CDPH
Chicago Department of Public Health

Q&A
MPV Webinar for Chicago Healthcare Providers
Tuesday, 7/12/22

Epidemiology

1. **Among the hospitalized cases, is monkeypox a primary diagnosis or a secondary finding?**

   While at this time, a systematic in-depth review of medical records has not been done for all hospitalized case, we do believe it is a primary diagnosis for most if not all of them.

2. **Would monkeypox be classified as a STI?**

   While monkeypox virus is known to be transmitted from direct contact with lesions or respiratory droplets during intercourse, it is unknown at this time whether it is transmitted through semen or vaginal fluids.

3. **Given the dramatic difference of symptoms comparing the UK Cohort and the CDC MMWR Cohort, is there an indication that we are dealing with different strains of mutations?**

   Per Inger Damon, director of CDC's division of high-consequence pathogens and pathology**:** "… six other viruses from 2022 that the CDC has sequenced are very similar to the viruses scientists in Europe have posted. 'Those really cluster so closely that we really believe that they are all linked to the same outbreak' …."

4. **Is there significant concern that MPV is spreading in other patient populations undetected due to the heightened focus on MSM populations and the challenging testing environment?**

   While anyone can be infected with MPV, cases have primarily been among men who have sex with men. At this point, we have not seen much spread in other populations locally, nationally, or internationally. If there is clinical suspicion for MPV, providers should obtain specimens and submit for testing. Local health department approval is not needed to submit to a commercial lab.

5. **Is there any correlation with increased miscarriage risk with pregnant patients like with smallpox?**

   There have been no cases in pregnant people in non-endemic countries in this 2022 outbreak. There is limited data on MPV in pregnancy preceding this outbreak and the data that does exist is not systematic and is subject to reporting biases. In one cohort of 222 symptomatic hospitalized individuals in 2007-2011, 4 were pregnant. Two suffered first trimester miscarriage, one had fetal demise at 18 weeks gestation, and one had a healthy term delivery. There is concern that MPV confers significant risk to a fetus, however the extent of that risk is unknown. Pregnant people should maintain caution to avoid transmission and should promptly seek care to discuss options if they are exposed or have signs and symptoms of infection. A review of MPV in pregnancy can be found here: Monkeypox and pregnancy: what do obstetricians need to know? (wiley.com).

6. **If not treated can monkeypox lead to death?**

   Many people infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy. Treatment is indicated for those with severe disease, who might be at high-risk for severe disease, or who have lesions in unusual anatomic areas (e.g., eyes and mouth). There have been no deaths reported from monkeypox infection in the United States to-date.

7. **Will this become a pandemic?**

   This MPV outbreak is a global issue, though it is important to note that transmissibility is lower than for the usual respiratory viruses that cause pandemics, like COVID-19. The World Health Organization is meeting regularly to discuss if MPV is becoming a Public Health Emergency of International Concern (PHEIC). As of June 23, 2022, they said it did not constitute a PHEIC, thought they acknowledged increasing concern about international spread and called for collective attention and coordinated action to stop further spread.

Transmission and Infection Control

8. **What is the incubation period and when is a person contagious?**

   The period of time from exposure to onset of symptoms is roughly 1-2 weeks (but can range from 5 to 21 days). Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

9. **How long does someone infected with monkeypox virus need to isolate?**
   Isolation should be continued until lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.

10. **Should patients with monkeypox symptoms wear a mask?**

    Yes.

11. **Is casual contact, for example hand shaking, or fomites contagious?**

    Monkeypox is spread through direct contact with the infectious rash, scabs, or body fluids and can be spread by touching items (such as clothing or linens) that previously touched the infectious rash or body fluids.

    - Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim. Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.

12. **Has there been a known case via other modes of transmission other than sexual encounter?**

    Monkeypox is spread through
    - direct contact with the infectious rash, scabs, or body fluids
    - respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact
    - touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
    - pregnant people can spread the virus to the fetus through the placenta.

Testing

13. **For now, when we receive calls from community members regarding testing, should we inform them that confirmation of the virus will be visual and a sample will/can be taken later? Does the community member need to get a referral from his or her primary care physician for the lab participating in testing?**

    Individuals with lesions concerning for monkeypox are recommended to isolate and get tested as soon as possible. Specimens are to be collected by the evaluating provider where the patient is being seen and sent to a lab. As with any lab test, a provider's order is required. At this time, the commercial labs are not collecting samples at their patient service centers.

14. **Do you anticipate PCR testing of CSF will become available, either by CDPH/IDPH or commercial laboratories (for patients with meningoencephalitis)?**

    The testing currently available is molecular testing of skin lesions. However, providers are encouraged to collect and appropriately store CSF of patients with suspected meningoencephalitis as additional test types may become available in the future as this outbreak continues to evolve.

15. **How do we order testing kits? Is this through the labs that provide the test?**

    Please check with your clinic/facility laboratory team on how to obtain appropriate testing supplies. Check with the lab to which you are sending specimens regarding the required testing materials.

16. **Do we submit 2 swabs per lesion in a sterile collection tube with no viral media? Or do we collect VCM/VTM swabs? Or is it a different swab?**

    Providers should check with the specific lab to which they are submitting specimens. Labcorp and IDPH currently use dry swabs. Quest is using VTM.

17. **Will blood cause any issues with getting result? For example, healed over scabs that are lifted and likely will bleed.**

    This is not an issue that has been reported by any lab.

