



Health Update

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First Monkeypox (MPX) Case Confirmed in Madera County

Situational Update

The Madera County Department of Public Health (MCDPH) recently confirmed the first case of MPX infection in Madera County. The person who tested positive is an adult Madera resident and currently receiving treatment. The MCDPH has conducted a contact investigation and is offering vaccine to people who may have been exposed to prevent additional cases.

This update is to inform local health care providers (HCPs) regarding the presentation of MPX, testing (with the latest guidance for safe specimen collection), risks for severe disease, treatment, and vaccination availability.

UPDATES AND MODIFICATIONS TO THE BELOW GUIDANCE WILL BE PROVIDED AS THEY BECOME AVAILABLE.

Presentation and evaluation of MPX cases:

- Consider MPX in the differential diagnosis for patients presenting with flu-like symptoms lasting several days, followed by a distinctive rash.
- When evaluating a patient that you suspect may have MPX infection, follow the latest [Infection control guidance](#), and please consider the following:
 1. Suggestive history includes:
 - Contact with a person or people who have a similar appearing rash or who received a diagnosis of MPX.
 - Is a man who has intimate physical contact with other men.
 - Recent travel to larger urban areas or other areas reporting MPX cases; and/or attending large public/social gathering events.
 - The rash associated with MPX can be confused with other diseases that are encountered in clinical practice, especially in the genital or perianal areas (e.g., secondary syphilis, herpes, chancroid, molluscum contagiosum, and varicella zoster).

MPX Testing:

Test specimens may be sent to commercial labs that do orthodox or monkeypox testing (including Quest and Labcorp), or to the state public health laboratory.

- **To collect specimens:**
 - 1) **Do NOT de-roof or aspirate the lesion. Do NOT use sharps.** Use of sharps, (e.g., needles, scalpels, lancets) is not necessary and has a risk of a sharps injury to the HCP (*Note* - this is a change from prior testing recommendations). Vigorously swab the lesion with two separate sterile dry polyester or Dacron swabs.

See the [October 5, 2022 California Department of Public Health Letter to HCP for the latest Guidance for Safe Specimen Collection From MPX Lesions](#)

- 2) Each swab goes into a sterile tube with viral transport medium. Label with name, DOB, collection date, and location of lesion.
- Collect specimens from 3 lesions if possible (2 swabs each for a total of 6 swabs).

Infection Control considerations

- **Healthcare Setting:** Patients presenting with symptoms concerning for MPX should be placed as soon as possible in a single-person exam room with door closed, or an airborne infection isolation room, if available. The patient should remain masked, and any exposed skin lesions should be covered with a sheet or gown. In addition, please consider telemedicine evaluation in a medically stable patient.

Healthcare personnel (HCP) and LHD staff evaluating patients with suspected MPX should wear the following personal protective equipment (PPE): gloves, gown, eye protection (goggles or face shield) and a N95 or equivalent or higher-level respirator. HCP should don PPE before entering the patient's room and use during all contact with the patient. HCP should remove and discard gloves, gown, and eye protection, and perform hand hygiene prior to leaving the patient's room; the N95 respirator should be removed, discarded, and replaced.

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action

Health Information: Provides general health information which is not considered to be of emergent nature



Note: most clinical exposures that are not prolonged and do not involve specimen collection or aerosolizing procedures are considered Low Risk

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>

- Any healthcare worker who has cared for a MPX patient should be alert to the development of symptoms that could suggest MPX infection, especially within the 21-day period after the last date of care, and should notify infection control, occupational health, and the health department to be guided about a medical evaluation.
- Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with MPX do not need to be excluded from work, but should undergo active surveillance for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.
- **Infection Control at Home:** Patients who do not require hospitalization for medical reasons can recuperate at home. Standard measures, such as good hand hygiene, laundering clothes in warm or hot water and detergent, and cleaning surfaces with standard household disinfectants, are all thought to be effective in destroying the MPX virus. See the [CDPH's Home Isolation Guidance](#).
- **Communicability:** At this time, CDC considers patients to be infectious from the onset of symptoms (rash or other symptoms) and until skin lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed.

