

NEW YORK STATE AND NEW YORK CITY HEALTH DEPARTMENTS HEALTH CARE PROVIDER WEBINAR

MONKEYPOX UPDATES Part I

Background, Current Outbreak, Testing, Patient Management, Vaccination, Resources

July 14, 2022



**Department
of Health**



Eugene P. Heslin, MD, FAAFP
First Deputy Commissioner
New York State Department of Health

Mary Foote, MD, MPH
Medical Director / Healthcare Systems Support Branch Director
New York City Department of Health and Mental Hygiene

The information presented is based on our knowledge as of 7/14/22 and is subject to change

NEW YORK STATE AND NEW YORK CITY HEALTH DEPARTMENTS HEALTH CARE PROVIDER WEBINAR

MONKEYPOX UPDATES • Part II Therapeutics & Vaccination

July 21, 2022
Noon - 12:30 p.m.



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Agenda

- Background and current outbreak
- Clinical presentation
- Testing
- Patient management
- Vaccination
- Resources

Background and current outbreak

Background

- Monkeypox is a previously uncommon zoonotic disease caused by the monkeypox virus, an Orthopoxvirus
- Historically human cases limited to central and western African countries
- Prior to the 2022 global outbreak, nearly all human monkeypox cases outside of Africa were linked to international travel to central and western Africa, or animals imported from west Africa
 - U.S. 2003: 47 human cases from contact with infected pet prairie dogs housed near rodents from Ghana. This was the first time human monkeypox was reported outside of Africa
 - U.S. 2021: Two travel-associated cases among residents of Texas and Maryland infected while visiting Nigeria

1. Update: multistate outbreak of monkeypox—Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin, 2003. Centers for Disease Control and Prevention. *MMWR Morb Mortal Wkly Rep.* 2003 Jul 4;52(26):616-8. PMID: [12844080](https://pubmed.ncbi.nlm.nih.gov/12844080/)

2. Costello V, Sowash M, Gaur A, et al. Imported Monkeypox from International Traveler, Maryland, USA, 2021. *Emerg Infect Dis.* 2022;28(5):100. doi:[10.3201/eid2805.220292](https://doi.org/10.3201/eid2805.220292)

3. Rao AK, Schulte J, Chen T, et al. Monkeypox in a Traveler Returning from Nigeria — Dallas, Texas, July 2021. *MMWR Morb Mortal Wkly Rep.* 2022;71:509–516. DOI: <http://dx.doi.org/10.15585/mmwr.mm7114a1external icon>



Current Outbreak

- Since May of 2022, sustained person-to-person transmission in multiple countries including the US
- Primarily among men who identify as gay, bisexual, and other men who have sex with men at this time
- Transmission occurring through prolonged direct contact, including sexual and intimate encounters

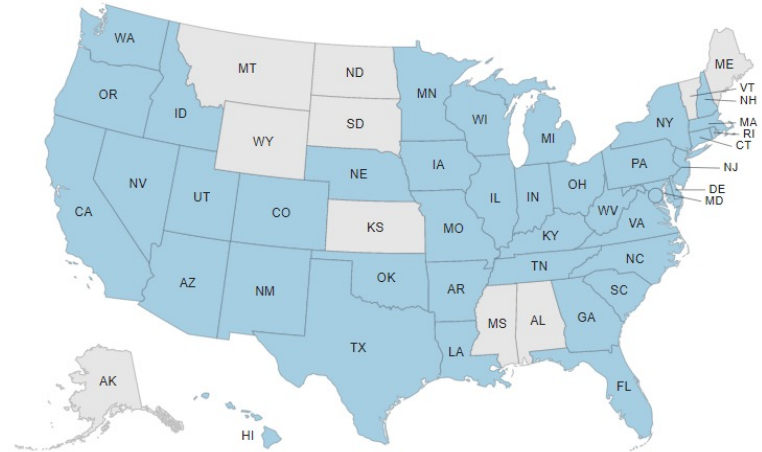
SITUATION REPORT IN NEW YORK STATE

As of July 13, 2022

NEW YORK STATE – 359 CASES

- **336** in New York City
- **12** in Westchester County
- **4** in Suffolk County
- **2** in Nassau County
- **1** in Sullivan County
- **1** in Chemung County
- **1** in Rockland County
- **1** in Erie County
- **1** in St Lawrence County

