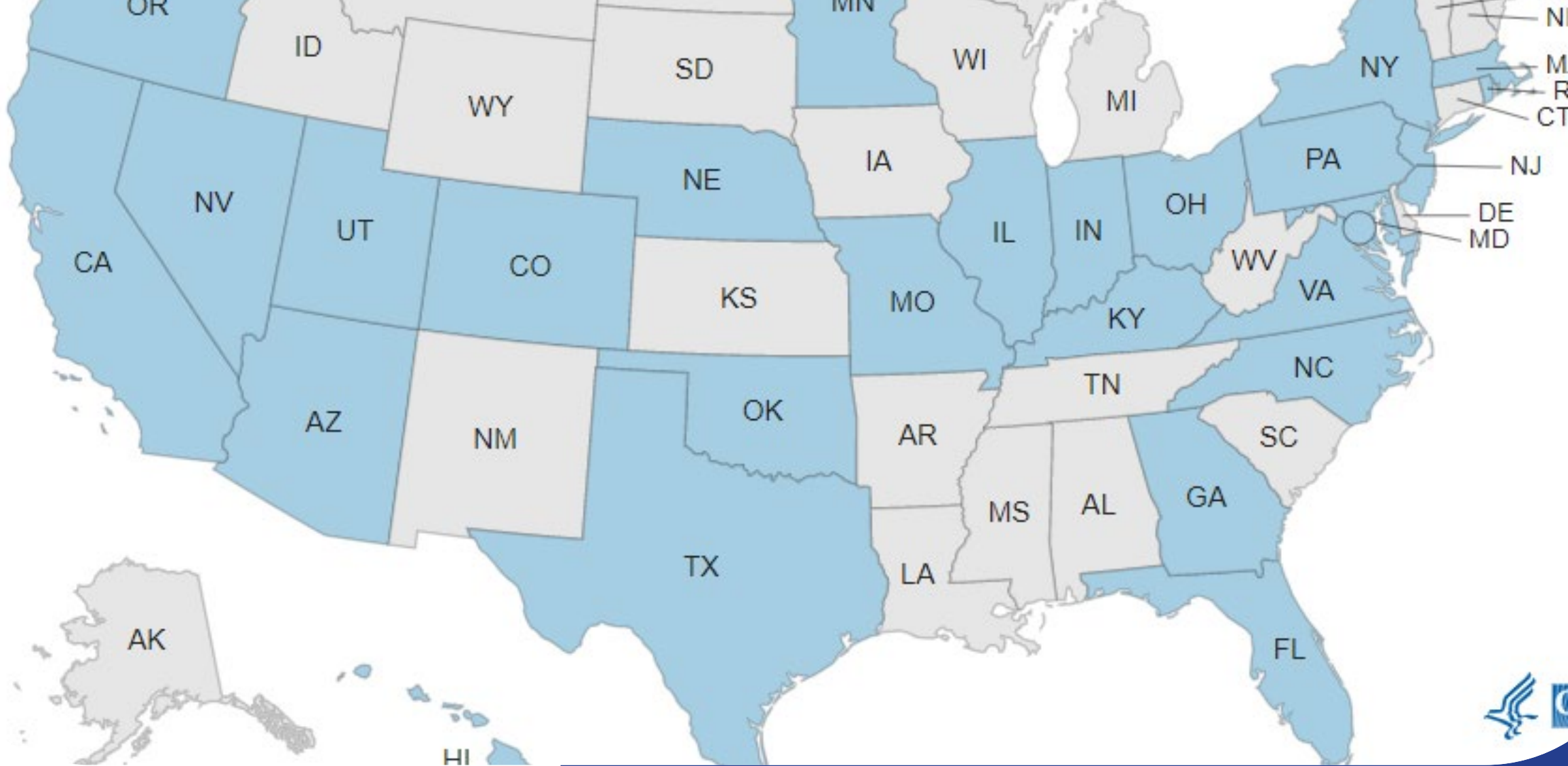
Indiana
Department
of
Health

IDOH UPDATE: MONKEYPOX

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**Indiana
Department
of
Health**

Orthopox/Monkeypox

What is Monkeypox?

