

October 6, 2022

From the Office of the Chief Medical Health Officer

## Update on Monkeypox Outbreak and Second Dose Pre-Exposure Vaccination

### Situational update:

Since late May, a total of 162 cases have been reported in BC with the majority (131) in the Vancouver Coastal Health (VCH) region. Approximately half of the VCH cases are in individuals 30-39 years of age, and most infections were locally acquired. Globally, 98% of infections are in men, and almost entirely in the gay, bisexual, and other Men who have sex with Men community (gbMSM). Rare transmission events to women and children have been reported in the household context. The virus is primarily transmitted through close, intimate contact during sex.

Though the bulk of the local outbreak activity transpired between mid June to mid August, the virus continues to be transmitted at low levels. Nearly half of the recently reported cases are among individuals who have not yet been immunized. In follow up of our cases, we believe many eligible gbMSM individuals are not aware of the vaccination campaign or may not be accessing the vaccine because they do not perceive themselves to be at risk. They may also have concerns about barriers such as lack of appointments, distance to clinics, language, or stigma. Primary care providers may be aware of eligible, at-risk individuals, within their practices. *Please encourage your eligible patients to be immunized.*

Imvamune® vaccine eligibility includes two-spirit people, transgender people, or cis-gender males who identify as belonging to the gbMSM community and are [at risk](#) of virus exposure. Vaccine appointments are available at this location: [vchcdimms.janeapp.com](http://vchcdimms.janeapp.com).

### Diagnostics:

Clinical judgement should guide testing for monkeypox, based on history, physical exam, and risk factors. Differential diagnosis is broad and includes syphilis, herpes, molluscum contagiosum, hand, foot and mouth disease, and varicella. For individuals outside the current risk group, other types of infections remain higher on the differential, but please remain vigilant for spread of monkeypox to the broader community, particularly bridge populations such as sex workers, or individuals presenting to STI clinics. Testing of skin/mucosal lesion material should be done via swab used for HSV/VZV (UTM). Alternate samples (urine, EDTA blood, oropharyngeal samples) can be collected for individuals experiencing prodromal symptoms following a consult with a medical microbiologist.

**Imvamune® pre-exposure vaccination campaign is now changing from a one dose offering to a two dose series.** The one-dose vaccination campaign started on July 1<sup>st</sup>. Over 18,000 doses of Imvamune® have been administered in BC, including 14,000 in VCH. Given the low but ongoing reports of new cases, both among unimmunized and immunized individuals, immunization clinics are being expanded starting this week to offer the following:

- **First-dose appointments for eligible individuals who have not yet been immunized;** and
- **Second-dose appointments for eligible individuals who received their first dose at least 28 days before.**

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900  
For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893

Vancouver Coastal Health Medical Health Officers

Chief Medical Health Officer: Dr. Patricia Daly

Vancouver: Dr. Mark Lysyshyn, Dr. Michael Schwandt 604.675.3900

Richmond: Dr. Meena Dawar 604.233.3150 | North Shore: Dr. Alex Choi 604.983.6701 | Coastal Rural: Dr. Mark Lysyshyn 604.675.3900

To receive these updates by email please contact us at [VCHPhysiciansUpdate@vch.ca](mailto:VCHPhysiciansUpdate@vch.ca)

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## Vaccine schedule:

First dose will continue to be offered as 0.5 mL subcutaneous (SC). Second dose can be given as 0.5 mL SC or 0.1 mL intradermal (ID). First and second doses (irrespective of route) should be administered at least 28 days apart.

- ID vaccination is approved by the National Advisory Committee on Immunization as it induces an antibody response that is similar to a SC dose, permits dose sparing with 3-4 doses of 0.1 mL ID available from one 0.5mL SC dose vial, and is the preferred modality for second dose administration when immunizing multiple vaccine recipients.
- Opened vials, when used for ID administration, should be stored at 2-8° C and discarded after 6 hours from first puncture.
- ID vaccine is best administered using a 1mL syringe with a 26-27 gauge needle that is 1 cm in length. Further details on administration technique are available in the [BCCDC Immunization Manual](#). Watch a video demonstration at [www.youtube.com/watch?v=f3w-MIDAdg0](http://www.youtube.com/watch?v=f3w-MIDAdg0) (on Youtube, search “intradermal San Joaquin Valley College”).
- ID administration is not recommended for individuals less than 18 years of age, those who are immune compromised, or those with a history of developing keloid scars.

## Special considerations:

- Immune competent individuals who have previously been vaccinated against smallpox vaccine only require one dose of Imvamune®.
- Imvamune® is not indicated for individuals who have recovered from monkeypox infection, as they are expected to be protected for some time. Duration of protection remains unclear.

If you have a high volume of eligible clients in your practice, you may request vaccine for in-office administration by reaching us at [CDcvaccines@vch.ca](mailto:CDcvaccines@vch.ca).

For further information, please visit: [www.vch.ca/Pages/Monkeypox.aspx](http://www.vch.ca/Pages/Monkeypox.aspx).

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