U.S. – 929 CASES



Territories PR

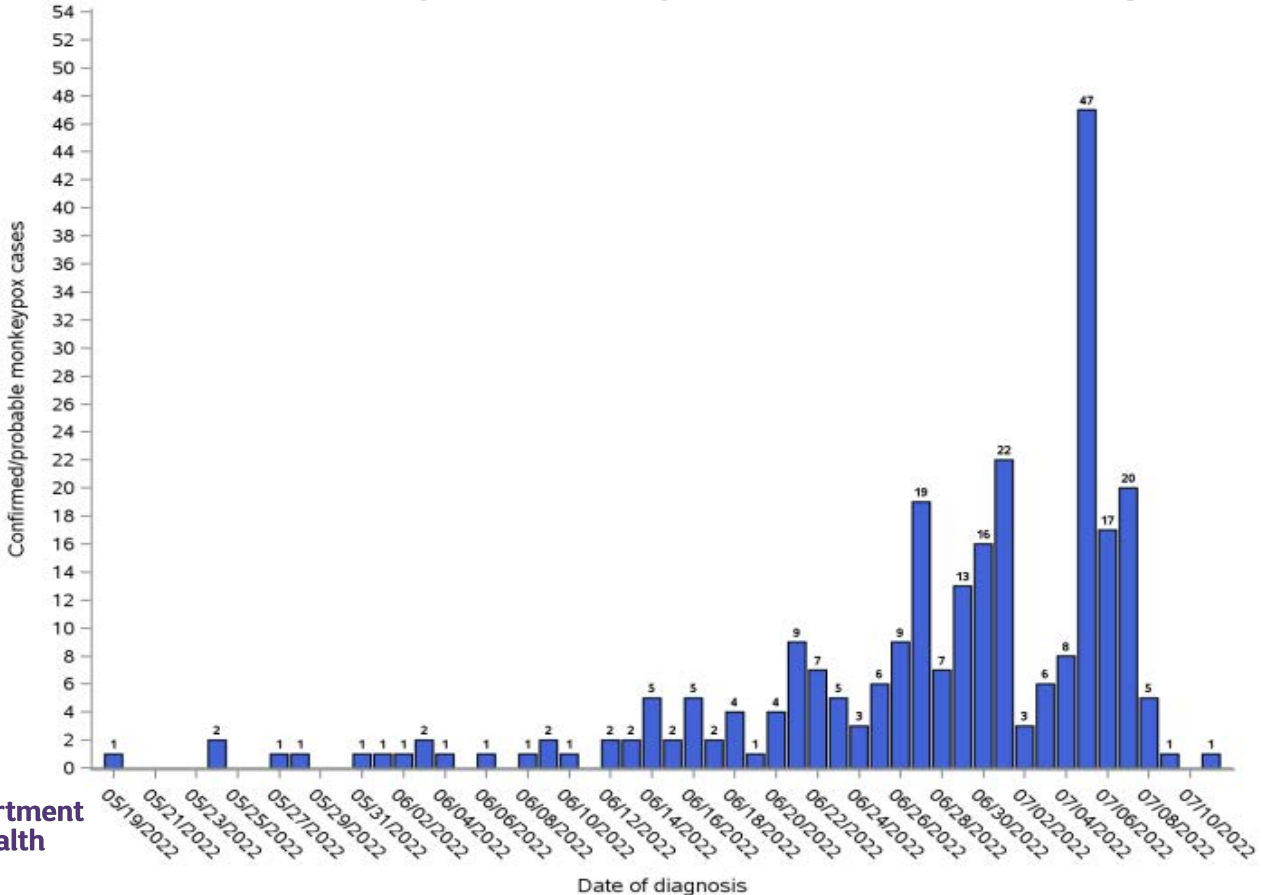


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<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>
<https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page>
<https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>



