

Health Advisory: Monkeypox Testing and Treatment

Minnesota Department of Health, Wed, Oct 13 13:00 CDT 2022

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please forward to infection prevention, infectious disease, primary care, internal medicine, emergency medicine, urgent care, sexual health, HIV prevention and care, dermatology, pediatric, ophthalmology, intensive care, and all other health care providers who might see patients with Monkeypox (MPX) or presenting with a rash-like illness.

Health care providers:

- Test patients for MPX who have a clinical presentation consistent with MPX and either a likely exposure to MPX or known risk factors for exposure to MPX.
- Consider post exposure vaccination for individuals who have had close contact with someone with MPX. Contact MDH for assistance in obtaining vaccine.
- Consider early treatment with tecovirimat (TPOXX) antiviral therapy for those with suspected or confirmed monkeypox who have lesions at anatomically concerning sites (e.g. eyes, genitals, anus), or who are at high risk of severe disease or complications, including those with HIV or who are otherwise immunocompromised.
- Counsel patients who are suspected to have MPX to avoid touching their eyes.
- Don't test for MPX if there's no plausible risk of exposure and clinical features are not suggestive of MPX.
- Report high suspect cases of MPX to MDH at 651-201-5414 or 1-877-676-5414, even when using a commercial laboratory for testing.

Situation Update

As of October 11, 2022, there have been 221 confirmed cases of MPX reported in Minnesota. Visit [Monkeypox \(MPX\) Case Data \(https://www.health.state.mn.us/diseases/monkeypox/stats/index.html\)](https://www.health.state.mn.us/diseases/monkeypox/stats/index.html) for more information. The MPX outbreak in Minnesota and across the U.S. remains concentrated among adults who identify as men, and transmission has primarily occurred during sexual and intimate contact with other men.

Testing

Testing for MPX is widely available in Minnesota through the MDH Public Health Laboratory and commercial reference laboratories. Heightened awareness of the disease and increased availability of testing has led to an increase in testing; however, providers should be judicious about considering MPX testing in patients without a plausible risk of exposure and for whom there is low clinical suspicion for MPX. False positive test results have occurred in individuals at low risk of MPX or with clinical presentations inconsistent with MPX both in Minnesota and elsewhere in the U.S. ([CDC MMWR: Orthopoxvirus Testing Challenges for Persons in Populations at Low Risk or Without Known Epidemiologic Link to Monkeypox \(https://www.cdc.gov/mmwr/volumes/71/wr/mm7136e1.htm\)](https://www.cdc.gov/mmwr/volumes/71/wr/mm7136e1.htm)).

Severe Complications and Treatment

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Severe complications have been identified among patients with MPX in the U.S. particularly among those who are immunocompromised. These severe manifestations include deep, necrotic, coalescing, and extensive lesions, secondary infections, severe pain, strictures, involvement of multiple organs, including the eye and central nervous system, and death. See the [CDC HAN: Severe Manifestations of Monkeypox among People who are Immunocompromised Due to HIV or Other Conditions \(https://emergency.cdc.gov/han/2022/han00475.asp\)](https://emergency.cdc.gov/han/2022/han00475.asp).

MPX treatment considerations include:

