



Communicable Disease Branch Monkeypox Outbreak Special Call - Key Points

May 24, 2022

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch is releasing monkeypox key points that includes information discussed on Tuesday's Local Health Department call. Please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

Available online at the new Monkeypox Resources page in the CD Manual:

<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/monkeypox.html>

- **New:** Monkeypox_Special_LHD_Call_5_24_2022.pdf (slides from the call)
- **New:** Memo: Monkeypox Guidance for Local Health Departments – May 24, 2022
- **New:** Algorithm for Evaluating Patients for Monkeypox – May 24, 2022

Audio recording

<https://mega.nz/file/s01liJTQ#HMgFs4sJO0cqV5xLHBgbiU6pf39BQs9PInNC2Ctvsd8>

Video recording

https://mega.nz/file/Q5MW1lwD#wjsx1S6VGWRH1JmIRoTGiztYQgGyzO3_xnVHrX9oM

Other useful links

- Status of cases in the US: <https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html>
- Hospital infection control: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-hospital.html>
- Home Infection control: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>
- Duration of isolation: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/isolation-procedures.html>
- Monitoring of contacts: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>
- Updated: DPH Monkeypox information for the public: <https://epi.dph.ncdhhs.gov/cd/diseases/monkeypox.html>

Question & Answer

Q. Any plans for state communication to the public?

A. We have updated our public facing website on monkeypox. We are talking with the DHHS communications office to be prepared in the event of media queries.



Q. Dr. Moore mentioned there were <10 cases in the US. Are these confirmed or probable suspect cases? Any travel history? Are these linked?

A. This is a moving target. There had been four US cases confirmed in the US as of yesterday with several others under investigation. Some have reported travel history, but not all.

Q. What is considered "prolonged" contact?

A. The CDC guidance can be found here <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html> . Most exposure criteria do not include a time component but one of the criteria for intermediate risk is "being within 6 feet for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask".

Q. Why is MSM identified? Isn't this a contact transmitted disease? What is the difference between heterosexual, homosexual or other types of contact?

A. Early information indicates that many of the recent cases have been in gay, bisexual, or other men who have sex with men (MSM). Nonetheless, until more is known CDC is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses consistent with monkeypox regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

Q. Is a genital presentation a usual presentation seen in African outbreaks?

A. Unfortunately, data on African presentations are limited in part due to healthcare infrastructure in the regions where monkeypox is usually seen in people. We may learn more with future research on this matter.

Q. Unusual presentation in cases in MSM possibly related to prep?

A. It is possible that the presentations are related to how people were exposed - i.e., exposure through sexual contact leading to more localized findings than exposure through the respiratory route. We are still learning more about this.

Q. We had a patient who tested positive for syphilis and was treated for that, however, you said that if they are tested and have syphilis, VZV or HSV that they will not be tested for monkeypox... can they not have these two concurrently?

A. Yes that is a possibility. However, at this time, we don't have any data on co-infection likelihood. Hopefully you can risk stratify these individuals into high, moderate and low risk which will help rule out folks unlikely to have monkeypox. That being said, if you someone tests positive for syphilis and you treat appropriately but they report in 2-4 days that their rash is progressing into a typical vesicular or pustular rash consistent with monkeypox, then that person should be brought back in to reevaluate and collect specimens to send to SLPH.

Q. We are seeing several references to respiratory precautions, is this due to droplets mainly?

A. Yes - transmission can occur through the respiratory route.

Q. Is negative pressure required?

A. Negative pressure is preferred, if available. If in an exam room, close the door. Place a surgical mask on the patient.

Q. Should we have all PUIs automatically get STI testing along with the testing for monkeypox?



A. At this time, our guidance suggests that our low, medium, and high risk monkeypox PUIs should all have STI testing done, as monkeypox rashes can look very similar to several STIs. What kind of testing and where the testing is done will depend on the case and resources available. Confirm with Epi on Call before collecting samples for monkeypox testing.

Q. Where is this algorithm available?

A. The algorithm was shared with LHD staff by email earlier today. It will also be placed on the communicable disease manual.

Q. Any recommendations for smallpox boosters?

A. Not at this time. The focus of current guidance is using vaccine as PEP in contacts in high degree of exposure category.

Q. Any considerations for people who have received Covid vax within the same timeline?

A. Smallpox vaccines can be administered (if indicated) regardless of timing of COVID vaccine receipt.

Q. What is the age range for the ACAM2000?

A. ACAM2000 can be given to people of any age, but extra caution must be taken in infants less than 1 year of age.

Q. If we have had a smallpox vaccine 40 years ago are we protected against monkeypox now at age 68?

A. There is limited data available on this. Studies in endemic regions suggest that there is some level of cross-protection from monkeypox at least 25 years after smallpox vaccination.

Q. What does this mean for individuals who have been previously vaccinated for smallpox?

A. At this time there is no specific guidance for this situation, but for people who are exposed and are considering PEP, this may play into the individual risk-benefit discussions.

Q. As an LHD that works under standing orders, will NCDHHS be providing a standing order to perform these collections?

A. At this time we are not providing standing order templates. You will need to get an order for collection from your medical director or APP/physicians if you have a person to test.

Q. Can any public health nurse collect the specimen, or does it need to be a provider or EERN? If nurses have not been trained to collect samples especially for samples requiring the use of a scalpel or 26-gauge needle, is that really a good idea?

A. A trained registered nurse with documented competency validation in the collection of this type of specimen may collect the specimen when ordered by a physician or APP.

Q. Can a private provider call Epi on Call to get the Red Cap number in order to test?

A. Yes, and information on approvals and specimens was distributed to providers in the provider memo sent out last week.

Q. How long does the virus live on surfaces?



A. The virus is expected to be able to survive for some period on a variety of surfaces, especially porous surfaces. However, there is not good published data on this at this time.

Q. Do rental agents in NC know about the linens? Has there been any guidance created for the hotel/lodging/traveler industry?

A. Concern about fomite transmission, including from linens or towels, is for confirmed or suspected monkeypox cases. As this is a rare infection with no cases in NC yet and fomite transmission is not common there are no plans to send out broader guidance currently.