Cases of Monkeypox by Date of Diagnosis, NYC



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Clinical presentation

Clinical Presentation

- Current cases have atypical features
- Rash still characteristic; but often starting in genital and perianal areas or orally
 - Depending on when patient presents, progression of lesions may not appear characteristic, especially if lesions are in the early stages
 - Sometimes not disseminating to other parts of body and lesions may be in different stages
 - Location likely reflective of points of contact
- Proctitis may be initial complaint
- Prodromal symptoms
 - May be mild, not present, not detected or appear after rash
 - Fever, headache, myalgia, lymphadenopathy, night sweats, chills



Photo credit

Clinical Presentation

- Most individuals have a self-limited disease course managed with supportive care
- This includes medicines or other clinical interventions to control itching, nausea, vomiting, and pain
- Some symptoms can be extremely painful and can cause scarring
- Proctitis can progress to become severe and debilitating which may require prescription medication
- Complications can include pneumonitis, encephalitis, sight-threatening keratitis, and secondary bacterial infections, strictures due to scarring particularly anogenital tissue

Clinical Presentation

- Infectious once symptoms begin (whether prodromal or rash symptoms) and isolation precautions should be continued until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed
 - Typically, 2-4 weeks
- May be confused with sexually transmitted infections (STI) or other conditions, however the diagnosis of an STI does not exclude monkeypox as a concurrent infection may be present

Clinical Presentation

- Anyone can get and spread monkeypox regardless of sexual orientation or gender identity
- The current outbreak is primarily spreading among social networks of gay, bisexual and other MSM
- Transmission can happen during sex or other intimate activities:
 - Oral, anal and vaginal sex
 - Hugging, kissing, cuddling and massage
 - Contact with objects or fabrics (clothing, bedding, towels) used by someone with monkeypox
 - Respiratory droplets or oral fluids from someone with monkeypox, particularly during close or prolonged contact
 - At this time, it is not known if monkeypox can spread through semen or vaginal fluids

Testing

Who to Test

- Patients with a **clinically compatible lesions** and who within the 21 days before symptom onset meet any of the following:
 - Men who had close physical contact (sexual contact, kissing, touching) with multiple or anonymous other men
 - Anyone who had multiple anonymous sexual partners
 - Anyone who had contact with a person who was diagnosed with suspect or confirmed monkeypox
- Any patient with a **characteristic monkeypox lesion** that is deep-seated, well-circumscribed and with central umbilication
- Among recent infections, prodromal illness has not always preceded rash onset, and lymphadenopathy has not been consistently reported; neither is required for consideration for testing

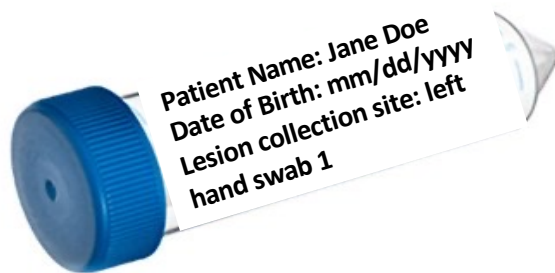
Clinically compatible rash evolves from macules, papules, vesicles, and then pustules, which eventually form scabs that dry and fall off. In latter stages **characteristic monkeypox lesions** are firm, deep, well circumscribed and umbilicated. Depending on when the patient presents, the progression of the rash may not appear to fit this pattern, especially if lesions are in the early stages of progression

How to Test

- Commercial laboratory testing is now available through LabCorp and Mayo Clinic Laboratories
 - Additional commercial laboratories expected to offer testing in the coming weeks
 - Quest not yet CLEP approved and unable to accept specimens from NY residents
- NYS and NYC Public Health Laboratories continue to offer testing for State and City residents
- Wadsworth Center is actively expanding capacity and launched an application process for hospital and commercial labs to perform orthopox/monkeypox virus testing

How to Test

- ALWAYS refer to individual lab websites for lab-specific specimen collection and submission criteria, which may differ
 - Typical specimen is a swab of a lesion or lesions
 - Package specimens correctly
 - Appropriate identifiers on specimen containers
 - Remember some labs require DRY swabs and others may accept specimens in VTM



Patient management



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Managing People with Suspected or Confirmed Monkeypox

- **Patients awaiting test results should isolate in a room or area separate from other household members and pets.**
 - If the result is negative, they can discontinue isolation.
 - If the result is positive, they must continue to isolate until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.
- **While isolating patients should:**
 - Stay at home as much as possible and avoid nonessential visitors in the home.
 - Do not engage in physical sexual activity with others.
 - If leaving the home (e.g., for medical care or for physical activity), maintain a safe distance from others, cover up all skin lesions, and wear a well-fitting surgical mask.
 - Detailed home isolation guidance can be found on the CDC Clinician FAQ webpage under question 10 “When a patient is isolating in their home, what should they do?”



