

# DPHHS HAN

## Information Sheet



### DATE

July 19, 2022

### SUBJECT

Monkeypox Updates for the State of Montana

### BACKGROUND

CDC is closely tracking cases of monkeypox that have been reported since mid-May in the United States and many other countries without a history of monkeypox activity, including Europe, the Americas, the Middle East, Australia, and some countries in Africa. As of July 18, there have been 1,972 reported cases of probable or confirmed monkeypox in 45 U.S. states and territories. To date, there have been zero cases of probable or confirmed monkeypox in Montana reported to DPHHS.

Evidence indicates that the virus is spreading mostly through close, intimate contact with someone who has monkeypox. Symptoms of monkeypox can include, but are not limited to, fever, headache, swollen lymph nodes, chills, exhaustion, muscle aches and backache, and a rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

This HAN provides important updates on testing of patients suspected to have monkeypox, availability of monkeypox vaccination, and therapeutics for at-risk patients with confirmed or probable monkeypox.

### INFORMATION

#### TESTING

DPHHS urges healthcare providers to be alert for patients who have rash illnesses consistent with monkeypox (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>), regardless of whether they have travel or specific risk factors for monkeypox, and regardless of gender or sexual orientation.

**The Montana Public Health Laboratory (MTPHL) in Helena has capacity to test for monkeypox (via a non-variola orthopox test) for suspect cases in Montana.** CDC has also planned expanded testing capacity in the U.S. by onboarding five commercial laboratories. To date, LabCorp, Sonic Labs, and Mayo Clinic Laboratories are already testing for orthopoxvirus and monkeypox, and two other laboratories will be online soon: Aegis Labs and Quest Diagnostics.

**Healthcare providers are requested to report all suspect monkeypox cases to your local health department.** This will allow public health to quickly begin case investigations and to distribute vaccine to close contacts in the event an individual meets the clinical and/or epidemiologic criteria for a high suspect monkeypox case.

If samples are positive for orthopoxvirus (the genus of viruses that includes monkeypox virus), the MTPHL and commercial laboratories will send the sample to CDC to perform viral characterization testing to confirm monkeypox. A positive orthopoxvirus test result is enough for healthcare providers and public health authorities to take necessary actions for the patient and help prevent additional spread – the same actions they would take for a positive monkeypox

test result. Public health actions can include isolating the patient, initiating treatment if needed, contact tracing, and offering post-exposure vaccination to contacts while confirmatory tests for monkeypox are under way.

## SPECIMEN COLLECTION

At a minimum, collect two lesion swabs as follows:

- Personnel who collect specimens should use personal protective equipment (PPE) in accordance with CDC's recommendations for Infection Prevention and Control of Monkeypox in Healthcare Settings: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
- **Please consult with your laboratory or microbiology team to confirm you are using the correct specimen collection material.**
- Swab or brush lesion vigorously with two separate sterile synthetic dry swabs (including, but not limited to polyester, nylon, or Dacron) with a plastic, wood, or thin aluminum shaft. Do not use cotton swabs. Multiple lesions should be swabbed (lesions on different parts of body or that look different). Vigorously swab the lesion to collect adequate DNA. It is not necessary to de-roof the lesion before swabbing. If the lesions are healed over with a fresh layer of skin, the lesions are not eligible for testing. Serology testing may be available for high-suspect cases when lesions have healed after a clinical consultation with CDC. Please contact CDEpi to discuss serology testing options.
- Place swabs in individual sterile containers. The sterile container must have a gasketed seal. **DO NOT ADD ANY VIRAL OR UNIVERSAL TRANSPORT MEDIA.**
- Refrigerate (2–8 °C) or freeze (-20 °C or lower) specimens within an hour after collection. Refrigerated specimens should be sent within 7 days of collection; frozen specimens should be shipped within 60 days of collection. Shipping on dry ice is strongly recommended. Specimens received at CDC that are >8 °C will be rejected.
- One dry swab will be tested at MTPHL for presumptive results. CDC will provide monkeypox virus-specific testing on the second dry swab specimen if the first dry swab is presumptive positive at MTPHL.
- [Please send both swabs to MTPHL on Dry Ice as Category B. The swabs need to be in a separate box from any additional samples your facility is sending.](#)
- Complete one MTPHL laboratory requestion form using hard copy or online through Outreach (formerly known as COPIA).
  - For paper requisitions, mark “Other Confirmation” under Micro Surveillance and write Monkeypox in the comments box. You may view a blank requisition example here: <https://dphhs.mt.gov/assets/publichealth/Lab/PublicHealthLabTesting/requisition2020-example.pdf>
  - For online orders, use “Orthopox NV PCR” (Orthopoxvirus; Non-Variola PCR). The test can also be found by typing monkeypox.

