

Situational Awareness of Monkeypox Outbreak— United States, June 2022

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Probable and confirmed cases* by U.S. state

State	Confirmed	Probable	TOTAL
Arizona (AZ)	1	0	1
California (CA)	7	3	10
Colorado (CO)	2	1	3
District of Columbia (DC)	1	1	2
Florida (FL)	3 [†]	1	4
Georgia (GA)	1	0	1
Hawaii (HI)	1	2	3
Illinois (IL)	3	1	4
Massachusetts (MA)	1	0	1
New York (NY)	6	5	11
Oklahoma (OK)	0	1	1
Pennsylvania (PA)	1	0	1
Rhode Island (RI)	0	1	1
Texas (TX)	1	0	1
Utah (UT)	2	0	2
Virginia (VA)	1	0	1
Washington (WA)	1	0	1
TOTAL	32	16	48

Total: As of 2pm ET on Friday June 10th, 48 cases in 17 states and District of Columbia

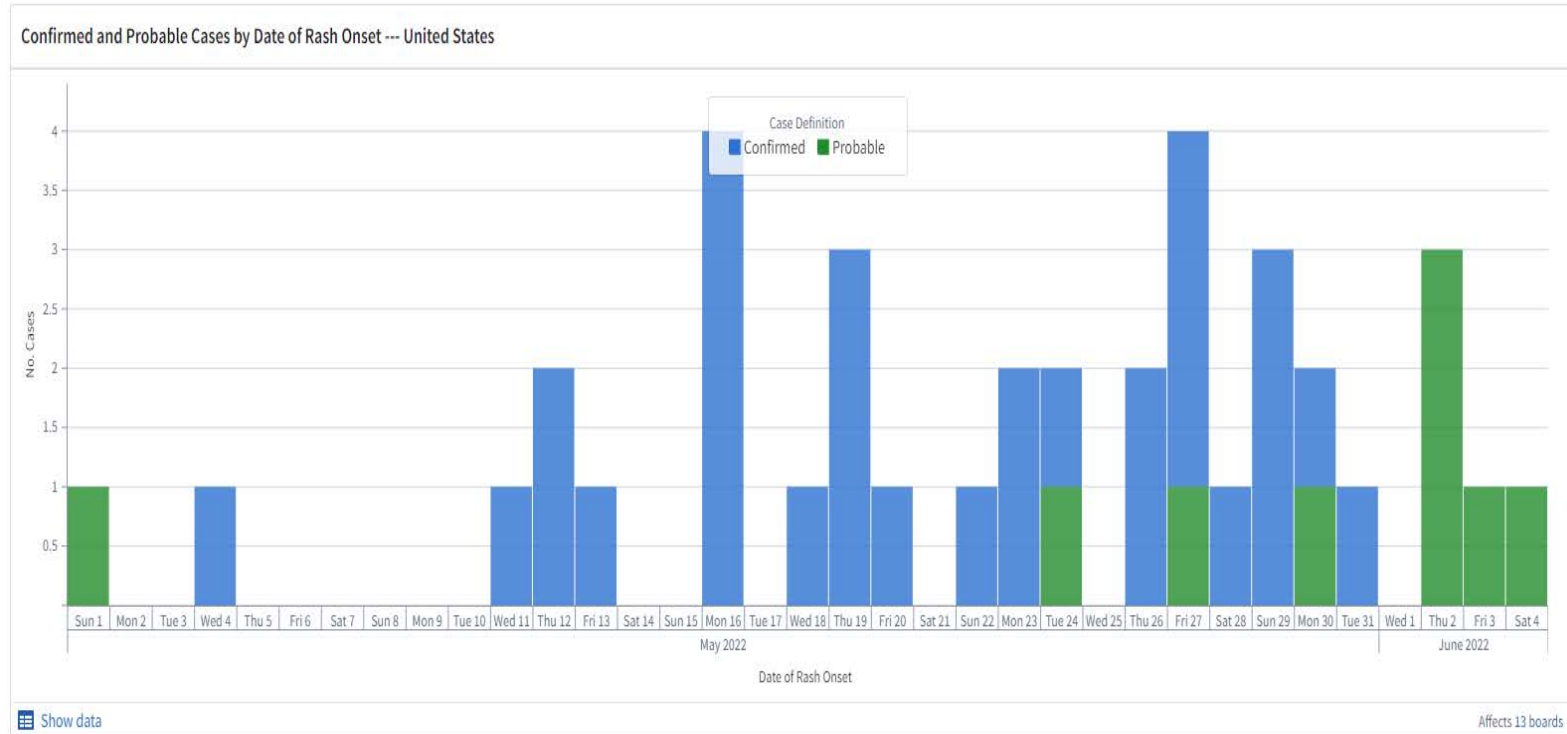
Most cases among men

Median age: 38.0 (range 23-76)