Management of Contacts

- **People with a high or intermediate exposure risk (e.g., sexual or close physical contact):**
 - Daily symptom monitoring for 21 days from the date of the last exposure
 - Postexposure prophylaxis vaccination arranged through the Health Department

- **People with a low exposure risk:**
 - Daily symptom self-monitoring for 21 days from the date of the last exposure

Infection Control

- Apply standard precautions for all patient care, including for patients with suspected monkeypox
- Place patients with suspected or confirmed monkeypox infection in a single-person room - special air handling is not required
- Keep door closed if safe to do so
- Health care workers who enter the patient's room should use gown, gloves, eye protection (i.e., goggles or a face shield that covers the front and sides of the face) and a respirator (e.g., N95 or higher)
- Perform procedures likely to spread oral secretions in an airborne infection isolation room
- Standard cleaning and disinfection procedures should be done using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim

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

For more information, please see the [NYSDOH 7.08 HAN](#)

Health Care Workers and Monkeypox

- PrEP not routinely recommended for health care workers who care for patients with, or suspected to have, monkeypox
- Among the cases identified in the US to date, none have been health care workers exposed in a health care setting
- Appropriate PPE will protect HCWs from potential exposures,
- Healthcare providers exposed to a person with monkeypox patient should stay alert for symptoms, especially within the 21-day period after the last date of care
- Notify Infection control, occupational health

Treatment

For most cases

- Supportive care including fluids and wound hygiene/care
- Analgesics as needed
- Topical or aerosolized diphenhydramine (Benadryl) or lidocaine for lesion associated pruritus and pain respectively
- Close monitoring for secondary infections in pox wounds for example staph infections or other superinfections that you can see with open wounds

Tecovirimat for Treatment

- Tecovirimat (TPOXX) is an antiviral medication approved by FDA to treat smallpox disease
 - Oral capsule and IV formulations
 - Can be given on outpatient basis
- CDC-held Emergency Access Investigational New Drug (IND) Protocol allows use of Tecovirimat for primary or early empiric treatment of monkeypox in people of all ages
- Available upon consultation with the NYC or NYS Health Departments
- Certain documentation related to tecovirimat treatment are required as part of the IND protocol



Tecovirimat for Treatment

- Severe disease
 - e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis
- High risk of severe disease
 - Immunocompromised, pediatric populations, history or presence of atopic dermatitis or other active exfoliative skin conditions (e.g., eczema, impetigo, VZV, HSV, severe acne) and pregnant or breastfeeding women
- Complications
 - e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting; bronchopneumonia
- Aberrant infections
 - Eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)



Vaccination

Vaccination

- The JYNNEOSTM vaccine has been approved by the U.S. Food and Drug Administration for the prevention of monkeypox in people ages 18 and older
- Available for post-exposure prophylaxis (PEP) following a recent exposure to a person with monkeypox using two strategies;
 - Known contact of a suspected or confirmed monkeypox case
 - Arranged by the Health Department
 - Persons who are not a known contacts but may be at greater risk for recent exposure based on behavioral/epidemiological criteria. CDC has called this strategy PEP++
 - Offered by appointment at vaccine clinics

Health Department Vaccine Clinics

- People who meet all of the following criteria are eligible to get vaccinated at a Health Department clinic
 - Gay, bisexual, or other man who has sex with men, and/or transgender, gender non-conforming, or gender non-binary
 - Age 18 or older
 - Have had multiple or anonymous sex partners in the last 14 days
- People should especially consider vaccination if:
 - Their partners are showing symptoms of monkeypox
 - They met recent partners through online applications or social media platforms (such as Grinder, Tinder or Scruff), or at clubs, raves, sex parties, saunas or other large gatherings
 - They have a condition that may increase their risk for severe disease

