

Health Update

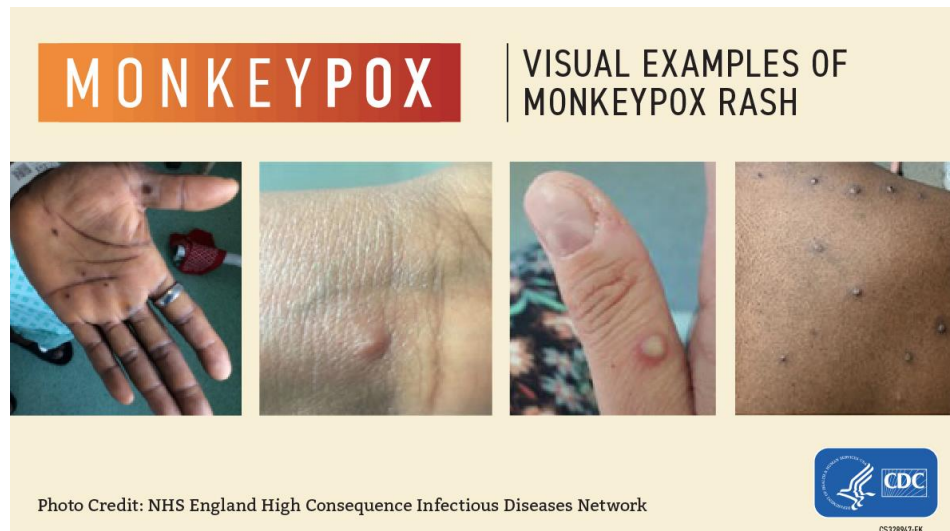
Update on Clinical Presentation and Epidemiology of Monkeypox in Philadelphia July 8, 2022

SUMMARY POINTS

- Monkeypox is presenting atypically in the current outbreak, often without a prodrome.
- Proctitis is a common presentation.
- Have high suspicion for monkeypox in individuals who present with rash and with epidemiologic risk factors.

Monkeypox cases are increasing throughout the United States. As of July 7th, 2022, there are 700 confirmed and probable monkeypox cases in the United States, with 12 cases in Philadelphia. Most cases in Philadelphia have been diagnosed within the past 2 weeks. According to CDC, the median age is 36 years and the vast majority of the cases have been diagnosed in men who have sex with men. Case trends in Philadelphia mirror national findings.

Clinical presentation in the current outbreak has been atypical and often there is no prodrome. All patients have been found to have a skin rash on physical examination, however the rash is often not scattered and is instead limited to one body site. Lesions are typically firm, deep seated and often umbilicated. Photographs of the rash can be seen [here](#). Rather than rash, the presenting complaint in some individuals has been anorectal pain or tenesmus. In those cases, physical exam has yielded visible lesions or proctitis. Lymphadenopathy has been described as classically occurring during monkeypox infection, however during the current outbreak lymphadenopathy is not universal. Co-infections with sexually transmitted infections, including syphilis, herpes, gonorrhea, and chlamydia have been described.



Key epidemiologic risk factors have included:

- Contact with a person or people with a similar appearing rash or a diagnosis of monkeypox
- Close or intimate in-person contact with people in a social network experiencing monkeypox activity (e.g., men who have sex with men and transgender persons who have sex with men who meet partners through an online website, digital app, or social event)

Management of Suspected Cases:

- Place the patient in a private examination room as soon as possible. Doors should remain closed.
- Provide the patient with a surgical mask to wear and a sheet or gown to cover lesions on exposed skin.
- Personnel who collect specimens should use personal protective equipment, including gown, gloves, respirator (N95 or equivalent), and eye protection.
- Maintain documentation of staff who have contact with the patient.
- Commercial laboratories have started to offer testing. Testing is now available directly through LabCorp and will soon be available through several other labs. LabCorp will accept swabs but cannot accept scabs for testing. Testing must be done in the provider's clinical space and cannot be collected at LabCorp locations. Further information on LabCorp's test and directions for collecting specimens can be found at www.labcorp.com/monkeypox. Billing and reimbursement for commercial tests has not yet been determined.
- In addition to commercial testing, specimens can still be sent through the Laboratory Research Network (LRN). If testing through the LRN is preferred, immediately notify the Philadelphia Department of Public Health (PDPH) for additional consultation and orthopoxvirus Polymerase Chain Reaction (PCR) testing coordination at the Pennsylvania Department of Health Bureau of Laboratories (PADOH BOL) by calling 215-685-6741 (business hours) or 215-686-4514 (after hours).
- Select 2-4 different lesions to swab for PCR testing. Early lesions may have higher viral loads than older lesions. Discuss collection of scabs with PDPH if no newer lesions are present.
- For LRN testing: collect two synthetic swabs from each lesion and send each swab in separate dry transport tubes. If testing of the initial swab is orthopoxvirus PCR at PADOH BOL, the second swab will be sent to CDC for monkeypox-specific PCR testing.
- Swab the lesion vigorously with each swab. It is not necessary to de-roof the lesion. Lesion fluid or material may not be visible even though the specimen is adequate.
- Clearly label each tube with the lesion location and swab number (1 or 2) along with patient name, date of birth, specimen collection date and specimen type. If lesions are localized to one area of the body, please also number the lesion area (e.g., genital lesion 1 – swab 1, genital lesion 1 – swab 2, genital lesion 2 – swab 1, genital lesion 2 – swab 2).
- Specimens should be refrigerated before transport and transported to PADOH BOL on ice.
- Include a completed [PADOH BOL Specimen Collection Form](#) with the specimens if using the LRN.
- Consider testing for alternate etiologies including STIs, viral and bacterial infections.
- Advise patients under investigation for monkeypox who are not hospitalized and are awaiting results to isolate at home until PDPH provides further guidance.

Resources:

The CDC recently conducted a [Clinician Outreach and Communication Activity](#) (COCA call) that provided updated information on the clinical diagnosis and treatment of monkeypox. Clinicians are highly encouraged to watch the recording for further information regarding recognition and testing of monkeypox including clinical case studies and photos from the current outbreak.