



INFORMATIONAL LETTER

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To:	Executive Directors of Voluntary Provider Agencies Developmental Disabilities Regional Office Directors Developmental Disabilities State Operations Offices Directors Care Managers and Care Coordination Organizations (CCO) CEOs
Issuing OPWDD Office:	Division of Statewide Services
Date:	July 28, 2022
Subject:	Overview of Monkeypox
Suggested Distribution:	Providers Clinical Staff Quality Improvement Staff Care Coordination Organization (CCO) and Supervisors
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Attachments:	None

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention

Purpose: To provide background information on the newest public health concern, Monkeypox, and important links to additional information and resources on this topic. The information found within this informational letter is current as of the date of this document. Additional information on monkeypox can be found within the links located within the “Resources” section of this document.

Background: Monkeypox is a contagious disease caused by the monkeypox virus. Monkeypox virus is part of the same family of viruses as smallpox. As this is a disease that has rarely been seen in the US, this document will provide some important information on symptoms, spread, prevention, treatment, and vaccination.

Symptoms

After exposure and/or contact with the monkeypox virus, it can take 5-21 days for the first symptoms to appear. In many cases, it takes 7-14 days. Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is rarely fatal. Monkeypox is not related to chickenpox.

Symptoms can include:

- Fever
- Headache
- Muscle aches and backache
- Flu-like symptoms
- Swollen lymph nodes
- Chills
- Exhaustion
- A rash that can look like pimples or blisters that appear on the face, inside the mouth and on other parts of the body, such as the hands, feet, chest, genitals, or anus.
- The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks.

Sometimes, people get a rash first, followed by other symptoms, and others only experience a rash.

How it Spreads

Monkeypox spreads in different ways. Monkeypox can spread from the time symptoms start, until the rash has fully healed, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks. People who do not have monkeypox symptoms cannot spread the disease to others. The virus can spread from person-to-person through:

- Direct contact with the infectious rash, scabs, or body fluids.
- Respiratory secretions during prolonged face-to-face contact, or during intimate physical contact such as kissing, cuddling or sex.

- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids.
- Pregnant women can spread the virus to their fetus, through the placenta.
- It is also possible to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal. There is still much to be learned about which animals can be infected with monkeypox. It is unknown if household pets, such as dogs, cats, hamsters or gerbils can be infected with monkeypox, however, they can be infected with other orthopoxviruses, which is what the monkeypox virus is. It is known that there is a possibility that adult domestic rabbits can be infected with monkeypox.

Those with symptoms must be isolated for the entire infectious period, which is from the onset of symptoms (which may be the flu-like symptoms before the rash occurs) until the rash has **fully** healed and a fresh layer of skin has formed. This can be for 2-4 weeks.

It is important to note that with the current outbreak, cases are primarily among men who have sex with men. Studies have shown that infection has occurred in people in these groups who are taking part in frequent sexual activities, or who have been in attendance at social/sexual venues.

Prevention

- Avoid contact with animals that could harbor the virus (including animals that are sick or have been found dead in areas where monkeypox occurs).
- Avoid contact with any materials, such as bedding, that has been in contact with a sick animal.
- Bedding used by people diagnosed with monkeypox should be gently and promptly contained in a laundry bag separate from that of other people and should never be shaken or handled in a manner that may disperse infectious materials.
- Isolate infected people from others who could be at risk for infection. People with monkeypox can be isolated together in the same room or may be temporarily cohorted as able.
- Practice good hand hygiene after contact with infected animals or humans. For example, washing your hands with soap and water or using an alcohol-based hand sanitizer.
- Use personal protective equipment (PPE) when caring for a person diagnosed with monkeypox. This would include the use of gowns, gloves, a face shield and an N95 respirator.
- It is recommended that an N95 respirator be used when in close contact or when performing an aerosol generating procedure with a person diagnosed with monkeypox.

Transmission of monkeypox to healthcare workers is rare, but possible. Currently, there are no reported cases. However, healthcare workers who may be caring for a person with monkeypox should maintain droplet precautions.

Treatment / Vaccination

Treatment should be considered when there is:

- Severe disease
- High risk of severe disease in those that are:
 - Immunocompromised
 - Pediatric populations
 - History or presence of atopic dermatitis or other active exfoliative skin conditions (e.g., eczema, impetigo, severe acne)
 - Pregnant or breastfeeding women
- Complications such as:
 - Secondary bacterial skin infections
 - Gastroenteritis with severe nausea/vomiting
 - Bronchopneumonia
- Aberrant infections:
 - Eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)

There is one vaccination that has been approved by the Food and Drug Administration (FDA) for the prevention of monkeypox. It is called JYNNEOS, also known as Imvamune or Imvanex. This is an attenuated live virus. Live vaccines use a weakened (or attenuated) form of the germ that causes a disease. Because these vaccines are so similar to the natural infection that they help to prevent, they create a strong and long-lasting immune response. JYNNEOS is approved for people 18 years and older. Currently, JYNNEOS is available only via the federal National Strategic Stockpile and is being made available by the federal government for the primary purpose of post-exposure prophylaxis (PEP) among those with a possible recent exposure to monkeypox. PEP may be further divided into two strategies:

1. PEP for an exposed contact of a suspected or confirmed monkeypox case, and
2. Broader community distribution for people who are not known to be exposed contacts of a suspected/confirmed case but have behavioral/epidemiological criteria consistent with a possible recent exposure. CDC has called this strategy “PEP++”.

Tecovirimat is an antiviral medication that is FDA approved for *smallpox*. It is not currently FDA approved for monkeypox, however, because they come from the same virus, it is being used as a treatment and can only be administered under Investigational New Drug (IND) protocols. It can be given orally (by mouth) or intravenously.

Resources

Center for Disease Control and Prevention

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

World Health Organization

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>

New York State Department of Health

[NYSDOH Monkeypox page](#)

NYC Department of Health/Mental Health

<https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page>

Program Implications: It is recommended that agencies review and if necessary, update relevant infection control policies to reflect or incorporate information on Monkeypox symptoms, spread, prevention, treatment, and vaccination.