

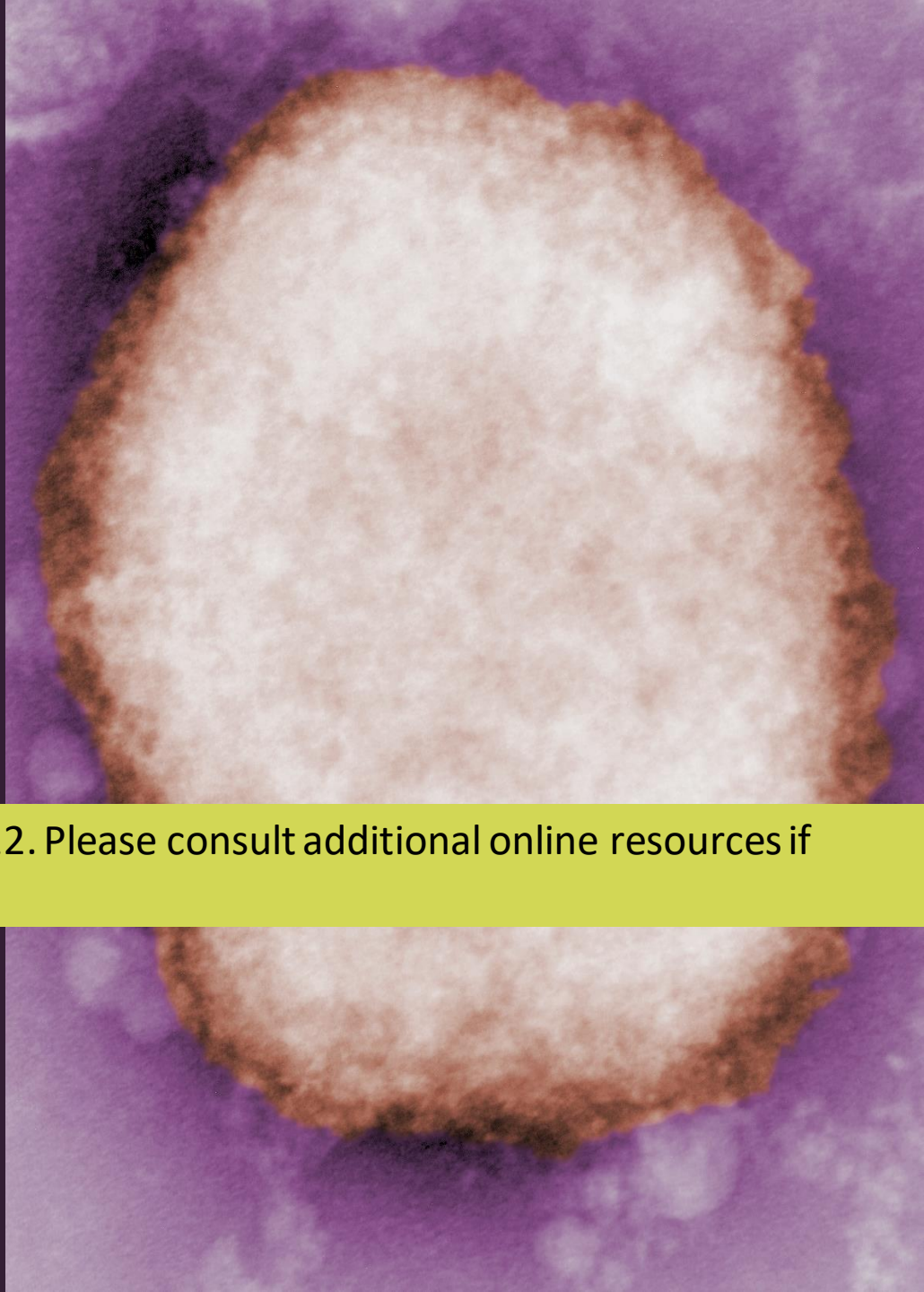
Monkeypox

July 18, 2022

Information within was accurate July 18, 2022. Please consult additional online resources if seeking updated information

