

Monkeypox FAQs for Local Health Departments

DPH Epidemiology and Emerging Infections Program (EEIP) Contact Information

Business hours: (860) 509-7994

After hours, weekends, holidays: (860) 509-8000 (ask for the on-call epidemiologist)

Email: dph.epi@ct.gov (for routine inquiries that are not time-sensitive only)

Please also see the CDC Clinician Monkeypox FAQ.

What is monkeypox, and why are we hearing about it?

- Cases of monkeypox in the U.S. are very rare. Multiple countries, including the United States, [are currently experiencing cases from a monkeypox outbreak](#). As of June 10, 1356 monkeypox/orthopoxvirus cases were identified worldwide, including 45 US cases.
- Monkeypox is caused by an orthopoxvirus, a virus in the same group as the virus that caused smallpox. Monkeypox usually manifests with a prodrome consisting of fever and other flu-like symptoms followed by a rash/lesions. Monkeypox is usually self-limiting and resolves after 2–4 weeks, but severe cases can occur. The mortality rate for monkeypox is usually 3–6%.
 - The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm, or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. Unlike some other diseases, the lesions usually are in the same stage of development.
 - Presenting symptoms typically include fever, chills, the distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported.

How is monkeypox spread, and who is at risk?

- Monkeypox is not easily spread. The virus can transmit through direct contact and respiratory droplets.
- Anyone can get infected with monkeypox. Many of the cases in the current outbreak are among men who have sex with men (MSM). CDC has developed [educational materials for people who are sexually active](#).
- The CDC has identified these risk factors:
 - Had contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox
 - Had skin-to-skin contact with someone in a social network experiencing monkeypox activity, this includes men who have sex with men who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party)
 - Traveled outside the U.S. to a country with confirmed cases of monkeypox or where monkeypox activity has been ongoing
 - Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, powders)
- CDC has [recommendations for prevention](#) which focus on avoiding unprotected contact with anyone who is infected with monkeypox.
 - The smallpox vaccine is effective against monkeypox, but the duration of protection is not known.

Who should be tested, and how is testing done for monkeypox?

- Clinicians should be alert to patients presenting with a new rash that is clinically compatible with monkeypox or if the patient meets one of the [epidemiologic criteria](#) and there is a high clinical suspicion for monkeypox. The rash associated with monkeypox can be confused with other rashes.
- [Monkeypox testing is done in two stages](#). First, a general orthopoxvirus test is done. If that test is positive, it is followed by a specific monkeypox virus test.

- Only the state public health laboratory can perform a test for orthopoxvirus infection at this time. **Before the test is run, the provider must get approval from DPH EEIP** (phone numbers above). The provider uses dry swabs to swab over multiple lesions. Specimen collection information is available from CDC ([here](#) and [here](#)) and DPH (contact the state public health laboratory or EEIP).
 - If this preliminary test is positive, a swab will be sent to CDC for the second test. In the meantime, the person is treated as a probable monkeypox case.

How will local health departments be notified of monkeypox cases or contacts? What role will the local health department have?

- If a resident **tests positive** for orthopoxvirus at the state lab (the preliminary monkeypox test), the local health department will be called and involved in discussions regarding contact tracing.
 - Patients who are clinically well may isolate at home. CDC has [infection control recommendations](#) to prevent spread to family members.
 - The patient must isolate until their lesions heal and new skin forms, at which time they are no longer infectious. Typically, monkeypox resolves in 2–4 weeks.
 - People with severe disease or who are at risk for severe disease may receive antiviral treatment. Any requests for treatment must come to CDC from DPH.
 - Patients who test positive will be interviewed using a CDC questionnaire which will be made available at that time.
- If a resident is identified as a **contact** of a monkeypox case, including on a flight, the local health department will be notified by DPH.
 - Contacts undergo 21 days of monitoring from their last contact with a case. DPH or the local health department may be the first to reach out to the contact, but the local health department will continue monitoring until the 21-day period is over.
 - Asymptomatic contacts are not required to quarantine and may continue most normal daily activities.
 - Persons with high-risk exposures should not travel by plane or other public transport.
 - Monitoring might take different forms, like calls or texts, and might have different frequencies (e.g., daily, every other day, weekly, etc.) based on how risky the exposure was. These are suggested minimum contact frequencies by risk level:
 - High risk: Daily monitoring
 - Intermediate risk: Every other day monitoring
 - Low/uncertain risk: Weekly monitoring or self-monitoring
 - Recommended script for monitoring calls or texts:
Good morning/afternoon/evening, this is xx from the xx Health Department checking in to see how you are doing. Do you have a fever, chills, sweats, headache, swollen lymph nodes, or a new rash? If you have a thermometer, what is your temperature?
 - If a person under monitoring has any symptoms associated with monkeypox, they should immediately **isolate** and **EEIP should be notified by phone**. Testing might be appropriate.
 - If the person is experiencing a medical emergency, they should go to the emergency room without delay.
 - If feasible, a person with suspected monkeypox symptoms should call ahead before a medical visit.
 - A CTEDSS form to record monitoring is forthcoming.** Until it becomes available, discuss a monitoring strategy with EEIP staff.
 - Persons with high or intermediate risk exposures may receive post-exposure prophylaxis (PEP; vaccination). Contacts should be directed to speak with their healthcare provider on the initial call notifying them of their exposure. Any requests for PEP must come to CDC from DPH.