IDPH IOWA Department of PUBLIC HEALTH
Protecting and Improving the Health of Iowans
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Monkeypox in the United States and other non-endemic countries

Background:
The Massachusetts Department of Public Health and the Centers for Disease Control and Prevention (CDC) are investigating a confirmed case of the West African strain of monkeypox in the United States. The patient is currently isolated and does not pose a risk to the public.

Since May 14, 2022, clusters of monkeypox cases, have been reported in several countries that don't normally have monkeypox. Although previous cases outside of Africa have been associated with travel from Nigeria, most of the recent cases do not have direct travel-associated exposure risks. The United Kingdom Health Security Agency (UKHSA) was the first to announce on May 7, 2022, identification of a recent U.K. case that occurred in a traveler returning from Nigeria. On May 14, 2022, UKHSA announced an unrelated cluster of monkeypox cases in two people living in the same household who have no history of recent travel. On May 16, 2022, UKHSA announced a third temporally clustered group of cases involving four people who self-identify as gay, bisexual, or men who have sex with men (MSM), none of whom have links to the three previously diagnosed patients. Some evidence suggests that cases among MSM may be epidemiologically linked; the patients in this cluster were identified at sexual health clinics.

Symptoms:
Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. Historically, the rash has been preceded by a prodrome including fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred; some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of subjective fever and other prodromal symptoms. For this reason, cases may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster). The average incubation period for symptom onset is 5–13 days.

The typical monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs on specific anatomic sites with lesions in each stage of development for at least 1–2 days. The scabs eventually fall off[1]. Lesions can occur on the palms and soles, and when generalized, the rash is very similar to that of smallpox including a centrifugal distribution. Monkeypox can occur concurrently with other rash illnesses, including varicella-zoster virus and herpes simplex virus infections. Case fatality for monkeypox is reported to range between 1 and 11%. Confirmatory laboratory diagnostic testing for monkeypox is performed using real-time polymerase chain reaction assay on lesion-derived specimens.

Transmission:
A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Indirect contact with lesion material through fomites has also been documented.

Recommendations:

Health care providers:

- If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to a country where monkeypox has been reported, monkeypox should be considered as a possible diagnosis.
- The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs.
- Presenting symptoms typically include fever, chills, the distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported.
- The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster).
- A high index of suspicion for monkeypox is warranted when evaluating people with the characteristic rash, particularly for the following groups:
    - men who report sexual contact with other men and who present with lesions in the genital/perianal area,
    - people reporting a significant travel history in the month before illness onset or
    - people reporting contact with people who have a similar rash or have received a diagnosis of suspected or confirmed monkeypox.
- Clinicians suspecting monkeypox infection should immediately contact IDPH
    - During business hours call: (800) 362-2736
    - After hours call: (515) 323-4360 (the Iowa State Patrol will contact the epidemiologist on call
    - When reports are received, IDPH will notify the State Hygienic Laboratory who will coordinate testing with the reporting facility.

Hospitals, clinics and other facilities: Please forward to infection preventionists, internists, infectious disease doctors, emergency department staff and all other health care providers.

Local Public Health Departments:

- Please forward to hospitals, clinics, urgent care centers, emergency departments, and clinics in your jurisdiction.
- If IDPH receives any reports from your jurisdiction, your department will be notified immediately.

For more information visit

https://emergency.cdc.gov/han/2022/han00466.asp

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