



Health, Housing & Community Services Department
Public Health Officer Unit
Communicable Disease Prevention & Control Program

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Health Advisory

Monkeypox Update and Guidance

(July 1, 2022)

Background

On May 20, 2022 the CDC issued a [Health Advisory](#) regarding a confirmed case of monkeypox virus infection in an adult male from Massachusetts with recent travel to Canada. Additionally, multiple clusters of monkeypox virus have been reported in other countries. California recently released an updated [Healthcare Provider Advisory](#) on June 23, 2022. As of June 28, 2022, there have been a total of [65 cases in California](#). Close, sustained skin-to-skin contact, including sexual contact, with a person with monkeypox appears to be the most significant risk factor associated with transmission. In this outbreak, many of the reported cases have been among gay, bisexual, or other men who have sex with men (MSM). However, it is important to remember that any person, regardless of gender identity or sexual orientation, can acquire and spread monkeypox.

Healthcare providers should be alert for patients who have rash illness consistent with monkeypox virus (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>). When evaluating patients with rash, other more common causes such as herpes, syphilis, molluscum contagiosum, varicella zoster, etc., should be considered as well.

Action Requested

1. Review [CDPH Health Advisory](#) for detailed information
2. **REPORT** immediately all Berkeley residents who are suspect for monkeypox to the City of Berkeley Communicable Disease Prevention and Control Program (**510-981-5292** during normal business hours or after-hours Berkeley Police Dispatch at **510-981-5911** and ask for the Health Officer on call).

Suspected Case Definition: Patient with a new characteristic rash associated with monkeypox (deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages – macules, papules, vesicles, pustules, and scabs) unlikely to be from another more common diagnosis (e.g., secondary syphilis, herpes, varicella zoster) OR

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meets one of the following epidemiologic criteria and has a high clinical suspicion for monkeypox:

Within 21 days of illness onset,

- 1) Reports having contact with a person or people with similar appearing rash or who received a diagnosis of confirmed or probable monkeypox
- 2) Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, including 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)
- 3) Traveled outside the US to a country with confirmed cases of monkeypox or where *Monkeypox virus* is endemic
- 4) 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.)

Historically, sporadic accounts of patient co-infected with *Monkeypox virus* and other infectious agents (e.g., varicella zoster, syphilis) have been reported, so patients with a characteristic rash should be considered for testing, even if other tests are positive.

3. **IMPLEMENT** infection control actions as soon as possible.
 - Patients presenting with suspected monkeypox should be placed in a single-person exam room; special air handling is not required. The door should be kept closed.
 - Healthcare personnel evaluating patients with suspected monkeypox should wear the following personal protective equipment (PPE): gloves, gown, eye protection (goggles or face-shield), and a N95 or equivalent or higher-level respirator.
 - Any EPA-registered hospital-grade disinfectant should be used for cleaning and disinfecting environmental surfaces.
4. **CONSULT** with the City of Berkeley Communicable Disease Prevention and Control Program to discuss testing and isolation. Patients may need testing through the California Department of Public Health. Additional guidance on specimen collection, submission, and patient isolation instructions will be provided.

SPECIMEN COLLECTION:

- Follow personal protection equipment (PPE) guidance when collecting specimens.
- Acceptable specimen types include lesion swabs (dry or in viral transport medium) and lesion crusts

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- More than one lesion should be sampled, preferably from different body sites and/or from lesions with differing appearances. Collect 2 specimens for each lesion; 1 for preliminary and 1 for confirmatory testing.
- Vigorously swab lesion(s) with two separate sterile dry polyester or Dacron swabs
- Break off each swab into a sterile 1.5-2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Include the scab if possible.
 - Alternatively, each swab may be placed in separate tubes of VTM. No other type of transport medium is acceptable.
- Sample, label, and store each lesion separately. Ensure each set of 2 swabs has an identical number so they are easy to distinguish from separate lesion collections, e.g. swab #1 from left thigh and swab #2 from left thigh.

Additional Resources:

CDC Health Advisory:

<https://emergency.cdc.gov/han/2022/han00468.asp>

CDC Clinical Recognition of Monkeypox:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>

CDC Monkeypox: <https://www.cdc.gov/poxvirus/monkeypox/index.html>

CDC Infection control for hospitals:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-hospital.html>

CDPH Monkeypox:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox.aspx>

CDPH Health Advisory: [Healthcare Provider Health Advisory: Managing Monkeypox Virus Infection in California](#)