TN

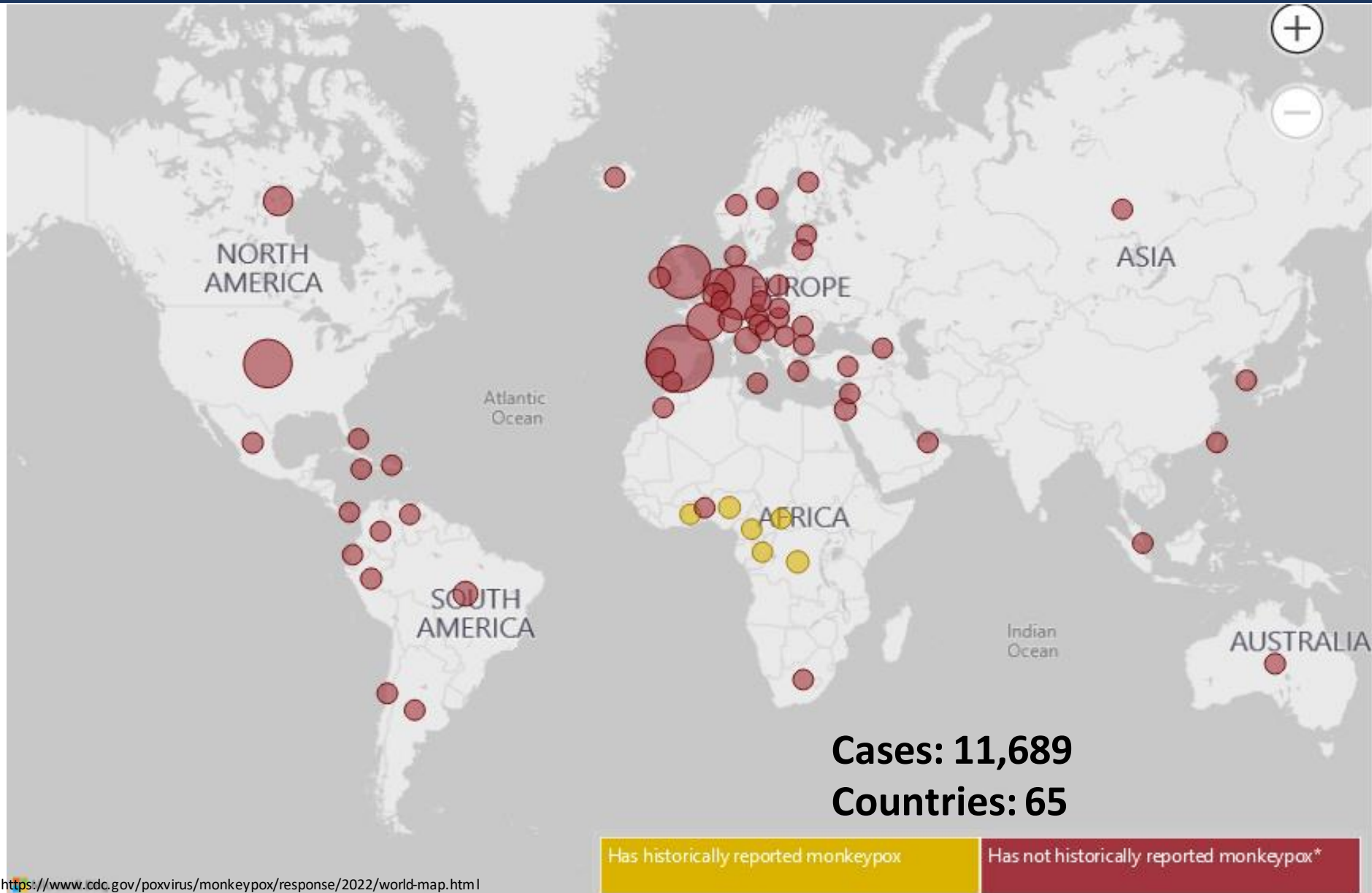
Department of
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Monkeypox

- **Worldwide epi, US epi, TN epi**
- **Background**
- **Signs/Symptoms**
- **Transmission**
- **Testing**
- **Treatment**
- **Vaccine**
- **Q&A**