*A probable case is presence of orthopoxvirus DNA by PCR of a clinical specimen OR orthopoxvirus using immunohistochemical or electron microscopy testing methods OR demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset in a person in whom there is no suspicion of other recent orthopoxvirus exposure (e.g., Vaccinia virus in ACAM2000 vaccination) Confirmed case is demonstration of Monkeypox virus DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen OR isolation of Monkeypox virus in culture from a clinical specimen

[†]One patient is currently being monitored in Florida, but laboratory confirmation occurred in another country. This case is not included in some U.S. case counts

Probable and confirmed cases by date of rash onset



Clinical symptoms

- Rash or enanthem in all patients
- Lesions in different phases of development seen side-by-side
- Rash either scattered or diffuse; sometimes limited to one body site and mucosal area (e.g., anogenital region or lips/face)
- Presenting complaint sometimes anorectal pain or tenesmus; physical examination yields visible lesions and proctitis
- Prodromal symptoms mild or not occurring
- Fever, lymphadenopathy not as common
- Some co-infections with sexually transmitted infections

Classic lesions



2003 U.S. monkeypox outbreak



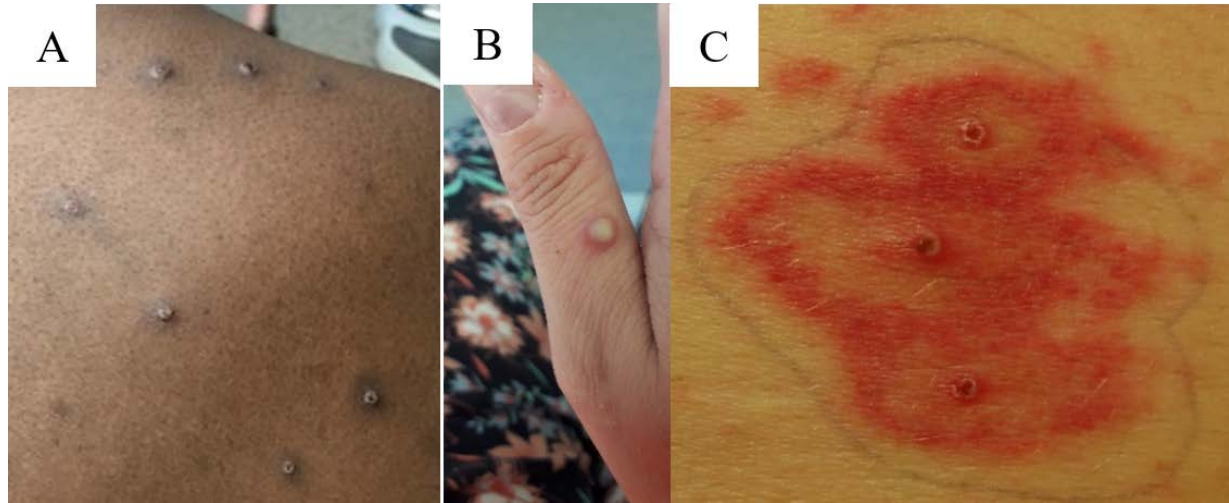
Reed KD, Melski JW, Graham MB, Regnery RL, Sotir MJ, Wegner MV, Kazmierczak JJ, Stratman EJ, Li Y, Fairley JA, Swain GR, Olson VA, Sargent EK, Kehl SC, Frace MA, Kline R, Foldy SL, Davis JP, Damon IK. The detection of monkeypox in humans in the Western Hemisphere. N Engl J Med. 2004 Jan 22;350(4):342-50.

Lesions observed in endemic countries



Lesions observed during May and June 2022*

- Firm, deep-seated, well-circumscribed and sometimes umbilicated
- Small lesions
- May rapidly progress through stages (papules, vesicles, pustules, and scabs)
- Papulovesicular and pustular lesions may be seen on same body site



For additional images

- 1) Ogoina D et al. Clinical course and outcome of human monkeypox in Nigeria. Clin Infect Dis. 2020; 71(8): 210-214
- 2) Antinori A et al. Epidemiological, clinical, and virological characteristics of four cases of monkeypox support transmission through sexual contact, Italy, May 2022. Euro Surveill. 2022 June; 27 (22).

