Health Advisory

Monkeypox Cases in San Francisco

June 14, 2022

Update to the prior advisory dated 5/23/2022

Situational Update

As of June 14, 2022, working closely with CDPH and local clinicians, SFDPH has identified five probable cases of Monkeypox in San Francisco residents, based on detection of *Orthopoxvirus* DNA in lesion samples and compatible clinical and epidemiologic criteria. Probable cases are highly likely to be reclassified as confirmed cases once Monkeypox virus-specific testing is completed at CDC. All five persons are experiencing relatively mild clinical illness and are completing home isolation. Several other suspect cases are currently under investigation. While international travel to areas with endemic Monkeypox is still a risk factor, epidemiologic investigation suggests that community transmission of the virus is occurring via social and sexual networks in Europe and the United States, including in the San Francisco Bay Area.

For both probable and suspect cases, tracing and monitoring of close contacts is being performed by SFDPH, and contacts determined to be eligible for post-exposure prophylaxis (PEP) are receiving the Monkeypox vaccine (brand name JYNNEOS) on a referral basis. JYNNEOS is held at the US strategic national stockpile (SNS) and supplied to county health departments by the California Department of Public Health (CDPH).

While initially extremely limited, the supply of this vaccine is gradually increasing and SFDPH is presently able to administer PEP to eligible close contacts as part of a ring vaccination approach, for persons referred from SFDPH contact tracing.

As vaccine supply becomes more robust, and based on state and federal guidance, SFDPH will seek to reduce barriers to receiving PEP and to institute pre-exposure vaccination aimed at preventing Monkeypox in members of the public determined to be at highest risk for exposure to Monkeypox.

Efforts are underway ensure that antiviral treatment with Tecovirimat (brand name TPOXX) will be available to eligible patients in San Francisco. At this time, Tecovirimat must be obtained through the public health system and may be administered for Monkeypox only under an expanded access investigational protocol (EA-IND).

Synopsis: Monkeypox Transmission and Disease

Cases in the U.S. and in San Francisco have so far occurred primarily in gay, bisexual, or other men who have sex with men, including trans persons. This is believed to be related to transmission via close and/or intimate contacts within sexual and social networks.

Transmission occurs primarily by means of direct contact with infectious lesions, scabs, or body fluids including saliva, but may also occur via contact with fomites (infected items such as clothing, linens, towels, or bandages) or by respiratory secretions in the context of prolonged face-to-face contact. The incubation period is 7-14 days (range 4-21 days) after exposure.

The characteristic rash of Monkeypox is often but not always preceded by a prodrome that can include fever, malaise, headache, and myalgia, and an enanthem with lesions on the tongue and mouth. The rash typically follows a progression over several days from macules to papules to vesicles to pustules, which then scab over. At the pustule stage, the lesions are painful, firm, well circumscribed, and deep seated, with central umbilication. Distribution of the Monkeypox rash is typically centrifugal (lesions initially concentrated on face and extremities). However, cases may experience rash development primarily in the genital or perianal regions.

Recognizing potential Monkeypox infection in patients and differentiating it from more common rash illnesses such as herpes simplex, varicella or herpes zoster, secondary syphilis, molluscum contagiosum, or bacterial pustulosis or furunculosis, is critical to enable contact tracing within the window of effective Monkeypox PEP and to ensure appropriate treatment.

The following are brief, helpful reviews on clinical presentation and differential diagnosis:

Lancet article | CDC page | COCA Webinar | MMWR article

Actions Requested of SF Clinicians

1. **Check our Monkeypox webpage for SF Healthcare Providers** regularly for local updates and guidance: www.sfcdcp.org/monkeypoxHCP

2. **Immediately report** any San Francisco resident with suspected Monkeypox disease 24/7 to the SFDPH Communicable Disease Control Unit (CDCU) at (415) 554-2830. After hours, follow instructions to page the on-call MD. Do not wait to report until the diagnosis is confirmed by testing.

3. **Review and utilize** our document for SF clinicians: *Provider Guidance for Initial Evaluation of Suspected Monkeypox,* located at www.sfcdcp.org/monkeypoxHCP. This document will be updated as information changes, and currently addresses:

a. Specimen collection and submission. Please carefully follow the instructions in the *Provider Guidance* document for specimen collection, appropriate specimen containers, and labeling. Note: SFDPH approval is required to submit a sample for *Orthopoxvirus* testing. Approval can be obtained by consulting CDCU at (415) 554-2830.

   Currently, *Orthopoxvirus* testing is conducted only at the CDPH Viral and Rickettsial Disease Lab (VRDL) or at other Laboratory Response Network (LRN) sites in California. Specimens positive for *Orthopoxvirus* will be submitted by CDPH to CDC for confirmatory Monkeypoxvirus testing.

b. Consideration of and testing for alternative, more common diagnoses. Collect specimens as clinically indicated for HSV, VZV, and bacterial etiologies and serum for syphilis serology.

c. Infection control precautions and PPE

d. Recommendations for isolation of patients with suspect Monkeypox

4. **Encourage patients** with suspected monkeypox infection to work with SFDPH Communicable Disease staff to ensure their household contacts, sexual partners, and other close contacts are identified, provided information about Monkeypox exposure and referred for PEP if they are eligible.

5. **Educate** your patient population, as appropriate, regarding measures that reduce risk of acquiring and/or transmitting Monkeypox. CDC has developed 2 excellent resources:

   a. Monkeypox facts for people who are sexually active

   b. Social gatherings, safer sex, and Monkeypox

Additional Resources

WHO Monkeypox Information and Guidance

CDC Monkeypox for Healthcare Professionals

CDPH Monkeypox Pages

To sign up for SFDPH Health Alerts, Advisories and Updates: www.sfcdcp.org/healthalerts