Risk of Severe Disease:

Severe manifestations of MPX can occur in both immunocompetent and immunocompromised people; however, most people diagnosed with MPX have had mild-to-moderate clinical courses. Of the people with severe manifestations of MPX for whom CDC has been consulted, the majority have had HIV with CD4 counts <200 cells/ml, indicating substantial immunosuppression. Healthcare providers should recognize underlying risk factors for severe disease, optimize immune function, and when appropriate, initiate medical countermeasures (such as tecovirimat and vaccinia immunoglobulin) early to prevent or mitigate severe disease.

During the current outbreak, CDC has received reports of people with MPX who have severe manifestations of disease, including but not limited to

- Atypical or persistent rash with coalescing or necrotic lesions, or both, some which have required extensive surgical debridement or amputation of an affected extremity.

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- Lesions on a significant proportion of the total body surface area, which may be associated with edema and secondary bacterial or fungal infections among other complications.
- Lesions in sensitive areas (including mucosal surfaces such as, oropharynx, urethra, rectum, vagina) resulting in severe pain that interferes with activities of daily living.
- Bowel lesions that are exudative or cause significant tissue edema, leading to obstruction.
- Severe lymphadenopathy that can be necrotizing or obstructing (such as in airways).
- Lesions leading to stricture and scar formation resulting in significant morbidity such as urethral and bowel strictures, phimosis, and facial scarring.
- Involvement of multiple organ systems and associated comorbidities, including:
 - Oropharyngeal lesions inhibiting oral intake
 - Pulmonary involvement with nodular lesions
 - Neurologic conditions including encephalitis and transverse myelitis
 - Cardiac complications including myocarditis and pericardial disease
 - Ocular conditions including severe conjunctivitis and sight-threatening corneal ulcerations
 - Urologic involvement including urethritis and penile necrosis

Healthcare providers should be aware of risk factors for severe manifestations of MPX and should conduct HIV testing for people with confirmed or suspected MPX. In prior MPX outbreaks in Nigeria, co-infection with HIV was associated with worse clinical outcomes, including severe manifestations of MPX, hospitalization, and death. Providers should also consider other [immunocompromising conditions](#) and medications that may increase risk of severe manifestation of MPX.

Recommendations for Healthcare Providers

- Upon initial presentation of signs and symptoms consistent with MPX, in addition to MPX, test all sexually active adults and adolescents for HIV (including acute infection) and other sexually transmitted infections (such as syphilis, herpes, gonorrhea, and chlamydia), and assess for other immunocompromising conditions.*
- Be familiar with severe manifestations of MPX and risk factors for severe disease.
- Contact local and state health departments early when there is concern for progression to severe manifestations or severe manifestations are present for guidance on management and securing necessary resources for treatment.

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Consider treating immunocompromised people diagnosed with MPX with tecovirimat early in the course of disease and consider a prolonged course of tecovirimat for those with more refractory and severe MPX infection. Tecovirimat is currently available in our area and providers may contact MCDPH for information on how to access this medication.

VACCINATION:

MPX vaccination has limited availability at the MCDPH. Persons who are eligible for vaccination may schedule appointments at myturn.ca.gov (or by calling 311). Current eligibility criteria are:

Any man or transgender person (including cisgender and transgender men) who have sex with men (MSM) or transgender women who meet at least one of the following criteria:

- Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) in the past 12 months, OR
- Have engaged in chemsex or group sex with other men, OR
- Have had sex recently with anonymous male partners, OR
- Have attended sex-on-premises venues (e.g., saunas, bathhouses, sex clubs), OR
- Are a sex worker of any sexual orientation or gender identity, OR
- Are part of other populations who are at highest risk of MPX exposure, as identified through local epidemiological investigations.
- Use or are recommended to use HIV PrEP, OR
- Are living with HIV and are considered at risk for MPX exposure.

Among this group, individuals who are living with HIV (particularly those with CD4 count < 200/mm³ or an opportunistic infection) or other conditions that cause immunocompromise should be prioritized for vaccination.

- Jynneos vaccine is recommended for post-exposure prophylaxis vaccination for high-risk contacts. This vaccine is in limited supply and is allocated to local health jurisdictions (via CDPH). The Department has been notified that a shipment is expected soon and information on the status and administration criteria will be provided in a future update.

Additional MPXV Information:

- For the latest information on Monkeypox from the California Department of Public Health, visit: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox.aspx>
- For the latest information on Monkeypox from the Centers for Disease Control and Prevention, visit: <https://www.cdc.gov/poxvirus/monkeypox/index.html>

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