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To: Providers serving Bay County residents
Date: 08-02-2022
Re: Monkeypox virus (MPV) evaluation, testing, treatment, and vaccination for post-exposure prophylaxis

The Bay County Health Department (BCHD) requests providers familiarize themselves with MPV guidance available from the Centers for Disease Control and Prevention ([CDC](#)) and the Michigan Department of Health and Human Services ([MDHHS](#)). Limited time remains to prevent MPV from becoming endemic in Michigan. Provider support for evaluating patients with increased testing for MPV is essential to public health efforts to contain MPV.

[Clinical recognition](#) of MPV benefits from reviewing photos of recent cases (see slides [here](#) and [here](#)). The MPV rash is characterized by deep-seated and well-circumscribed lesions, often with central umbilication (i.e., a dot or dent on top). MPV can sometimes be confused with other diseases more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). Detection of a sexually transmitted infection (STI) does not rule out MPV because coinfection has been common among confirmed MPV cases. MPV lesions are typically painful and are not easily unroofed. Lesions might be located on or near the genitals (penis, testicles, labia, and vagina) or anus but might also be found on other areas like the hands, feet, chest, face, or mouth.

[Standard precautions](#) (i.e., gown, gloves, eye protection, and N95 respirator) should be applied for patients with suspected MPV. A person with MPV will be [infectious](#) from the time symptoms start until after all lesions have fully healed (i.e., scabs have fallen off) and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks. Infected persons should [isolate](#) at home for the duration of the illness. If an MPV case must leave home, contactless curbside or drive-through pickup options offer the safest means of retrieving essential items.

[Epidemiologic data](#) indicate 99% of recent MPV cases are men who have sex with men (MSM), with transmission occurring within their social networks. The small number of cases among women and children demonstrate the potential for MPV to spread more broadly. MPV can spread to anyone through close, personal, often skin-to-skin contact or through contact with fomites, including bedding, towels, drinking glasses, eating utensils, and other objects in prolonged contact with the skin of the infected person. Providers should be thorough in eliciting a patient's sexual history, potential for exposure to MPV, and symptom course (see CDC's [Short Case Report Form](#)).

[Rapid diagnostic testing](#) for MPV is now readily available, not only from [MDHHS](#) but also from [commercial laboratories](#) including [LabCorp](#) and [Quest Diagnostics](#). Specimen collection is straightforward and requires vigorous swabbing (without needing to unroof lesions) using a sterile polyester or Dacron swab. Providers should have a high index of suspicion and low threshold for MPV testing for persons reporting a painful new onset rash resembling MPV lesions. Testing for a panel of STIs (e.g., chlamydia, gonorrhea, trichomoniasis, syphilis, and HIV) might be appropriate also. Suspected MPV cases should be directed to isolate at home pending test results.

For most MPV cases, treatment seeks to control pain, which can be excruciating. Analgesia managed with NSAIDs, opiates, or neuropathic agents is often essential. [Tecovirimat](#) (a.k.a. TPOXX) can bring rapid resolution and relief but is currently only available via CDC from the [Strategic National Stockpile](#). TPOXX may be considered for persons who: (a) have severe disease; (b) are at high risk of severe disease (e.g., immunocompromised; pregnant; eczematous; <8 years); or (c) have lesions in anatomic areas constituting a special hazard (e.g., eyes). CDC issued a [health alert](#) regarding MPV in persons with HIV, children and adolescents, or persons pregnant or breastfeeding.

[CDC](#) and [MDHHS](#) have offered considerations for administering [JYNNEOS](#) vaccine (see [package insert](#) and [vaccine information statement](#)), which can protect against MPV but is also currently in [limited supply](#). MDHHS has called for utilizing all doses as soon as they become available to help mitigate MPV spread. Persons may receive vaccination if exposure to MPV is known or highly likely to have occurred in the last 14 days. Providers should refer close contacts and highly vulnerable persons with potential for MPV exposure to BCHD for potential vaccination.

For questions, contact BCHD's communicable disease team (bchd@baycounty.net | 989-895-4009; ext. 1), (immunizations@baycounty.net | ext. 2), or Dr. Thomas John Bender (bendert@baycounty.net | 989-895-2062). Thank you for your partnership in mitigating the impact of MPV in Bay County.