*As data continues to be collected, what is known about the clinical presentation may change

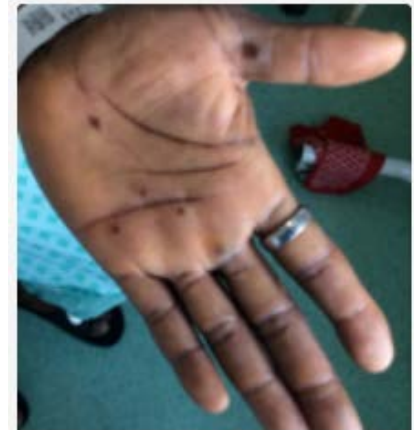


Photo Credit: NHS England High Consequence
Infectious Disease Network

When to obtain specimens

- Observation of classic monkeypox rash OR
- Observation of rash that could be consistent with monkeypox in persons with epidemiologic risk factors:
 - Contact with a person or people a) with similar appearing rash or b) diagnosed with monkeypox
 - Close or intimate in-person contact with people in a social network experiencing monkeypox activity (e.g., men who have sex with men who meet partners through an online website, digital app or social event)
 - History of recent international travel to country currently reporting cases
- Diagnosis of an STI does not rule-out co-infection with monkeypox (See upcoming CDC health alert)
- For up-to-date guidance on specimen collection, please see CDC website (www.cdc.gov/monkeypox)

Laboratory testing*

- At this time, testing is being performed at Laboratory Response Network (LRN) laboratories affiliated with health departments nationwide
 - 69 LRN laboratories able to perform this testing
 - Total of 6,000-8,000 specimens/week can be tested
- For this response, a positive orthopoxvirus generic test result from these labs is monkeypox until proven otherwise
 - On a case-by-case basis, antivirals can be given before testing is completed depending on the clinical circumstances
 - Contact tracing should be initiated upon positive test result
- Plan is for phased expansion of testing

*<https://www.aphlblog.org/aphl-supports-public-health-response-to-monkeypox-phased-expansion-of-testing/>

Medical countermeasures

- Vaccinations to prevent or minimize illness
 - ACAM2000 and JYNNEOS available in the United States
 - Both are available for the following
 - Pre-exposure prophylaxis for certain laboratorians and clinicians
 - Post-exposure prophylaxis for certain persons with close contact to persons with monkeypox
- Treatment for patients with monkeypox
 - Tecoviromat has been given to some patients

Interim guidance and tools for healthcare providers and public health authorities

www.cdc.gov/monkeypox

- Case definitions
- Clinical recognition
- Contact-tracing
- Exposure risk assessment
- Guidance for monitoring exposed persons
- Infection control in home and healthcare settings
- Specimen collection
- Case definitions
- Specimen collection
- Treatment considerations

Recent Guidance: Social Gatherings, Safer Sex and Monkeypox

June 2022

Social Gatherings, Safer Sex and Monkeypox

Monkeypox is a disease caused by a virus not commonly seen in the United States. While we work to contain the current outbreak and study the virus, we want you to have information so you can make informed choices when you are in spaces or situations where monkeypox could be spread through close, intimate contact or during sex. There is a lot we still need to learn about monkeypox, and we will update this information as we learn more on www.cdc.gov/monkeypox.

What is monkeypox?

Monkeypox is a disease that can make you sick, including a rash, which may look like pimples or blisters, often with an earlier flu-like illness. Monkeypox can spread to anyone through close, personal, often skin-to-skin contact including:

- Direct contact with monkeypox rash, sores, or scabs from a person with monkeypox. We believe this is currently the most common way that monkeypox is spreading in the U.S.
- Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.
- Contact with respiratory secretions, through kissing and other face-to-face contact.

This contact can happen when you have sex including:

- Oral, anal, and vaginal sex or touching the genitals (penis, testicles, labia, and vagina) or anus (butt) of a person with monkeypox.
- Hugging, massage, and kissing.
- Touching fabrics and objects during sex that were used by a person with monkeypox and that have not been disinfected, such as bedding, towels, fetish gear, and sex toys.

What are the symptoms of monkeypox?