- Monkeypox virus belongs to poxvirus family and infection is rarely fatal (1-10%)
- Prior to the 2022 outbreak, nearly all monkeypox cases in people outside of Africa were linked to international travel where the disease commonly occurs, or through exposure to imported animals
- Prodromal symptoms typically include fever, chills, fatigue, muscle aches and new lymphadenopathy that occur 5-21 days after exposure
- Distinctive rash appears about 1-3 days later; however, onset of perianal or genital lesions in the absence of prodromal symptoms has been reported
- Rash involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs
- Can resemble/occur with other illnesses such as syphilis, herpes, varicella

Transmission

- Monkeypox does not spread easily between people without close contact
- Person-to-person transmission is possible by:
 - skin-to-skin contact with body fluids or monkeypox sores
 - contaminated items, such as bedding, clothing, towels
 - respiratory droplets during prolonged face-to-face contact
- An individual is contagious until all scabs have fallen off and replaced with new intact skin underneath, which can take 2 to 4 weeks after rash onset

Transmission

- People with monkeypox are infectious while they have symptoms (normally for between two and four weeks).
- The rash, bodily fluids (such as fluid, pus or blood from skin lesions) and scabs are particularly infectious.
- Ulcers, lesions or sores in the mouth can also be infectious, meaning the virus can spread through saliva. People who closely interact with someone who is infectious, including health workers, household members and sexual partners are therefore at greater risk for infection.
- The virus can also spread from someone who is pregnant to the fetus from the placenta, or from an infected parent to child during or after birth through skin-to-skin contact.
- It is not clear whether people who do not have symptoms can spread the disease.

Who's Most at Risk?

- **Monkeypox is still rare, and the risk to the general public is low**
- Anyone with a rash that looks like monkeypox should talk to their healthcare provider, even if they don't think they had contact with a positive case
- People at highest risk:
 - Had contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox
 - Had skin-to-skin contact with someone in a social network experiencing monkeypox activity; this includes men who have sex with men who meet partners through an online website, digital application ("app"), or social event (e.g., a bar or party)
 - Traveled outside the US to a country with confirmed cases of monkeypox or where monkeypox activity has been ongoing
 - Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

Case Definition

Suspect Case

- New characteristic rash* OR
- Meets one of the epidemiologic criteria **and** has a high clinical suspicion† for monkeypox

Probable Case

- No suspicion of other recent *Orthopoxvirus* exposure (e.g., Vaccinia virus in ACAM2000 vaccination) AND demonstration of the presence of
- Orthopoxvirus DNA by polymerase chain reaction of a clinical specimen OR
- Orthopoxvirus using immunohistochemical or electron microscopy testing methods OR
- Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset

Confirmed Case

- Demonstration of the presence of monkeypox virus DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen OR isolation of Monkeypox virus in culture from a clinical specimen

Epidemiologic Criteria

Within 21 days of illness onset:

- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR
- Had close 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, digital application (“app”), or social event (e.g., a bar or party) OR
- Traveled outside the United States to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR
- 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, etc.)

Outbreak 2022

- As of June 29, 351 cases have been reported in 27 states and DC
- Two probable cases have been reported in Indiana
- Over 5100 cases reported in non-endemic countries, majority in Europe, 51 countries total
- Many cases have occurred in men who have sex with men; however, **anyone** can get monkeypox

