

May 20, 2022

Dear Health Care Provider:

Re: Monkeypox Update

Health authorities globally have confirmed the detection of a number of monkeypox cases starting in early May. The first known case was detected in the United Kingdom in a recent traveller from Nigeria, where monkeypox is endemic. Multiple cases have since been reported in a growing number of countries. In Canada, two cases were confirmed yesterday in Quebec, where approximately 20 other cases are under investigation.

Previous monkeypox clusters in North America were associated with international travel or importing animals from areas where the disease is more common. It has not yet been determined how all people in this current outbreak were exposed to monkeypox. Cases in Canada have presented with painful genital and/or oral lesions, such as ulcers, and self-identified as men who have sex with men.

Transmission

Spread of monkeypox may occur when a person comes into close contact with an infected animal, human, or materials contaminated with the virus. Person-to-person spread is uncommon, but may occur through direct contact with skin lesions or scabs, direct contact with body fluids, through prolonged face to face contact with respiratory droplets, or through indirect contact with lesion material, such as bedding or clothing. The incubation period averages 7 to 14 days, but can range from 5 to 21 days. An individual may be infectious up to 5 days prior to the rash. A person is considered no longer contagious once all lesions have crusted over or fallen off.

For most people, monkeypox infection is a self-limiting disease that lasts up to a month. However, severe illness can occur in some individuals.

Symptoms

Initial symptoms include fever, malaise, headache, backache, chills, weakness, and swollen lymph nodes. Swelling of the lymph nodes may be generalized or localized to several areas.

Shortly after the prodrome, a rash appears. Lesions typically begin to develop simultaneously and evolve together on any given part of the body and are often seen on the face, the palms of the hands, and the soles of the feet. Although this virus is not known to be a sexually transmitted infection, sexual exposure (close contact) is a risk factor, and the lesions may start and be localized to the sites of contact (e.g. genital or oral lesions). The evolution of lesions progresses through four stages—macular, papular, vesicular, to pustular—before scabbing over

and resolving, over a period of 2-3 weeks. Lesions may be seen in different stages at the same time.

The severity of illness can depend upon the initial health of the individual, the route of exposure, and the strain of the infecting virus (West African vs. Central African virus genetic groups, or clades). West African monkeypox is associated with milder disease, fewer deaths, and limited human-to-human transmission, and is the strain identified in the current outbreak.

Clinical diagnosis of monkeypox can be difficult, and it is often confused with other infections such as syphilis, herpes simplex virus (HSV) infection, chancroid, varicella zoster and other common infections.

Clinicians are advised to be vigilant, and consider monkeypox in their differential diagnosis if the individual reports travel and possible exposure to other cases including through sexual contact.

If monkeypox is suspected:

- **Use droplet, contact and airborne precautions** when in contact with the patient (i.e.: N95 respirator, protective eye wear, disposable gown, and gloves). Perform hand hygiene with donning and doffing of personal protective equipment. For more information, see *Appendix IX – Elements That Comprise Airborne and Contact Precautions in the Routine Practices and Additional Precautions* document (<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>)
- Routine laboratory testing should be performed to rule out other more common diagnoses. Consult infectious diseases for further advice on laboratory testing, diagnosis, and treatment. Specimens are sent to the National Microbiology Laboratory for monkeypox testing. Following consultation with infectious disease, if monkeypox is considered, send the following specimens to Cadham Provincial Lab for monkeypox PCR, and notify CPL in advance of submitting specimens.
 - Dry swab of the lesion fluid. Place the swab in a sterile 1.5-5.0 mL tube. Transport media is not required.
 - Scab or crust material. Place in a sterile 1.5-5.0 mL tube. Transport media is not required.
 - Nasopharyngeal swab in universal transport media.
 - Depending on the clinical presentation, other specimens may be recommended by infectious diseases.
- All positive laboratory results for an orthopoxvirus should be reported by the laboratory to the Manitoba Surveillance Unit by confidential fax 204-948-3044.
- If cases or contacts are identified in Manitoba, follow-up will be provided by public health. Contacts of cases, including household contacts or those who had sexual contact with the case, will be monitored for 21 days and asked to notify public health if they develop compatible symptoms. However, if a patient who has been identified as a contact of a monkeypox case presents for care, or reports exposure to a case but has not been contacted by public health, notify public health by completing a clinical notification form found here: https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf. After-hours, the Medical Officer of Health on-call can be reached at 204-788-8666.
- Treatment for monkeypox is mainly supportive. For severe cases, consult infectious diseases for consideration of antivirals.

- Suspect cases should isolate themselves at home, wear a mask and cover their skin lesions. Isolation can be lifted when the lesions resolve (formation of crusts) or if an alternative diagnosis is made.
- Smallpox vaccination after a monkeypox exposure may help prevent the disease or make it less severe. As smallpox vaccine is only available through the national emergency stockpile, further recommendations on the potential use of vaccine are under review.

Public health officials are continuing to monitor the evolving situation and are coordinating with the Public Health Agency of Canada. Additional information will be communicated as required and made available.

Further information on monkeypox is available on the below websites:

<https://www.cdc.gov/poxvirus/monkeypox/index.html> <https://www.who.int/news-room/fact-sheets/detail/monkeypox>

Sincerely,

“Original Signed by”

Brent Roussin, MD, JD, MPH, FRCPC
Manitoba Chief Provincial Public Health Officer

“Original Signed by”

Carol Kurbis, MD CCFP FRCPC
Medical Officer of Health
Communicable Disease Control