Department of Public Health
CITY OF PHILADELPHIA

Philadelphia Department of Public Health
Division of Disease Control

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Monkeypox Virus Infection in the United States and Other Non-Endemic Countries

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Recently, clusters of monkeypox cases have been reported in several countries that do not normally have monkeypox. Clinicians in the United States should maintain vigilance for the characteristic rash associated with monkeypox, which is like smallpox and progresses through sequential stages (macules, papules, vesicles, pustules, and scabs) every 1–2 days. Lesions may be disseminated following flu-like prodromal symptoms or modified with localized lesions on the genital or perianal area alone and no prodromal symptoms. Some patients may present with proctitis. Consider monkeypox in any patient with a consistent rash but not limited to persons who:

- Traveled to countries with recently confirmed cases of monkeypox.
- Report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or suspected monkeypox.
- Is a man who regularly has close or intimate in-person contact with other men, including those met through an online website, digital application ("app"), or at a bar, party, or special event.

SUMMARY POINTS

- Clinicians should maintain vigilance for patients with suspected monkeypox given clusters in non-endemic countries.
- Clinicians in Philadelphia who identify a patient with a suspected monkeypox rash should immediately contact PDPH at 215-685-6741 (business hours) or 215-686-4514 (after hours) for testing coordination and additional consultation.

A person with monkeypox is considered infectious from the onset of symptoms until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed. Person-to-person transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material. Indirect contact with lesion material through fomites has also been documented. The incubation period ranges from 5–21 days.

Clinical Recognition, Management, and Reporting: Clinicians in Philadelphia who identify a patient with a rash consistent with monkeypox should:

- Place the patient in an Airborne Infection Isolation Room (AIIR) or private examination room if an AIIR is not available as soon as possible. Doors on the room used should remain closed. CDC is currently reviewing infection prevention and control guidance for monkeypox and will provide updates.
- Provide the patient with a surgical mask to wear and a sheet or gown to cover lesions on exposed skin.
- Have staff providing care for the patient use the following optimal personal protective equipment: fit-tested N95 respirator, disposable gown and gloves, and eye protection.
- Maintain documentation of staff who have had contact with the patient.
- Immediately notify the Philadelphia Department of Public Health (PDPH) for orthopoxvirus testing coordination and additional consultation by calling 215-685-6741 (business hours) or 215-686-4514 (after hours).
- Collect multiple lesion specimens for preliminary and confirmatory testing in consultation with PDPH.
  - Vigorously swab or brush the base of an open lesion with two separate sterile dry polyester or Dacron swabs.
  - Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
- Pursue testing for rash illnesses that are more commonly encountered in clinical practice including sexually transmitted infections (e.g., secondary syphilis, herpes, chancroid, and varicella zoster).
- Advise patients under investigation for monkeypox who are not hospitalized and are awaiting testing results to isolate at home until PDPH provides further guidance.

Resources

- CDC Monkeypox Information for Clinicians
- CDC Webinar - What Clinicians Need to Know about Monkeypox in the U.S. and Multiple Countries - Recorded webinar available.

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