## INFECTION CONTROL

### *Infection Prevention in Healthcare Settings*

Information on infection prevention and control in healthcare settings is provided on the CDC website: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

- Patient Placement
  - Patients with suspected or confirmed monkeypox infection should be placed in a single-person room. The door should be kept closed (if safe to do so).
  - The patient should have dedicated equipment and bathroom.
  - If the patient is transported outside of their room, they should use a well-fitted source control mask and have all skin lesions covered.
  - Intubation and extubation, and any procedures likely to spread oral secretions, should be performed in an airborne infection isolation room.
- Transmission-Based Precautions

- If a patient presents with signs and symptoms for monkeypox, infection prevention and control personnel should be notified immediately.
- Recommendations for infection prevention and control in healthcare settings are available in Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- PPE should include a gown, gloves, eye protection that covers the front and sides of eyes (goggles or face shield), and NIOSH-approved particulate respirator N95.
- Precautions should be maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.
- Environmental Infection Control
  - Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim. Products with Emerging Viral Pathogens Claims (<https://www.epa.gov/coronavirus/what-emerging-viral-pathogen-claim>) may be found on EPA's List Q (<https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>). Follow the manufacturer's directions for concentration, contact time, and care and handling.

Infection prevention and control questions for Monkeypox can be directed to Erika Baldry at [erika.baldry@mt.gov](mailto:erika.baldry@mt.gov).

### Infection Prevention at Home

CDC provides recommendation for non-hospitalized patient infection prevention measures in their document, Isolation and Infection Control: Home (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>).

### **VACCINATION**

CDC believes that making vaccines available now is one important strategy to contain monkeypox. Montana has received an allocation of 150 doses of Jynneos vaccine, some of which will soon be shipped to the state. This allocation is intended to complete the 2-shot series for each individual that receives Jynneos. DPHHS will follow CDC vaccination recommendations for monkeypox vaccination, which may be recommended for the following individuals:

- Post-exposure prophylaxis (PEP): People who have had exposure to individuals with confirmed orthopoxvirus/monkeypox virus infection.
- Expanded post-exposure prophylaxis (PEP++): People with certain risk factors that might make them more likely to have been recently exposed to monkeypox may be considered for PEP++. This may include people that are identified through case investigations/contact tracing, people who are aware that one of their sexual partners from the past 2 weeks has received a monkeypox diagnosis, and individuals that report group sex/sex with multiple partners in the past two weeks in association with certain events, venues, or geographical areas in which monkeypox transmission has been reported.
- Pre-exposure prophylaxis (PrEP): Certain healthcare and public health response team members designated by public health authorities to be vaccinated for preparedness purposes according to ACIP guidance.

The CDC Considerations for Monkeypox Vaccination states “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” (<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>).

Jynneos is given as a 2-dose series given 4 weeks apart. Healthcare providers must notify their local health department of patients with confirmed or probable monkeypox. Local health jurisdictions must coordinate with the CD Epi Section and the State Immunization Program at DPHHS to request and distribute vaccine. Additional allocations of Jynneos are expected to be available in the coming weeks.

## TREATMENT

Most monkeypox infections last 2 to 4 weeks and resolve without treatment. There are no treatments specifically for monkeypox virus infections. However, the monkeypox and smallpox viruses are closely related, so treatments developed for smallpox may be used to treat monkeypox. The antiviral drug named tecovirimat was developed to treat smallpox, but the FDA allows CDC to use it to treat monkeypox during an outbreak. The need for treatment will depend on how sick someone gets and whether they are likely to get severely ill, like patients with weakened immune systems. DPHHS will contact the CDC to request monkeypox treatment, if necessary.

## RECOMMENDATIONS

### Healthcare Providers

1. DPHHS urges healthcare providers to be alert for patients who have rash illnesses consistent with monkeypox (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>), regardless of whether they have travel or specific risk factors for monkeypox, and regardless of gender or sexual orientation.
2. Healthcare providers in Montana are requested to report all suspect cases to your local health department. This will allow public health to quickly begin case investigations and to distribute vaccine to close contacts in the event a case is detected. Local health department contact information: <https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts>.
3. Information about monkeypox for healthcare providers, clinician FAQ resource, and [infection prevention in healthcare settings](#) is found on CDC's website: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>.

### Local Health Jurisdictions

1. Local health jurisdictions should notify the CDEpi Section at DPHHS with suspect Monkeypox cases by calling 406-444-0273.
2. Please be aware that local and tribal health staff may receive laboratory test results from commercial laboratories, in addition to the Montana Public Health Laboratory.
3. Continue providing non-stigmatizing messaging about monkeypox prevention to help community members make the best-informed decisions about their health. Review communication resources available on the CDC website [Reducing Stigma in Monkeypox Communication and Community Engagement](#): <https://www.cdc.gov/poxvirus/monkeypox/reducing-stigma.html>.