- Monkeypox symptoms usually start within 2 weeks of exposure to the virus.
 - The first symptoms might be like the flu, such as fever, headache, muscle aches and backache, swollen lymph nodes, chills, or exhaustion.
 - Within 1-3 days of these symptoms beginning, people develop a rash or sores.
- The rash or sores may be located on or near the genitals or anus but could also be on other areas like the hands, feet, chest, or face.
 - The sores will go through several stages, including scabs, before healing.
 - The sores can look like pimples or blisters and may be painful or itchy.
 - Sores may be inside the body, including the mouth, vagina, or anus.



You may experience all or only a few of these symptoms. Most people with monkeypox will get the rash or sores. Some people have reported developing the rash or sores before (or without) the flu-like symptoms.

Monkeypox can be spread from the time symptoms start until all sores, including scabs, have healed and a fresh layer of skin has formed. This can take several weeks.



What are researchers investigating?

- If the virus can be spread when someone has no symptoms.
- If the virus could be present in semen (cum), vaginal fluids, and fecal matter (poop).

How can a person lower the chance of getting monkeypox at places like raves, parties, clubs, and festivals?

When thinking about what to do, seek out information from trusted sources like the local health department. Second, consider how much close, personal, skin-to-skin contact is likely to occur at the event you plan to attend. If you feel sick or have any rashes or sores, do not attend any gathering, and see a healthcare provider.

- Festivals, events, and concerts where attendees are fully clothed and unlikely to share skin-to-skin contact are safer. However, attendees should be mindful of activities (like kissing) that might spread monkeypox.
- A rave, party, or club where there is minimal clothing and where there is direct, personal, often skin-to-skin contact has some risk. Avoid any rashes or sores you see on others and consider minimizing skin-to-skin contact when possible.
- Enclosed spaces, such as back rooms, saunas, or sex clubs, where there is minimal or no clothing and where intimate sexual contact occurs have a higher likelihood of spreading monkeypox.



How can a person lower their risk during sex?

Talk to your partner about any recent illness and be aware of new or unexplained sores or rashes on your body or your partner's body, including the genitals and anus. If you or your partner have recently been sick, currently feel sick, or have a new or an unexplained rash or sores, do not have sex and see a healthcare provider. This is always a good plan, even if monkeypox isn't in your area.

If you or a partner has monkeypox, the best way to protect yourself and others is to not have sex of any kind (oral, anal, vaginal) and not kiss or touch each other's bodies while you are sick, especially any rash or sores. Do not share things like towels, fetish gear, sex toys, and toothbrushes.

If you or your partner have (or think you might have) monkeypox and you decide to have sex, consider the following to reduce the chance of spreading the virus:

- Have virtual sex with no in-person contact.
- Masturbate together at a distance of at least 6 feet, without touching each other and without touching any rash or sores.
- Consider having sex with your clothes on or covering areas where rash or sores are present, reducing as much skin-to-skin contact as possible.
- Avoid kissing.
- Remember to wash your hands, fetish gear, sex toys and any fabrics (bedding, towels, clothing) after having sex.
- Limit your number of partners to avoid opportunities for monkeypox to spread.

What should a person do if they have a new or unexplained rash, sores, or other symptoms?

- Avoid sex or being intimate with anyone until you have been checked out by a healthcare provider. If you don't have a provider or health insurance, visit a public health clinic near you.
- When you see a healthcare provider, remind them that this virus is circulating in the area.
- Avoid gatherings, especially if they involve close, personal, skin-to-skin contact.
- Think about the people you have had close, personal, or sexual contact within the last 21 days, including people you met through dating apps. You might be asked to share this information if you have received a monkeypox diagnosis, to help stop the spread.

Recent Engagements: Outreach, Information, Discussions

- Public Health
 - Weekly Public Health Partner webinars
 - NCSD Roundtable
- Clinicians
 - Regular written updates sent through multiple channels
 - NPIN
 - Partner lists
 - Includes HRSA Ryan White/Bureau of Primary Healthcare
 - Medical Directors of the National Network of STD Clinical Prevention Training Centers call
- LGBTQ+
 - LGBTQ+ media briefing
 - Interpride webinar
- Cross-Sectional
 - HIVMA/IDSA, the Gay and Lesbian Medical Association (GLMA), Fenway Health, NASTAD and PrEP4All Monkeypox webinar (6/13)

Want to stay
updated?
Sign up here!



<https://npin.cdc.gov/>

Questions?

- Clinicians can consult local or state health department
- Media can contact CDC's Press Office at (404) 639-3286 or media@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.