



Health Alert Network Message 22-24: Update on Monkeypox Virus

Origination Date:
July 6, 2022

Revision Dates (List All Revision Dates):

Update on Monkeypox Virus

The Louisiana Department of Health (LDH) is issuing this health update in order to provide healthcare providers in Louisiana with the most recent information regarding clinical presentations of U.S. Monkeypox cases to date.

Summary

The Louisiana Department of Health (LDH) is reporting the first detected case of monkeypox infection in a Louisiana resident, from LDH Region One, identified by testing at the Louisiana State Public Health Laboratory (LSPHL). In addition, an out-of-state resident visiting Louisiana also tested positive for monkeypox/orthopoxvirus at the LSPHL. No further information will be shared about these cases to protect the patients' privacy. Monkeypox is a potentially serious viral illness that typically involves flu-like symptoms, swelling of the lymph nodes and a rash that includes bumps that are initially filled with fluid before scabbing over. Illness could be confused with a sexually transmitted infection like syphilis or herpes, or with varicella zoster virus (chickenpox). Most infections last two to four weeks.

LDH is working closely with the U.S. Centers for Disease Control and Prevention (CDC) and the patients' healthcare providers to identify and notify individuals in Louisiana who may have been in contact with the patients while they were infectious. Monkeypox virus is most often spread through direct contact with a rash or sores of someone who has the virus. It can also spread through contact with clothing, bedding and other items used by a person with monkeypox, or from respiratory droplets that can be passed through prolonged face-to-face contact.

Since May 2022, 605 monkeypox cases have been identified in 36 states. Globally, more than 7,200 cases have been reported from 54 countries; the case count continues to rise daily. The actual number of cases is likely to be underestimated, in part due to the lack of early clinical recognition of an infection previously seen in only a handful of countries. Information about international cases is available from the [World Health Organization](#) and information about U.S. cases is available from the [CDC](#). It is a reasonable presumption that more undiagnosed human cases of monkeypox exist in Louisiana than have been formally tested and identified to-date.

Clinical presentations of monkeypox cases to date

Descriptions of classic monkeypox disease describe a prodrome including fever, lymphadenopathy, headache, and muscle aches followed by development of a characteristic rash culminating in firm, deep-seated, well-circumscribed and sometimes umbilicated lesions. The rash usually starts on the face or in the oral cavity and

progresses through several synchronized stages on each affected area and concentrates on the face and extremities, including lesions on the palms and soles.

Thus far in the U.S. outbreak, all patients diagnosed with monkeypox in the United States have experienced a rash or enanthem. Although the characteristic firm, deep-seated, well-circumscribed and sometimes umbilicated rash has been observed, the rash has often begun in mucosal areas (e.g., genital, perianal, oral mucosa) and in some patients, the lesions have been scattered or localized to a specific body site rather than diffuse and have not involved the face or extremities. In some instances, patients have presented with symptoms such as anorectal pain, tenesmus, and rectal bleeding which upon physical examination, have been found to be associated with visible perianal vesicular, pustular, or ulcerative skin lesions and proctitis.

The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis. Clinicians should perform a thorough skin and mucosal examination for the characteristic vesiculo-pustular rash of monkeypox; this allows for detection of lesions the patient may not have been previously aware of. The search for lesions consistent with monkeypox should be performed even if lesions consistent with those from more common infections are observed; this is particularly important when evaluating patients who have epidemiologic risk factors for monkeypox. Early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk.

Orthopoxvirus Testing Now Available Commercially

On Wednesday, July 6, Labcorp announced that it will begin testing with the CDC non-variola orthopoxvirus 510K cleared assay, an orthopoxvirus test that can detect monkeypox virus. Labcorp will offer this testing at its largest facility in the U.S. and will be able to accept specimens from anywhere in the United States and Puerto Rico. Labcorp will be able to perform up to 10,000 tests per week. Along with the additional 10,000 tests per week available through CDC's [Laboratory Response Network \(LRN\)](#), this will double national testing capacity. Labcorp will use electronic laboratory reporting (ELR) to report results to jurisdictions as outlined in [CDC reporting guidance](#). Labcorp will expand this testing capability to its other facilities as needed. Four additional commercial laboratory companies will begin testing for monkeypox in the coming weeks. CDC's agreement with these commercial laboratories will last through at least November 2022. [CDC's media statement](#) has more information.

In addition to commercial laboratory testing availability, testing continues to be available through the LSPHL. If testing is requested through the LSPHL, providers should call the IDEpi hotline (800-256-2748) to receive detailed guidance regarding specimen submission and transport to the LSPHL.

Recommendations for Clinicians

- **Louisiana healthcare providers should report all suspected cases of monkeypox to the Louisiana Department of Health's (LDH) Infectious Disease Epidemiology (IDEpi) 24/7 clinician hotline: 800-256-2748.**
- Advise patients with prodromal symptoms (e.g., fever, malaise, headache) and one or more [epidemiologic risk factors](#) for monkeypox to self-isolate. If a rash does not appear within 5 days, the illness is unlikely to be monkeypox and alternative etiologies should be sought.

- Any patient who is suspected to be infected with monkeypox should be counseled to implement appropriate transmission precautions. Case-patients should remain in isolation for the duration of their infectious period (i.e., until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed). Patients who do not require hospitalization but remain potentially infectious to others should isolate at home. This includes abstaining from contact with other persons and pets, and wearing appropriate personal protective equipment (e.g., clothing to cover lesions, face mask) to prevent further transmission

For More Information

- [Information for Healthcare Professionals](#)
- [Clinical Recognition of Monkeypox](#)
- [Monitoring Persons Who Have Been Exposed](#)
- [U.S. Monkeypox 2022: Situation Summary](#)
- [Monkeypox facts for people who are sexually active](#)