Centers for Disease Control and Prevention

Intervention Services for People with or Exposed to Monkeypox

Updated August 11, 2022

Much of the scientific understanding of monkeypox transmission in the US is in progress or development. In the current monkeypox outbreak, the virus is spreading primarily through close personal contact, in particular skin-to-skin contact that occurs during sex. There is still a lot to be learned and Disease Intervention Specialists (DIS) should anticipate there will be ongoing updates that will inform their work. Within health departments, monkeypox efforts may fall to DIS within different programs such as STI/HIV or communicable diseases. This "Monkeypox Update for DIS" is provided as a general overview and not exhaustive. Learn more about Monkeypox.

> This "Monkeypox Update for DIS" is not intended to be considerations for contact tracing and DOES NOT supersede any guidance or processes for DIS from their own health departments.

General Information about Monkeypox

Transmission

In the current outbreak, evidence indicates that monkeypox is spreading mostly through close, personal contact with someone who has monkeypox, primarily skin-to-skin contact that occurs during sex. Current understanding is that monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. How it Spreads | Monkeypox | Poxvirus | CDC

Special Considerations—Transmission of monkeypox in Pregnancy

Monkeypox virus can be transmitted to the fetus during pregnancy or to the newborn by close contact during and after birth. Adverse pregnancy outcomes, including spontaneous pregnancy loss and stillbirth, have been reported in cases of confirmed monkeypox infection during pregnancy. Clinical Considerations for Monkeypox in People Who are Pregnant or Breastfeeding | Monkeypox | Poxvirus | CDC

People Affected

Monkeypox can affect anyone. To date most, but not all, cases in the United States have been diagnosed in gay, bisexual, and other men who have sex with men. Additional cases have been diagnosed among people who are not part of these groups.

Incubation

People usually develop monkeypox symptoms 5–13 days (in as few as 3 days and up to 17 days) after being exposed to the virus. The average onset is 7.6 days.

Symptoms

Monkeypox causes a rash with lesions that might be described as bumps or pustules that can be mistaken for pimples or other conditions with rash such as syphilis, herpes, or warts. The sores may be painful or itchy, and typically go through several stages, including scabs, before healing. Sores may be inside the body, including the mouth, vagina, or anus. Pictures of symptoms are here: Clinical Recognition | Monkeypox | Poxvirus | CDC. These symptoms might be preceded or accompanied by a prodrome characterized by flu-like symptoms (fever, malaise, headache, weakness) or swollen glands. Signs and Symptoms | Monkeypox | Poxvirus | CDC

Symptom Duration

Monkeypox symptoms typically lasts 2–4 weeks and can resolve on their own.

Severity or Complications

The monkeypox virus belongs to the genus *Orthopoxvirus*, which contains a number of species that can infect animals and humans. The most well-known member of the genus is variola virus, the causative agent of smallpox. Thus far in the United States, the viral genetic group or “clade” of monkeypox circulating (West or Central African) rarely causes death. This clade of monkeypox has a case fatality rate of < 1 %, compared to the Congo Basin clade which has a case fatality rate of up to 11%. However, it is important for DIS to understand that there is a spectrum of experiences among people with monkeypox. Many clients have reported intense pain, itching, other debilitation (e.g., inability to walk or go to the bathroom), and scarring. DIS should be prepared to provide referrals for clinical evaluation for people experiencing severe symptoms.

Treatment

While monkeypox symptoms can resolve on their own, treatment for orthopoxviruses is available and can provide relief and decrease disease severity for persons with monkeypox. The treatment is tecovirimat (TPOXX), available as a pill or intravenous (IV) infusion. At this time, TPOXX is available through state and territorial health departments and CDC. Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox | Monkeypox | Poxvirus | CDC Vaccines (see prevention strategies below) may reduce the severity of illness.

Learn more about practical tips for pain management for people with monkeypox.

