

June 21, 2022

Updated Monkeypox Case Counts

The Centers for Disease Control and Prevention (CDC) is tracking numerous [cases of monkeypox](#) that have been reported in countries where monkeypox is not endemic. As of June 17, 2022, there have been 113 confirmed cases of orthopox/monkeypox virus identified across the United States. Two probable cases of monkeypox have been identified in Indiana.

Updated Protocol for Monkeypox Testing Authorization

Clinicians requesting testing for monkeypox must first complete the Indiana Department of Health (IDOH) Monkeypox Specimen Authorization Request form available at

<https://redcap.isdh.in.gov/surveys/?s=WY7JDWTMC7>.

Once approved, specimens should be submitted via [LimsNet](#), an online system that will make results available as PDF files the minute they are released at IDOH Laboratories. Specimens should be submitted through the Biothreat submission page in LimsNet. To get a free LimsNet account established at your facility for electronic submission and results reporting, call the help desk at (317) 921-5506 or email LimsAppSupport@isdh.in.gov.

Monkeypox Specimen Collection

Personnel who collect specimens for monkeypox testing should use personal protective equipment (PPE) in accordance with CDC's [recommendations for healthcare settings](#).

Providers should collect swabs from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances. **Separate swabs must be used for each lesion, and two swabs must be submitted for each lesion sampled (one for preliminary and one for confirmatory testing). No more than two lesion sites (four swabs total) may be submitted for each patient.** Specimens must be clearly labeled with the specimen site, in addition to other patient specimen ID requirements.

Dry synthetic swabs must be used for collection and placed into 1.5- or 2-mL sterile, screw-capped tubes with O-ring or 15-mL sterile, screw-capped tubes. Specimens must be stored at refrigerated temperatures within one hour after specimen collection. Specimens may be frozen (-20°C or lower) if longer storage is required.

Specimen Submission

Once collected, specimens should be shipped using Category B shipping materials. Specimens should be placed in a Styrofoam container with sufficient cold packs to maintain refrigerated temperatures during transport. Specimens should be shipped on dry ice if frozen or if transit time will be longer than 24 hours. Specimens must be shipped to arrive at the IDOH Laboratories between 8:15 a.m. and 4:45 p.m. Monday – Friday. **Do not ship a specimen that will be transported over multiple days or the weekend (e.g., shipping on Friday for Monday delivery).**

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About Monkeypox

After an exposure to monkeypox, there is an incubation period which lasts on average 7-14 days but can range from 5-21 days. Individuals will often experience an onset of initial symptoms (e.g., fever, malaise, headache, lymphadenopathy, etc.), which mark the beginning of the prodromal period.

Shortly after the prodrome, usually within 1-3 days but sometimes longer, a rash develops. The rash often begins on the face, then spreads to other parts of the body. Lesions typically begin to develop simultaneously and evolve together on any given part of the body, but there have been reports of

rashes developing asynchronously. The evolution of lesions progresses through four stages—macular, papular, vesicular, to pustular—before scabbing over and resolving. Lesions are well circumscribed, deep seated, and often develop umbilication (resembles a dot on the top of the lesion). An individual is contagious until all the scabs have fallen off, which can last anywhere from 2 to 4 weeks after rash onset. Anyone with a rash that looks like monkeypox should talk to their healthcare provider, even if they do not think they had contact with someone who has monkeypox.

Epidemiologic Criteria

People who may be at higher risk might include, but are not limited to, those who within 21 days of illness onset:

- 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, etc.)

Monkeypox Case Criteria

CDC’s current monkeypox case definitions include the following:

- Suspect Case: New characteristic rash OR meets one of the epidemiologic criteria (see above) and has a high clinical suspicion for monkeypox
- Probable Case: No suspicion of other recent *Orthopoxvirus* exposure (e.g., *Vaccinia virus* in ACAM2000 vaccination) AND demonstration of the presence of *Orthopoxvirus* DNA
- Confirmed Case: Demonstration of the presence of monkeypox virus DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen OR isolation of monkeypox virus in culture from a clinical specimen

For the most up-to-date case criteria, please view CDC’s [Monkeypox Case Definition](#).

Recommendations for Treatment

Currently, no treatment is approved specifically for monkeypox virus infections; however, antivirals developed for use in patients with smallpox may prove beneficial against monkeypox. Medical countermeasures currently available from the Strategic National Stockpile (SNS) include Tecovirimat (TPOXX, ST-246), vaccinia immune globulin intravenous (VIGIV), Cidofovir, and Brincidofovir. You can find information on each [here](#).

Recommendations for Post-Exposure Prophylaxis

Post-exposure prophylaxis (PEP) with smallpox vaccine can be utilized for individuals exposed to monkeypox. CDC recommends that the vaccine be given within four days from the date of exposure to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease but may not prevent the disease. While there are contraindications to administration of smallpox vaccine, the risks from monkeypox disease are greater than the risks from the smallpox vaccine. For more information, please review CDC [guidance](#).

Resources

- [Monkeypox Clinical Recognition](#)
- [FAQ for Providers](#)
- [Monkeypox: Get the facts Infographic](#)
- [Social Gatherings, Safer Sex, and Monkeypox Infographic](#)
- [IDOH Monkeypox Website](#)



For More Information

Please direct questions to the Indiana Department of Health Epidemiology Resource Center at 317-233-7125 during normal business hours (Monday-Friday, 8:15 a.m. - 4:45 p.m. Eastern) or 317-233-1325 after hours, on weekends, or during holidays.

Please join Chief Medical Officer Dr. Lindsay Weaver for a Teams meeting at noon EST Friday to discuss monkeypox and COVID-19 vaccine updates: [Click here to join the meeting](#)

