

The following message was sent to you through the Alaska Public Health Alert Network (AK PHAN).
Please share this information with others who may be interested.

If you have questions or to report a suspected monkeypox case, contact the Section of Epidemiology (SOE) at 1-907-269-8000. SOE also maintains a 24-hour emergency number, 1-800-478-0084.

Updates on Testing and Vaccination for Monkeypox

July 13, 2022

Summary

- Test any patient with a rash illness consistent with monkeypox, regardless of epidemiologic risk factors.
- Clinicians may choose to obtain testing through either commercial laboratories or the Alaska State Public Health Laboratory.
- Clinicians should report all suspected cases to the Section of Epidemiology. To report, call 907-269-8000, or 1-800-478-0084 after hours.
- Post-exposure vaccination should be prioritized for close contacts to cases. As supplies allow, vaccine might also be available for persons with certain high-risk exposures, such those who have had multiple sexual partners during the past 14 days in a community where monkeypox transmission is occurring or while attending an event associated with a monkeypox outbreak.

Background

Since May 2022, more than 900 cases of monkeypox have been identified in the United States. While no cases have been identified in Alaska as of July 12, 2022, it is important that Alaska clinicians be on the lookout for monkeypox. By finding cases promptly, we can make vaccination available to persons who have been exposed and arrange for treatment if indicated.

After infection, there is an incubation period of approximately 1-2 weeks. Patients may experience a prodrome characterized by fever, malaise, headache, weakness, etc. Shortly after the prodrome, patients develop a rash illness. The evolution of lesions progresses through four stages — macular, papular, vesicular, to pustular — before scabbing over and resolving. Characteristic monkeypox pustules are deep-seated and well-circumscribed, often with central umbilication. During the current outbreak, the rash has often begun in mucosal areas (e.g., genital, perianal, oral mucosa) and patients can present with multiple stages of the rash. Some patients have presented with anorectal pain. The illness typically lasts 2-4 weeks.

Testing

Clinicians should test patients who have a rash illness consistent with monkeypox, regardless of their travel or sexual history. While monkeypox is not considered a sexually transmitted infection, many patients with monkeypox in the current outbreak in the United States have presented with genital lesions and the clinical presentation can sometimes be confused with other infections such as syphilis or herpes.

Additionally, consider monkeypox testing in persons with lesions and epidemiologic risk factors, even if the lesions do not look like typical monkeypox lesions. (At this time, testing can only be performed on

lesion swabs; persons without lesions cannot be tested.) Epidemiologic risk factors include persons who have had one of the following exposures:

- Contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox;
- Skin-to-skin contact with someone in a social network experiencing monkeypox activity (this includes men who have sex with men); or
- 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.).

Testing is currently available through the Alaska State Public Health Laboratory, Labcorp, Mayo Clinic Laboratories, and Quest Diagnostics. Other commercial labs including Aegis Science and Sonic Healthcare are anticipated to begin offering monkeypox testing throughout July.

- Collect multiple dry lesion swab specimen specimens as follows: 1) vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs; 2) break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
- Do not add or store in viral or universal transport media.
- The specimens should be kept cold.
- For public health lab testing, use the following form:
<https://health.alaska.gov/dph/Labs/Documents/publications/AncTestReq.pdf>
- In the *Biothreat and Emerging Pathogens* category, *Specify Pathogen* field, write “MPOX”.

Clinicians should immediately report suspected monkeypox cases to the Section of Epidemiology (even if testing is being done through a commercial lab). To report, call SOE at 907-269-8000, or 1-800-478-0084 after hours. If possible, clinicians should ascertain a description of the lesion(s) and any associated signs and symptoms, the patient’s symptom onset date, recent travel history, and any known epidemiologic risk factors. Persons with suspected monkeypox should be advised to keep lesions covered and to stay home while test results are pending.

Vaccination and therapeutics

The Alaska Division of Public Health (ADPH) can help assess if vaccination or treatment are indicated. ADPH has a small supply of JYNNEOS™ vaccine on-hand. JYNNEOS™ is a live, non-replicating vaccine that is FDA-approved for the prevention of smallpox and monkeypox in adults aged 18 years and older. Vaccine will be prioritized for persons who are named as close contacts to someone with monkeypox infection. As supplies allow, vaccine might also be available for persons with certain high-risk exposures, such those who have had multiple sexual partners during the past 14 days in a community where monkeypox transmission is occurring or while attending an event associated with a monkeypox outbreak. Please contact the Section of Epidemiology to discuss vaccination for persons who meet these criteria.

ADPH also has a small supply of tecovirimat (TPOXX), an oral anti-viral medication with activity against orthopoxviruses such as smallpox and monkeypox. It is FDA-approved for the treatment of smallpox; it is available under an expanded access Investigational New Drug protocol for the treatment of monkeypox.

Additional Resources

- The CDC monkeypox website for clinicians provides extensive information, including photos of monkeypox lesions, specimen collection instructions, and infection control guidance:
 - <https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>
 - <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>
 - <https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html>
 - <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control.html>
- The CDC Clinician Outreach and Communication Activity (COCA) hosted a webinar on monkeypox clinical diagnosis and treatment on June 29. Please review the recording and slides here: https://emergency.cdc.gov/coca/calls/2022/callinfo_062922.asp
- The National Network of STD Clinical Prevention Training Centers provides resources such as free continuing education courses to help ensure clinicians have the most up-to-date information on the diagnosis and treatment of STIs: <https://nnptc.org/>
- The Alaska Department of Health's monkeypox webpage is available here: <https://health.alaska.gov/dph/Epi/id/Pages/Monkeypox.aspx>

*This message is sent to you as a service of the State of Alaska DoH, Division of Public Health, through the Section of Epidemiology, 3601 C Street, Suite 540, Anchorage, Alaska 99503, (907) 269-8000.
The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084.
Website: <https://health.alaska.gov/dph/Epi/Pages/default.aspx>*