Testing

Testing for monkeypox is conducted by collecting a clinical specimen from suspect lesions. A case is confirmed by the presence of *Monkeypox virus* DNA by polymerase chain reaction (PCR) testing; next-generation sequencing of a clinical specimen; or isolation of monkeypox in culture from a clinical specimen. Monkeypox case definitions are available here: Case Definitions† for Use in the 2022 Monkeypox Response | Monkeypox | Poxvirus | CDC

Prevention Strategies

People with monkeypox

There are harm reduction strategies for people with monkeypox to prevent transmitting monkeypox to others, including:

- Isolating at home until lesions or rashes are gone and new skin has appeared
- Staying in a separate room or area away from other people or pets. Animal care guidance is accessible at Pets in the Home | Monkeypox | Poxvirus | CDC
- Covering lesions or rashes with clothing, gloves, and/or bandages

Learn more about Preventing Spread to Others.

DIS should familiarize themselves with the detailed information about isolation and prevention practices for persons with monkeypox.

Vaccines

Vaccines for orthopoxviruses include JYNNEOS (2 doses, 4 weeks apart) and ACAM2000 (1 dose). The JYNNEOS vaccine is currently in limited supply. ACAM2000 is not recommended for people with certain health conditions, including people who are immunocompromised, (e.g., people living with HIV). Maximum immune response occurs two weeks after receipt of the 2nd dose of JYNNEOS vaccine and four weeks after receipt of ACAM2000. Frequently Asked Questions | Monkeypox | Poxvirus | CDC provides additional information about vaccines.

People who get vaccinated, especially people that have only received their first dose of a two-dose vaccine series, should continue to take steps to protect themselves from infection.

Infection Prevention Messages for the General Public

- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
- Do not touch the rash or scabs of a person with monkeypox.
- Do not kiss, hug, cuddle or have sex with someone with monkeypox. Detailed strategies for reducing risk during sex are outlined at Safer Sex, Social Gatherings, and Monkeypox | Monkeypox | Poxvirus | CDC
- Do not share eating utensils or cups with a person with monkeypox.
- Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
- Avoid sharing furniture and other porous household items with a person with monkeypox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer. If you touch lesions or clothing, linens, or surfaces that may have had contact with lesions, wash your hands immediately.
- Learn more about proper cleaning and disinfecting of homes and other non-healthcare settings.

Additional Information for DIS Practice

Interview Period or Contact Elicitation Window

Case contacts would include those individuals exposed to the person with monkeypox during the period in which they were symptomatic, including with flu-like symptoms and/or rash.

Interventions for Partners or Contacts

People directly exposed to monkeypox are prioritized for JYNNEOS vaccine as post-exposure prophylaxis (PEP) to prevent or lessen the severity of disease. “Expanded PEP” or “PEP++” may be available to people not known to be directly exposed but may have been in a setting or event where monkeypox exposure occurred or otherwise could benefit from PEP++ based on local trends in epidemiology. PEP and PEP++ access is also variable. DIS can potentially assist with PEP/PEP++ navigation depending on its availability in the jurisdiction. Information on PEP and PEP++ is here: Considerations for Monkeypox Vaccination | CDC

Management of Partners or Contacts

People with monkeypox may want to notify their own contacts to alert them of potential exposure. DIS should coach and provide information on reputable notification tools to people with monkeypox who wish to self-notify their partners or contacts. One free, online site is TellYourPartner.org . Some people with monkeypox may not be able to self-notify or otherwise need or want DIS assistance in confidentially and sensitively notifying partners or contacts and linking them to PEP or other relevant services.

Monkeypox Cases Related to Gatherings or Events

Exposed individuals may include people met online or attendees of events, gatherings, or parties where skin-to-skin or intimate contact occurred. For partners or contacts met online, resources related to Using Technology to Advance Partner Services are here: IPS Toolkit

Experienced DIS may be involved in coordinating notifications through event organizers. This requires preparation and heightened sensitivities. Monkeypox communication for event organizers that can be helpful is available here: Event Organizer Letter Template

Monkeypox Cases within Congregate Settings

Congregate living facilities or other group housing may involve people who are not related residing in close proximity and sharing at least one common room or bathroom. Some examples of congregate settings include dormitories, custody facilities, shelters, and residential treatment facilities. Responding to monkeypox cases and management of contacts within congregate settings requires close coordination between the health department and facility. Congregate Living Settings | Monkeypox | Poxvirus | CDC

Inquiries

People with monkeypox symptoms, exposures, or general inquiries are likely to contact their public STI clinics, health departments, or community-based organizations for information and linkages to vaccines, testing, and other services. DIS responding to inquiries in these settings should be prepared to accurately respond to these inquiries or be able to route them to the appropriate subject matter experts.

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