Health Department Vaccine Clinics

- Vaccine supply is currently very low. NY is receiving a limited number of doses from the federal government, and being made available to New Yorkers as quickly as possible
- Vaccination is free and available regardless of immigration status
- In NYC offered at three Clinics: Chelsea, Central Harlem, and Corona
 - Appointments being released on a rolling basis based on vaccine supply
 - Visit nyc.gov/health/monkeypox for information including on how to make an appointment
 - Currently, no appointments are available; new appointments will be added when additional vaccine is available. Please check the website regularly for updates

Vaccination

- A person is considered fully vaccinated 2 weeks after the second dose
- Vaccination not recommend for people previously diagnosed with monkeypox, or who have active symptoms that may be due to monkeypox
- For information on the NYS vaccine program, please visit
 - <https://health.ny.gov/monkeypox>
- For information on the NYC vaccine program, please visit
 - <https://www1.nyc.gov/site/doh/health/healthtopics/monkeypox.page#vax>

Resources

NYS and CDC Resources

CDC:

- [What Clinicians Need to Know about Monkeypox in the United States and Other Countries](#)
- [Monkeypox Health Alert](#)
- [Monkeypox Fact Sheet](#)
- [Monkeypox and Sexual Health](#)
- [Case Definitions](#)

NYSDOH:

- [Situation Update](#)
- [Palm Card](#)
- [Information Card](#)
- [NYSDOH 7.08 HAN](#)
- [Wadsworth Center Testing Guidance](#)

NYC Health Department Resources

Show your pride!
Stay healthy and keep your community safe.
The monkeypox information you need to know right now.

[Ver esta página en español](#)

Monkeypox (Orthopoxvirus)

Cases in NYC

As of June 23, 30 people in New York City have tested positive for orthopoxvirus, likely monkeypox.

Most of these people have had mild illness, have not been hospitalized and have their own. Even with mild illness, the rash and sores from monkeypox can be itchy. Anyone can get and spread monkeypox. The current cases are primarily associated with social networks of [gay, bisexual and other men who have sex](#) currently at greater risk of exposure.

If you have a new or unexpected rash or other [symptoms of](#) provider.

Vaccination

Vaccination is available for people who may have been recently exposed. Eligible people can get the two-dose vaccine at the Chelsea Health Center on Tuesday, Thursday, Friday and Sunday, between 11 a.m. and 5 p.m. on a first-come, first-served basis. [Learn more about vaccination eligibility and how to make an appointment.](#)

Note: All vaccination appointment slots have been filled through the end of June. Unfortunately, walk-in vaccinations will also not be available until additional supply from the CDC to meet the high demand. Check for new appointments for the following week.

[Learn more about vaccination eligibility and how to make an appointment.](#)

- [Monkeypox Outbreak Palm Card](#) (PDF)
- Other Languages: [Español](#)

¡Manténgase sano
para un verano
de diversión!

Obtenga la información sobre la
vacunación del mono que necesita saber
para la vacunación
que necesita para usted.

Stay healthy for
a summer of fun!

Get the monkeypox information
you need to know now, and find
out if vaccination is right for you.

For more information, visit
[nyc.gov/health/monkeypox](https://www1.nyc.gov/site/doh/providers/health-topics/monkeypox.page),
call 311 or scan the QR code.



6.23.22

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[Infectious Diseases](#)

[Poison Control Center](#)

Monkeypox: Information for Providers

The following resources provide current information about monkeypox/orthopoxvirus, with a focus on the [2022 outbreak in New York City](#).

Upcoming Health Department Webinars

Monkeypox: Information for New York City Health Care Providers
Friday, June 24
1 p.m. to 2 p.m. [Register through WebEx](#)

Recent NYC Health Advisories

- [Monkeypox Transmission and Detection in New York City](#) (PDF, June 10)
- [CDC Advisory: Monkeypox Virus Infection in the United States and Other Non-endemic Countries — 2022](#) (PDF, May 20)

Testing

- [Monkeypox Testing at the NYC Public Health Lab](#) (PDF, June 10)

Additional Resources

- [CDC: Monkeypox Information For Health Care Professionals](#)

[nyc.gov/health/monkeypox](https://www1.nyc.gov/health/monkeypox)

<https://www1.nyc.gov/site/doh/providers/health-topics/monkeypox.page>

THANK YOU