

Montana Health Alert Network

# DPHHS HAN

## ADVISORY

### Cover Sheet

#### DATE

August 3, 2022

#### SUBJECT

Protocol for the Investigation of Monkeypox Cases in Montana

#### INSTRUCTIONS

**DISTRIBUTE** to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- Please forward to DPHHS at [hhshan@mt.gov](mailto:hhshan@mt.gov)
- **Remove this cover sheet before redistributing and replace it with your own**



For LOCAL HEALTH DEPARTMENT reference only  
DPHHS Subject Matter Resource for more information regarding this HAN, contact:

DPHHS CDCP

Epidemiology Section  
1-406-444-0273

*For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919*

DPHHS HAN Website:  
[www.han.mt.gov](http://www.han.mt.gov)

## REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

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[hhshan@mt.gov](mailto:hhshan@mt.gov)

#### Categories of Health Alert Messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

**Information Service:** passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

# DPHHS HAN

## Information Sheet



### DATE

August 3, 2022

### SUBJECT

Protocol for the Investigation of Monkeypox Cases in Montana

### BACKGROUND

There are currently no confirmed cases of monkeypox in Montana. Please visit the new Montana Department of Public Health and Human Services (DPHHS) monkeypox webpage for updates on the epidemiology of monkeypox in MT: <https://dphhs.mt.gov/publichealth/cdepi/diseases/monkeypox>. Read below for information on determining who meets the criteria for monkeypox testing, how to collect specimens, and who should be considered for vaccination or therapeutic treatment.

### INFORMATION

#### How to Determine if an Individual Meets Criteria for Monkeypox Testing

Patients should be clinically assessed by a healthcare provider before deciding if monkeypox testing is warranted. The initial prodromal symptoms of monkeypox infection typically include fever, malaise, headache, weakness, and lymphadenopathy. After this prodromal period, a rash appears. Lesions typically develop simultaneously and evolve together on any part of the body. The evolution of lesions progresses through four stages – macular, papular, vesicular, and pustular – before scabbing over and resolving. If a patient meets these clinical criteria, testing should be considered.

Epidemiologic criteria should also be considered. Individuals who are at increased risk for monkeypox infection include people who had close contact with a known case, men who have sex with men, anyone who is sexually active with multiple partners, and people who recently traveled to an area with high monkeypox transmission.

#### Testing Procedure

If an individual is determined to meet criteria for testing, local public health should be notified of the suspect case immediately: <https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts>. Local public health departments will help to assess how highly suspicious a case is for monkeypox, and whether contact tracing should begin prior to receiving testing results. Local public health should immediately contact the DPHHS Communicable Disease Epidemiology Program (CDEpi) at 406-444-0273 to notify the program of a suspect monkeypox case, and share name and date of birth of the suspect case. If the suspect case meets both clinical and epidemiologic criteria for testing, determined by consult with CDEpi, the specimen may be submitted to the Montana Public Health Laboratory (MTPHL) for testing. **These high-suspect specimens will be prioritized for testing by MTPHL if approved by a CDEpi consult.** If the individual in question has only a low suspicion for monkeypox, please send samples to a reference laboratory. Reference laboratories that can perform monkeypox testing include Quest Diagnostics, LabCorp, Aegis Labs, Sonic Labs, and Mayo Clinic. Please notify local public health of a positive result.

#### Specimen Collection Guidelines

At a minimum, two separate lesions should be swabbed. Each lesion should be swabbed twice, for a total of at least four swabs. 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>. Swab or brush each lesion vigorously with 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. It is not necessary to de-roof the lesion before swabbing, but if lesions are healed over with a fresh layer of skin, the lesions are not eligible for testing. Place swabs in individual sterile containers – do not add any viral or universal transport media if sending to MTPHL for testing.

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. Swabs should be sent 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.

If submitting a specimen to MTPHL, complete a MTPHL laboratory requisition form to submit with the specimen. For paper requisitions mark 'other confirmation' under Micro Surveillance and write Monkeypox in the comments box; for online orders, use 'Orthopox NV PCR'.

#### How to Determine a Close Contact

Local public health can help to determine if any close contacts are at risk of developing disease and should be considered for postexposure prophylaxis. Individuals who should be considered for prophylaxis include those who had direct contact with the infectious person's rash, scabs or body fluid, or those with prolonged face-to-face contact or intimate physical contact such as kissing cuddling, or sex. Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids can also contribute to spread.

#### Vaccination

If it is determined that an individual is a close contact to a case, local public health can help arrange the administration of vaccine for post exposure prophylaxis (PEP). To date, Montana has received an allocation of 750 doses of Jynneos vaccine, to be released in stages over the next several weeks. Doses are already in the state and have been placed at several strategic locations to ensure timely access for those in need of a dose for PEP or PEP++ (see definitions below). This allocation is intended to complete the first of a 2-dose 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 who are identified through case investigations/contact tracing, people who are aware that one of their sexual partners from the past two 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.

DPHHS is in the process of pre-positioning additional vaccine for the eventual expansion of PrEP for certain high-risk individuals.

## Therapeutics

Most monkeypox infections last 2 to 4 weeks and resolve without treatment. There are no treatments specifically for monkeypox virus infections. However, the antiviral drug named tecovirimat (TPOXX) 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 pre-position a supply of tecovirimat for redistribution, as necessary. To request tecovirimat from DPHHS for an eligible patient, please contact CDEpi (406-444-0273) for approval. Be prepared to share the case information including monkeypox exposures, symptoms, disease severity, underlying conditions, testing information, etc. In preparation to ship tecovirimat to your facility, ensure you also can provide facility shipping information (e.g., address, phone number, point of contact, hours of availability to receive shipments). For urgent clinical situations after hours, providers may contact CDC's Emergency Operations Center (770-488-7100) to discuss the case with a clinician, but pre-positioned TPOXX may be the fastest route to obtain the therapeutic.

## RECOMMENDATIONS

### Recommendations for Healthcare Providers

1. Become familiar with the key clinical characteristic of monkeypox disease:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>
2. If a patient meets the criteria for monkeypox testing, notify local public health of the suspect case immediately:  
<https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts>.
3. Refer to the CDC *Preparation and Collection of Specimens* for proper specimen collection guidance:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html>
4. Implement infection prevention measures in the healthcare setting, consistent with CDC Infection Prevention and Control of Monkeypox in Healthcare Settings:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
5. If testing is pursued in the commercial laboratory setting, please notify local public health immediately of a positive test result.
6. Evaluate whether the suspect case meets the criteria for treatment with tecovirimat per CDC Guidance for Tecovirimat Use Under Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Cases:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html>. If so, contact DPHHS CDEpi at 406-444-0273 to request a course from the state supply.

### Recommendations for Local Public Health

1. On notification of a suspect monkeypox case, contact the DPHHS Communicable Disease Epidemiology Program (CDEpi) at 406-444-0273 and share name and date of birth of the suspect case and whether the individual meets the criteria for lab testing at the MTPHL.
2. Initiate case investigation for the purposes of identifying contacts eligible for post-exposure prophylaxis with Jynneos vaccine and recommendations to minimize further disease transmission.
3. Visit the new Montana Department of Public Health and Human Services (DPHHS) monkeypox webpage for updates on the epidemiology of monkeypox in MT:  
<https://dphhs.mt.gov/publichealth/cdepi/diseases/monkeypox>.