Global Situation Summary: 14 July

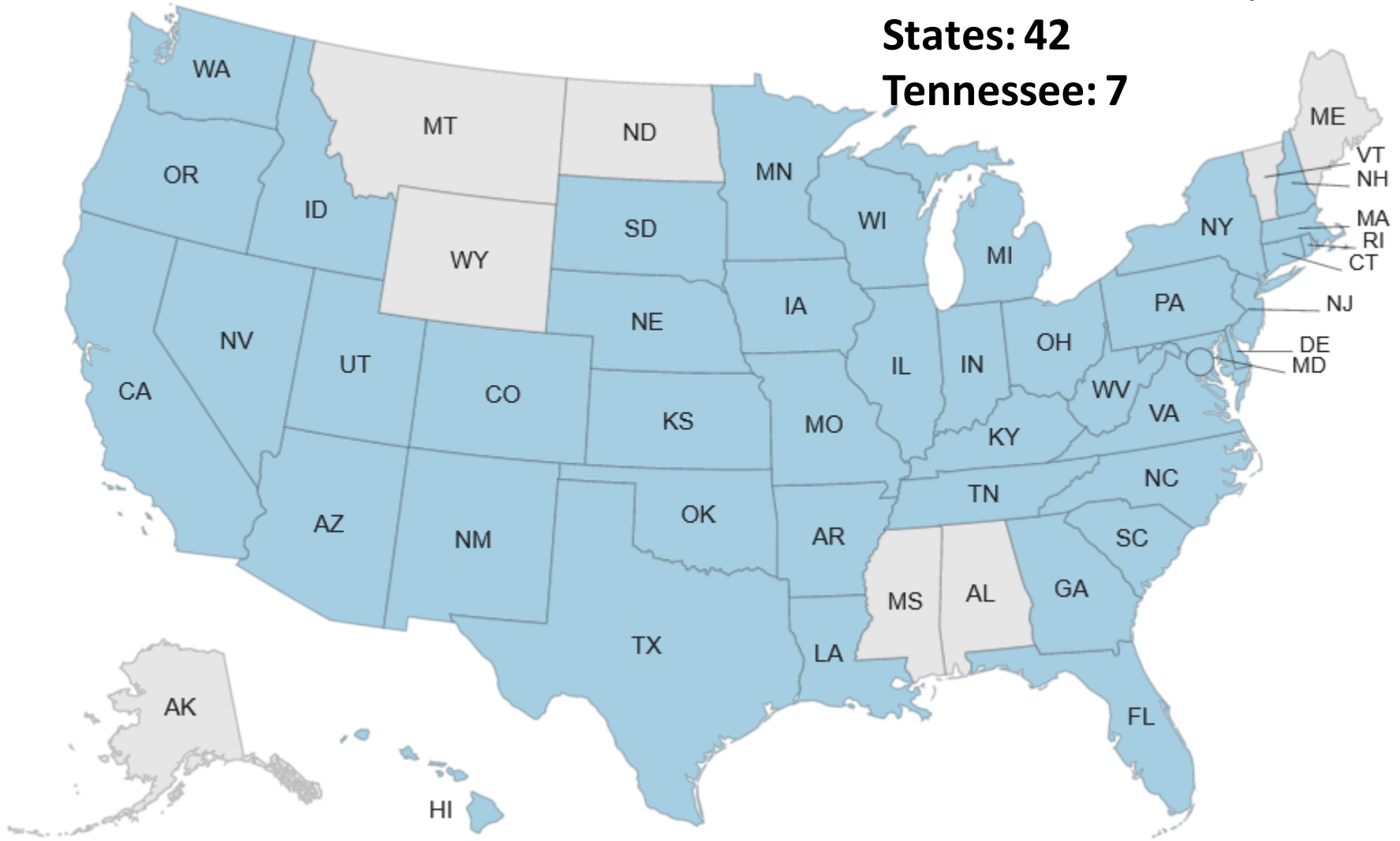


Domestic Situation Summary: 14 July

Confirmed Cases: 1,470

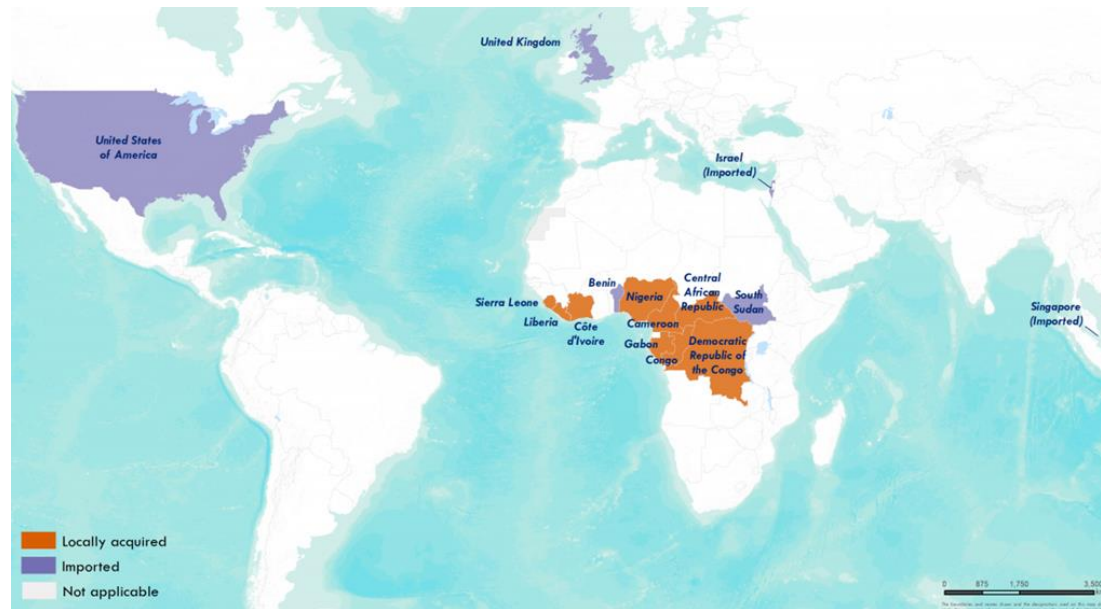
States: 42

Tennessee: 7



Background

- **Orthopoxvirus (cousin to *variola*/smallpox, cowpox, *vaccinia* virus)**
- **Discovered in 1958 – outbreak of pox-like disease in 2 colonies of research monkeys**
- **Enzootic in central and west Africa; exact animal reservoirs unknown (squirrels, Gambian pouched rats, non-human primates)**
- **2003 Outbreak in US – linked to imported exotic animals from Ghana**



Signs & Symptoms

- Fever
- Headache
- Muscles aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- Rash/Lesions: may look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body (hands, feet, chest, genitals, or anus)
- **Current situation different than previously recognized outbreaks:**
 - Absence of recognized prodrome, or rash/lesion appearance prior to typical prodrome

Rash Details

- Lesions are well circumscribed, deep seated, and often develop umbilication.
- Often described as painful until the healing phase when they become itchy (crusts).
- Progresses through stages: macular, papular, vesicular, pustular



Transmission

Average incubation period: 6–13 days (5–21 days)

- 1. Direct contact with bodily fluids or monkeypox lesions**
- 2. Indirect contact with items that have been contaminated with fluids or sores, like clothing or bedding**
- 3. Respiratory droplets and aerosols from prolonged face-to-face contact**

Testing

1. Multiple commercial laboratory options

- Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics and Sonic Healthcare

2. State Public Health Laboratory

- Requires pre-approval from public health
- Both options above
 - are completing the same test (confirmatory for orthopox, on to CDC for monkeypox characterization)
 - report to ordering provider and public health
 - Turnaround time varies based on demand, capacity. ~4 hours of active laboratory time

<https://www.tn.gov/health/cedep/reportable-diseases/monkeypox.html>

Treatment

- **Tecovirimat (TPOXX)**
- **Approved for smallpox treatment**
- **Available only under Expanded Access – Investigational Drug (EA-IND) for monkeypox**
- **Must be requested through Strategic National Stockpile (SNS)**
- **Considerations**
 - **Those experiencing severe disease**
 - **Or at high risk of severe disease (immunocompromising conditions, pediatric populations, pregnant/breastfeeding women, other complications)**
- **Requires intensive paperwork and documentation both prior to release and for patient follow-up**

Vaccine

- **Two options in US**
- **ACAM200 – effective, but adverse effects and not an option for immunocompromised**
- **JYNNEOS***
 - 85% effectiveness
 - 2 doses, 4 weeks apart
- **Available through SNS; allocation determined by HHS**
- **Vaccine strategy – extremely limited supply**
 - **Post-exposure Prophylaxis (PEP) – highly effective within 4 days of exposure; some effectiveness up to 14 days following exposure**
 - PEP++ - no known specific exposure, potentially exposed
 - Pre-Exposure Prophylaxis – at risk

Questions?

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