18. **What is the turn-around time of the test results with IDPH lab?**

    Given the availability of commercial lab options, testing through the IDPH lab is by CDPH approval and limited to priority cases. Patients meeting criteria for testing through the IDPH lab are as follows:

    - Urgent test based on clinical picture, including but not limited to:
        - severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
        - individuals with likely monkeypox infections in unusual anatomical sites (e.g., eyes or mouth)
        - individuals being considered for Tecovirimat, imminently for any other clinical reason
    - Urgent test based on individual risk:
        - those at risk of severe disease (e.g., immunocompromised, pediatric populations especially <8 years, pregnant or breastfeeding individuals, individuals with one or more complications)
        - inability to be tested elsewhere due to expense of testing
    - Urgent test based on epidemiological risk:
        - possible outbreaks of public health concern requiring especially prompt follow-up action, e.g., in congregate living settings (jails, homeless shelters, skilled nursing facilities, schools)
        - other situation deemed by the local health department as warranting testing at the state lab

Specimens sent to the IDPH lab will result in 1-2 days. The IDPH lab is not open on Sundays but is open select Saturdays. A CDPH team member will notify a requesting provider if the IDPH lab is available on a Saturday. Confirmatory testing, currently at the CDC, will take between 1-2 weeks.

19. **Do we know the turn-around time for commercial lab results?**

    Labcorp and Quest are reporting a turnaround time of 2-3 days. Patients should be told to isolate until results are known, and if positive, until all sores have healed, scabs have fallen off, and a fresh layer of skin has formed.

20. **What is the recommended practice in transporting specimen?**

    Providers should check transport requirements with the specific lab to which you are submitting specimens.

    For transport to the IDPH lab, cooler and ice packs are needed. Please use dry ice if shipping overnight.

21. **Do you know if generally testing through the commercial labs has some coverage through insurance or will there be an out-of-pocket cost? If so, any idea what that cost is?**

    As coverage is dependent on a patient's specific insurance plan, patients should check with their insurance company regarding coverage and out-of-pocket costs.

22. **Once we send the specimen and receive results saying it's positive for non-variola orthopox virus, should we wait for results from confirmatory monkeypox testing before notifying the patient?**

    A positive orthopox test result is a probable monkeypox case, and you should notify the patient immediately and instruct them to continue isolation. Confirmatory testing, currently at the CDC, will take between 1-2 weeks.

23. **Should I tell my patients who test positive to expect a phone call regarding contact tracing?**

    Yes. CDPH will contact the patient for case investigation and contact tracing.

Treatment

24. **What is the link to get approval for TPOXX?**

    Providers who identify patients with indications for Tecovirimat should reach out to CPDH by completing the following request form: https://redcap.link/mpxtreatment. CPDH will contact the provider for next steps for documentation to enroll in the IND program. For more information on prescribing or accessing tecovirimat for your patients, email MPXtherapeutics@cityofchicago.org.

25. **Would topical cidofovir be of any help (symptomatically)?**

    No, we are not aware of any history of the use or evidence of its usefulness.

26. **For patients with proctitis the recommendation for symptoms was sitz baths. Is there any risk of spread to other regions via the water/bath?**

    We are not aware of this being documented. For a patient that is already infected, the benefit of the relief likely outweighs the risk. The water used should be disposed directly after use.

Vaccination/PEP

27. **Any input on vaccinations for healthcare workers in contact with patients?**

    At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox, are not advised to receive orthopoxvirus pre-exposure prophylaxis (PrEP).

28. **Will there be vaccination available to healthcare providers after identified patient contact with MPV?**

    Healthcare providers are considered at low risk if PPE recommendations when seeing a patient with monkeypox symptoms are followed (N95, eye protection, gown, gloves). If an exposure occurs, CDPH can evaluate risk factors on a case-by-case basis and determine whether a higher level exposure occurred that would warrant PEP.

29. **Would healthcare staff taking care of a patient with MPV need PEP if no PPE (no N-95 and gown, just a regular face mask) was utilized?**

    PEP is recommended for healthcare workers who have had a high-risk exposure and may be considered for those with an intermediate-risk exposure. See risk definitions of exposures and further CDC guidance here.

30. **Will PEP work for an individual who was exposed several weeks ago, e.g., 3 weeks ago?**

    PEP should ideally be provided within 4 days from the date of exposure to prevent onset of disease. If given between 4-14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. For those who present after 14 days, providers should determine whether they meet criteria for expanded PEP.

31. **Is there any cost to getting the vaccine?**

    No, there is no cost for the vaccine. However, if the patient is also seen for other reasons, some providers may have an exam or other fees.

32. **How long might we expect a person diagnosed with monkeypox who has recovered to be immune/protected from a subsequent monkeypox infection?**

    The length of immunity post-infection is unknown. However, repeat infection soon after an infection is not expected, and at this time, PEP/vaccination is not recommended for individuals after recent MPV infection.

33. **Vaccines we old ones received in the 60's or 70's, is there any defense left from these vaccines?**

    While there may be some protection, whether this protection exists and the level of protection is unclear. Individuals who have not received Jynneos within the last 2 years or ACAM within the last 3 years and are eligible for PEP, should be re-vaccinated.

34. **If we know a patient who would be a good candidate for vaccination, what is the best way for them to get vaccinated?**

    Providers may email monkeypoxPEP@cityofchicago.org for assistance if they have a patient who meets criteria for PEP.

35. **How can our site be considered for vaccine based on our patient population?**

    Please contact monkeypoxPEP@cityofchicago.org.