Probable and confirmed cases* by U.S. state

<table>
<thead>
<tr>
<th>State</th>
<th>Confirmed</th>
<th>Probable</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona (AZ)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>California (CA)</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Colorado (CO)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>District of Columbia (DC)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Florida (FL)</td>
<td>3†</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Georgia (GA)</td>
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<td>1</td>
</tr>
<tr>
<td>Hawaii (HI)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Illinois (IL)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Massachusetts (MA)</td>
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<tr>
<td>New York (NY)</td>
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</tr>
<tr>
<td>Pennsylvania (PA)</td>
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<td>1</td>
</tr>
<tr>
<td>Rhode Island (RI)</td>
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<td>1</td>
</tr>
<tr>
<td>Texas (TX)</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Utah (UT)</td>
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<td>2</td>
</tr>
<tr>
<td>Virginia (VA)</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Washington (WA)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32</strong></td>
<td><strong>16</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>

Total: As of 2pm ET on Friday June 10\textsuperscript{th}, \textbf{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

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

*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

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, skin-to-skin contact including:

- Direct contact with monkeypox rash, sores, or scabs with 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 (bedding, clothing, 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 genitalia, testicles, labia, and vagina or anus during a person with monkeypox.
- Hugging, massaging, 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, felt, go-go, 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 5-3 days of these symptoms beginning, people develop a rash or sores.
- The rash or sores may be located on or near the genitalia 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 could be spread by other means.
- 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?

- Avoid skin-to-skin contact or use a barrier method, such as condoms or dental dams.
- Avoid sharing things like towels, felt, go-go, sex toys, and toothbrushes.

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, sexual contact with 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.

Link: https://www.cdc.gov/poxvirus/monkeypox/sexualhealth/social.html
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

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.