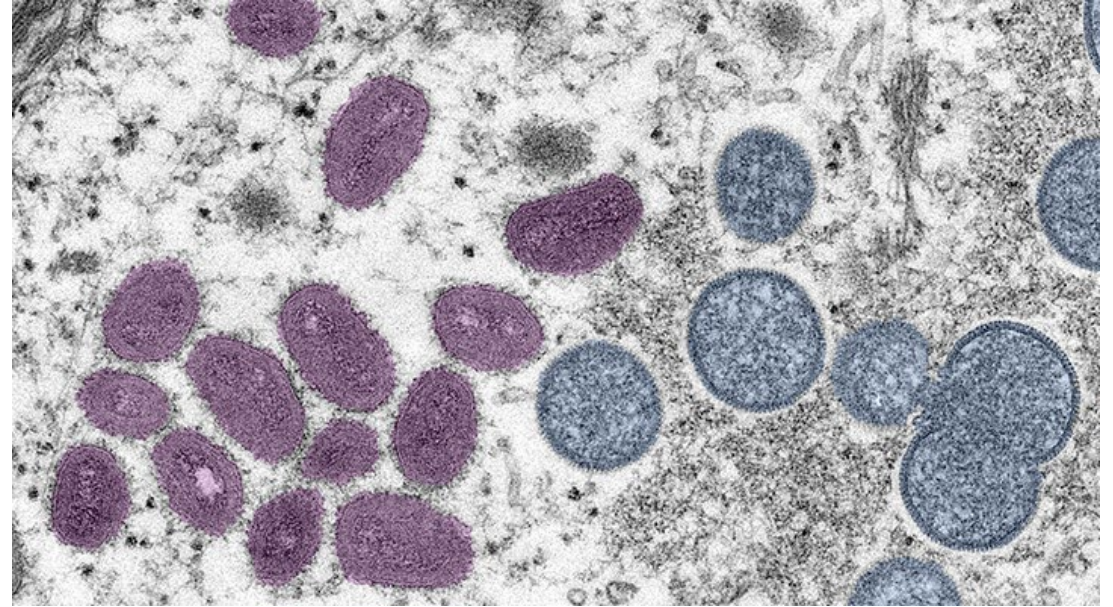


Photo courtesy of CDC

Testing Authorization

- Clinicians requesting testing for monkeypox must first complete the Indiana Department of Health (IDOH) Monkeypox Specimen Authorization Request form available at <https://redcap.isdh.in.gov/surveys/?s=WY7JDWTMC7>
- Once approved, specimens should be submitted via [LimsNet](#), an online system that will make results available as PDF files the minute they are released by the lab
- Specimens should be submitted through the Biothreat submission page in LimsNet
- To get a free LimsNet account established at your facility for electronic submission and results reporting, call the help desk at (317) 921-5506 or email LimsAppSupport@isdh.in.gov

Specimen Collection

- Healthcare workers collecting specimen should wear PPE as recommended by the CDC <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
- Providers should collect swabs from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- **Separate swabs must be used for each lesion, and two swabs must be submitted for each lesion sampled (one for preliminary and one for confirmatory testing).** No more than two lesion sites (four swabs total) may be submitted for each patient.
- Dry synthetic swabs must be used for collection and placed into 1.5- or 2-mL sterile, screw-capped tubes with O-ring or 15-mL sterile, screw-capped tubes
- Specimens must be stored at refrigerated temperatures within 1 hour after specimen collection

Specimen Submission

- Specimens should be shipped using Category B shipping materials
- Specimens should be placed in a Styrofoam container **with sufficient cold packs** to maintain refrigerated temperatures during transport
- Specimens should be shipped on dry ice if frozen or if transit time will be longer than 24 hours
- Specimens must be shipped to arrive at the IDOH Laboratories between 8:15 a.m. and 4:45 p.m. Monday – Friday.
- **Do not** ship a specimen that will be transported over multiple days or the weekend (e.g., shipping on Friday for Monday delivery).

Case Investigation and Contact Tracing

- **Case investigation form:** CDC case report form may be accessed at: <https://redcap.isdh.in.gov/surveys/?s=DRHCC4MADM>
- **Guidance on home isolation:** CDC's guidance on home isolation is available at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>.
- **Contact tracing:** CDC has guidance available regarding assessing level of exposure risk at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html> and template line list is available from IDOH
- **Contact monitoring:**
 - CDC guidance on monitoring: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>
 - Contacts should monitor temp twice daily; isolate and contact LHD if prodrome or rash develop
 - LHDs should call contacts daily
- **Photo release form:** available from IDOH; CDC has asked that patients complete to share photos
- **Contact IDOH ERC** at 317-233-7125 or 317-233-1325 after hours if you have questions

Duration of Isolation

- Patients with confirmed or suspected monkeypox infection should be isolated. Patients who do not require hospitalization, but remain potentially infectious to others, should be isolated at home.
- For individuals with monkeypox, isolation precautions should be continued until **all** lesions have resolved, scabs have fallen off, and a fresh layer of intact skin has formed
- Decisions regarding discontinuation of isolation precautions at a healthcare facility and at home should be made in consultation with local health department

Prophylaxis

- Post-exposure prophylaxis (PEP) with JYNNEOS® smallpox vaccine can be utilized for individuals exposed to monkeypox
- CDC recommends that vaccine be given within 4 days from date of exposure to prevent onset of disease
 - If given between 4–14 days after date of exposure, vaccination may reduce the symptoms of disease but may not prevent disease
 - While there are contraindications to administration of smallpox vaccine, risks from monkeypox disease are greater than risks from smallpox vaccine
- For more information, please review CDC guidance:
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/smallpox-vaccine.html>

Resources

- [Monkeypox Clinical Recognition](#)
- [FAQ for Providers](#)
- [Monkeypox: Get the facts Infographic](#)
- [Social Gatherings, Safer Sex, and Monkeypox Infographic](#)
- [IDOH Monkeypox Website](#)

Monkeypox

Information for the Public

[CDC Monkeypox Website](#)

[Press Release: First Probable Case of Monkeypox Identified in Indiana \(6/18/22\)](#)

[Monkeypox Fact Sheet - CDC](#)

[Social Gatherings, Safer Sex and Monkeypox - CDC](#)

Information for Clinicians

Patients with a new characteristic rash or who meet one or more of the following epidemiologic criteria and in which there is a high suspicion of monkeypox:

Thank You

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*The **health** of the people is really the foundation upon which all their happiness and all their powers as a state depend. ~Benjamin Disraeli*

*Indiana Department of Health
Promoting, protecting, and improving the health of Hoosiers since 1881*

