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# **Health Update**

Monkeypox Updates: Testing, Treatment and Vaccine Updates 11/4/2022

#### Vaccine Eligibility

Any patient who feels that they are at risk for coming into contact with Monkeypox can now be vaccinated. They do not need to meet any further eligibility criteria. Outreach should continue to those who are most at risk, including gay, bisexual, transgender, other men who have sex with men, or non-binary persons who meet the following criteria:

- Have had multiple or anonymous sex partners in the past 14 days.
- Have had any newly diagnosed STI in the past 12 months, including gonorrhea, chlamydia, early syphilis, or HIV.

## SUMMARY POINTS

- Anyone who feels they are at risk for acquiring monkeypox is now eligible for vaccination
- Do not use sharps to unroof, open or aspirate possible monkeypox lesions
- Consider prolonged courses of TPOXX in individuals with severe disease and in those who are highly immunocompromised.
- Have recently attended or plan to attend any venue where anonymous sex or sex with multiple partners will occur (e.g. saunas, bathhouse, sex clubs, sex parties).
- Have met recent partners or plan to meet new partners through social media platforms (such as Grindr, Tinder or Scruff), or at clubs, raves, sex parties, saunas).

In addition, anyone with known close contact (skin-to-skin) with someone with monkeypox in the past 14 days should be vaccinated immediately.

### <u>Testing</u>

Healthcare workers using appropriate personal protective equipment (gown, gloves, N95 or surgical mask, and eye protection) should collect lesion specimens with sterile non-cotton swabs. Swabs sent to commercial labs should be sent in viral transport media. It is not necessary or recommended to unroof, open or aspirate monkeypox lesions with sharps to increase sample yield. Healthcare workers have acquired monkeypox after needle sticks from sharps used in specimen collection. For additional information on specimen collection and testing, see: <a href="https://hip.phila.gov/document/2918/Monkey\_Pox\_Testing\_Process\_3\_labs\_final.pdf">https://hip.phila.gov/document/2918/Monkey\_Pox\_Testing\_Process\_3\_labs\_final.pdf</a>.

### **Treatment**

Tecovirimat should be considered for pregnant and people who are breastfeeding or chestfeeding people as well as those with or at risk of severe disease, with involvement of anatomic areas that might result in serious sequalae, pediatric populations younger than 8 years of age and people with a condition affecting skin integrity. Black and African American individuals who have contracted monkeypox are less likely to receive TPOXX compared with patients who are White (33% vs. 46%). Be sure to evaluate all patients to determine eligibility for TPOXX.

Providers should inform patients about the <u>Study of Tecovirimat for Human Monkeypox Virus (STOMP)</u> for their voluntary participation. University of Pennsylvania is a site locally. Reach out to Bill Short, MD at 267-971-



3275 for more information about referring a patient. If enrollment in STOMP is not feasible for a patient, tecovirimat can be used under CDC's <u>expanded access protocol (EA-IND)</u>.

According to the recently updated EA-IND "Tecovirimat treatment beyond the standard 14-day course may be considered at short increments of extension (e.g., 7 to 10-day or 14-day course) at a time while monitoring for clinical improvement or lack of response and adverse events to reassess continuing or stopping tecovirimat treatment accordingly." In severe cases or in those who are highly immunocompromised consider prolonged courses of treatment. CDC consults are available for clinical teams treating patients with severe disease. Call the Division of Disease Control (DDC) at 215-685-6741 (business hours) or 215-686-4514 (after hours, ask for DDC on-call staff).

Resources:

https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html https://www.cdc.gov/mmwr/volumes/71/wr/mm7142e2.htm?s\_cid=mm7142e2\_w https://www.cdc.gov/mmwr/volumes/71/wr/mm7144e1.htm?s\_cid=mm7144e1\_w