

Monkeypox Update

Epidemiology: Monkeypox is viral infection, caused by a virus of the Orthopoxvirus family, related to smallpox. Increasing activity from the West African clade has been identified since early May in the UK, USA, Europe and Canada. This clade tends to cause mild disease.

Transmission: Monkeypox does not spread easily between people. Person-to-person spread, though uncommon, may occur through skin-to-skin contact especially with lesions present, and can occur during sex, household contact, through contact with contaminated linens or clothing, or via respiratory droplets from prolonged face-to-face contact. Among the recent cases, a high proportion are people who self-identify as gay or bisexual, or men who have sex with men.

Clinical presentation: The majority of recent cases have reported skin lesions in the mouth and on the genitals. Lesions can also involve the face, palms, soles of feet, and trunk. This can be preceded or accompanied by fever, night sweats, headaches, swollen lymph nodes, and joint or muscle pain. None of the cases have been seriously ill.

Incubation period is usually brief (5-7 days) but can be up to 21 days from close, prolonged contact with a case. Cases are infectious from onset of symptoms which may be up to 5 days before rash onset and remain infectious until all skin lesions have healed and crusts have fallen off. In most cases, the illness resolves in 2-4 weeks. Serious complications (pneumonia, sepsis, keratitis, etc.) are rare. Children, pregnant women and some immunocompromised individuals are considered at high risk for severe disease.

Differential diagnosis: Vesicular rashes can be caused by a number of viruses including Herpesviruses (herpes simplex or varicella), syphilis, chancroid, pox viruses (including molluscum contagiosum) and Lymphogranuloma venereum.

Management of suspected cases: Suspect cases are those with known contact with a case who have clinically compatible symptoms, or those who may fit the epidemiological profile (e.g. travel to an area with known cases) with clinical compatible symptoms where other diagnoses have been ruled out. Diagnosis is confirmed by PCR testing of lesions. Before sampling, consult your local medical microbiologist or infectious disease physician. Lesion material (such as roofs, crusts, aspirate, or tissue), including dry swabs or swabs in Universal Transport Medium (UTM), should be shipped refrigerated to the BC Centre for Disease Control for monkeypox testing. Testing may not be necessary in cases that do not have an appropriate exposure scenario.

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. John Harding, Dr. Mark Lysyshyn, Dr. Michael Schwandt 604.675.3900

Richmond: Dr. Meena Dawar 604.233.3150 | North Shore: Dr. Alex Choi 604.983.6701 | Coast Rural: Dr. John Harding 604.983.6701

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Droplet and contact precautions should be used in clinical settings, and airborne precautions in hospital settings, where feasible. The patient should wear a medical mask and perform hand hygiene. Suspect or confirmed cases should isolate at home, practice hand hygiene, and wear a mask and cover lesions when around other people.

Please report clinically compatible cases to public health by calling 604-675-3900 Monday-Friday during working hours and the Medical Health Officer on-call at 604-527-4893 after hours.

Treatment: Most individuals have mild symptoms and do not require any specific interventions. Treatment is supportive and targeted for symptom control (fever, hydration). Antiviral treatment for individuals with severe disease (e.g., requiring hospitalization) may be considered under the guidance of infectious disease specialists.

Advice for close contacts of a case:

- Sexual and household contacts are advised to monitor for symptoms for 21 days.
- Limit close contact, including sexual contact, during the monitoring period.
- If symptoms develop, visit a health care professional. Wear a mask and cover the lesions for your consult. Please inform the clinic ahead of your visit.

Post exposure prophylaxis: Public Health will conduct contact tracing of confirmed cases. Close contacts of cases may be eligible for monkeypox vaccine (Imvamune™) which is effective in reducing the risk of illness or its severity if given within 14 days of exposure. Decisions on eligibility for vaccine will be made by Public Health. Vaccine does not have any benefit in modifying illness in a case.

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