- Patients should be considered for treatment with TPOXX if they have lesions in anatomical areas at special risk of scarring or stricture, severe disease, or are at high risk for severe disease (including patients who are immunosuppressed, pregnant or breastfeeding, under aged 8 years, or with conditions affecting skin integrity such as eczema/atopic dermatitis). For TPOXX indications, see [CDC Monkeypox Treatment Information for Healthcare Professionals \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html) and [CDC Monkeypox Guidance for Tecovirimat Use \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html).
- It is important to consider TPOXX early in the disease course when indicated (e.g., in those who are at high risk of complications or severe disease) as earlier treatment may lead to an improved response.
- If there is a high likelihood of MPX given risk factors and clinical presentation, and TPOXX is indicated, TPOXX may be initiated while MPX test results are pending.
- For patients with severe or persistent MPX, including those who are immunosuppressed, additional therapeutics may be indicated. It is important to consult with infectious diseases and MDH (Contact 651-201-5414) for guidance about appropriate treatment and consider consultation with the CDC Monkeypox Response Clinical Escalations Team (eocevent482@cdc.gov or (770) 488-7100).
- All patients with MPX should be followed in case the clinical course becomes more severe.
- **Ocular MPX:** It is important to counsel patients suspected of having MPX not to touch their eyes. When there are lesions in or around the eye, it is important to involve ophthalmology and infectious disease consultants, as MPX can result in visual loss and additional therapy may be needed (e.g., both systemic and topical therapy). See [CDC Interim Clinical Considerations for Management of Ocular MPX Virus Infection \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/ocular-infection.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/ocular-infection.html).
- **Pain:** MPX can be extremely painful. See the [CDC Clinical Considerations for Pain Management of Monkeypox \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/pain-management.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/pain-management.html).
- **Co-infections:** A high proportion of patients with MPX have had HIV infection or other sexually transmitted infections (STIs). Those with poorly controlled HIV, including those who may not know they have HIV or are out of care, are at risk for fulminant manifestations of MPX. All sexually active patients with suspected or confirmed MPX should be tested for HIV (unless their status is known), as well as other STIs, including syphilis.
- **Prevention:** All patients with MPX or suspected MPX should be advised about [Preventing Spread to Others \(https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html\)](https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html).

Pediatric Populations: Low Risk

As described by the [American Academy of Pediatrics Monkeypox \(https://www.aap.org/en/patient-care/monkeypox\)](https://www.aap.org/en/patient-care/monkeypox), the risk of children getting MPX is low. While pediatric cases have been confirmed in the U.S., they are rare and in young children have often occurred secondary to household exposure. No pediatric cases have been confirmed in Minnesota.

The AAP recommends testing patients with suspicious lesions if there is a history of close, personal contact with someone who has MPX. This may include living with someone who has MPX or, among adolescents who are sexually active, have had intimate or sexual contact with someone who has MPX. For pediatric-aged patients with a consistent clinical picture and known exposure, or positive MPX test, in whom TPOXX may be indicated, please email health.tpoxx@state.mn.us, as it is important to discuss use of TPOXX in pediatric-age patients with MDH.

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Rashes are common among children and are caused by a variety of infectious and non-infectious conditions, including chickenpox, herpes simplex virus infections, hand, foot, and mouth disease caused by enteroviruses, molluscum contagiosum, allergic reactions, acne, and insect or arthropod bites. While it is important to consider MPX in any person with compatible symptoms, it is also important to consider exposure history and alternative diagnoses. If a provider decides to test for MPX, a plausible risk for exposure should be identified, unless the child or adolescent has one or more lesions that are characteristic of MPX. The decision to test can have a broad impact on the child and their family, friends, and community, and should be reserved for situations where there is a known or potential exposure, or clinical presentation consistent with MPX. The testing process can result in missed school, work, or other activities. It can also be stigmatizing and affect the individual's mental health. False positive test results can lead to unnecessary public health and medical intervention including testing, treatment, and vaccination.

For More Information

- [MDH Monkeypox \(MPX\) Information for Health Professionals \(https://www.health.state.mn.us/diseases/monkeypox/hcp.html\)](https://www.health.state.mn.us/diseases/monkeypox/hcp.html)
- [MDH Monkeypox \(MPX\) Testing and Specimen Submission \(https://www.health.state.mn.us/diseases/monkeypox/hcp.html#test\)](https://www.health.state.mn.us/diseases/monkeypox/hcp.html#test)
- [CDC Monkeypox Signs and Symptoms \(https://www.cdc.gov/poxvirus/monkeypox/index.html\)](https://www.cdc.gov/poxvirus/monkeypox/index.html)
- [CDC Monkeypox Clinical Recognition \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html)
- [CDC Guidance for Tecovirimat Use - Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Outbreak \(https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html\)](https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html)

A copy of this HAN is available at: [MDH Health Alert Network \(http://www.health.state.mn.us/han\)](http://www.health.state.mn.us/han)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.