

Monkeypox Protocol Quick Reference

For further information refer to the CD Management Protocol- Monkeypox (Orthopoxvirus)
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/monkeypox.pdf>.

Case definitions (refer to protocol for further details):

Confirmed Case - A person who is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

Probable Case - A person of any age who presents with an unexplained acute rash or lesion(s), AND

1. An epidemiological link to a probable or confirmed monkeypox case in the 21 days before symptom onset, OR
2. Reported travel history to, or residence in, a location where monkeypox is reported in the 21 days before symptom onset.

Suspect Case - A person of any age who presents with one or more of the following:

1. An unexplained acute rash AND has at least one of the following signs or symptoms
 - Headache, fever, lymphadenopathy, myalgia, back pain, asthenia
2. An unexplained acute genital, perianal or oral lesion(s)

Laboratory reporting to public health occurs for all confirmed cases.

Clinical notification form: www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf - use when the index of suspicion for suspect/probable cases is very high or where laboratory results delayed.

Transmission:

- Direct contact with skin lesions, blood, or body fluids
- Indirect contact with contaminated objects, including clothing and linen
- Respiratory droplets (requires prolonged face to face contact)

Spread of the infection in current outbreak so far has been limited to spread between intimate partners who are having sexual activity or between people who are living in the same household.

Incubation Period: 5 to 21 days – average 6 to 13 days.

Period of Communicability: 5 days prior to the rash until all lesion scabs have fallen off and intact skin is underneath (about 3-4 weeks).

Clinical Presentation:

Prodromal period (0-5 days): fever, headache, lymphadenopathy, back pain, myalgia, weakness. Initial lesions may precede the development of the febrile stage in some cases.

Skin eruption (1-3 days after fever, lasting 2-4 weeks) – four stages of rash: macular, papular, vesicular and pustular, before scabbing over and falling off. May be localized to site of inoculation (e.g., genital, oral). Some may develop a more generalized rash, which may evolve asynchronously.

Diagnosis:

- Rule out other common diagnoses: e.g., varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum and hand-foot-and-mouth disease.

- Consult infectious diseases for further advice on laboratory testing, and diagnosis. **Before submitting specimens, notify the Cadham Provincial Lab (CPL) physician on call by calling HSC paging at 204-787-2071. Note that special packaging is required for transport of specimens.**
- On the CPL requisition, indicate the differential diagnosis, relevant exposures, and request for “monkeypox PCR”.
- Ensure droplet, contact and airborne precautions are used prior to sample collection.
- Specimens to be collected:
 - Flocked swab of the lesion fluid. Place the swab in a sterile 5-10 mL CSF conical bottom sample tube or sterile 100 mL urine container. Transport media is not required for monkeypox PCR testing.
 - Please note that testing for other cutaneous or mucosal viruses requires another flocced swab in viral/universal transport medium (VTM).
 - Scab or crust material. Place in a sterile 5-10 mL CSF conical bottom sample tube or sterile 100 mL urine container. Transport media is not required.
 - Nasopharyngeal (flocked) swab in VTM (Note: This is optional as it is not the monkeypox specimen of choice. However, it is quite useful for detecting other more common causes of similar presentations such as coxsackievirus).
 - Specimen transport: Transport Canada requires ground shipping and transport of monkeypox specimens to follow Category B shipping and certification. Air shipping and transportation of monkeypox specimens must follow Category A.

Management of Cases:

- Isolation precautions while awaiting test results. Suspect/probable cases should be advised by their health care provider to isolate until diagnosis confirmed, or alternate diagnosis made.
- For confirmed cases, isolation precautions for the duration of period of communicability (i.e. until the lesion scabs have fallen off and new intact skin has formed below). See website for detailed recommendations: www.gov.mb.ca/health/publichealth/diseases/monkeypox.html.
- Active monitoring by public health through isolation period for confirmed cases.
- **Treatment:** Most cases are self-limited.
For severe disease, the antiviral tecovirimat (**TPOXX**) has been pre-positioned in Manitoba through the Special Access Program. An infectious disease specialist must be consulted for treatment recommendations, and will be released by the Medical Officer of Health (MOH).

Management of Contacts:

- Contact tracing by public health. Monitor for symptoms for 21 days.
- Self-isolation (quarantine) not required if asymptomatic.
- Recommended to consult with occupational health if they work in a high-risk setting.
- Post-exposure prophylaxis with **IMVAMUNE® Vaccine**
 - Access to vaccine is through public health
 - Limited supply available for high risk contacts within 14 days of exposure.
 - Jurisdictions with active outbreaks have eligibility based on exposures in settings where monkeypox cases have been reported. **Individuals who have travelled to jurisdictions with active outbreaks, have been potentially exposed within the past 14 days, and meet the criteria for IMVAMUNE® in that jurisdiction, are also eligible in Manitoba.**
 - Eligibility will be updated as required on the Manitoba monkeypox website.

Infection Prevention and Control (IP&C) in Healthcare Settings:

<https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Monkeypox.pdf>

- Airborne, droplet and contact precautions are recommended in healthcare settings when in contact with a suspected, probable or confirmed case (gloves, disposable long-sleeved gown, fit-tested and seal-checked N95 respirator, and face/eye protection).
- Accommodation: Place patient in an airborne infection isolation room (AIIR), when feasible.
 - If an AIIR is not available, place patient in a single room with the door closed.
- In healthcare settings, all waste generated in the care of a suspected, probable or confirmed case should be managed as biomedical waste. Bags to be sealed before removal from the room.
- Avoid dry dusting, sweeping, or vacuuming; wet cleaning methods are preferred.
- Carefully handle used laundry/linen (e.g., bedding, towels, gowns) and avoiding shaking.
 - Bag linen in a leak-proof bag, sealed, or tied and placed inside an impermeable bag for transport to laundry area. Only fill bag 2/3 full. Bags to be sealed in the room before removal.
 - In ambulatory care settings, use standard medical laundry facilities. If not available, wash items in a standard washing machine with hot water (70°C) with detergent and completely dry in a commercial dryer.