



Health Advisory:

Monkeypox infections in US residents without travel to endemic areas

May 24, 2022

Situational Update

On May 20, 2022, The California Department of Public Health (CDPH) issued a Health Advisory notifying California providers about a confirmed case of monkeypox in the United States in an individual without known infected contacts or travel to endemic areas. At least five additional suspected cases in the US are currently being investigated by CDC. Additionally, since April, clusters of monkeypox cases in Europe in patients without travel to endemic areas have occurred, with some epidemiologically linked through households and among social groups of men who have sex with men. California providers, especially those caring for patients presenting for evaluation of dermatologic lesions or sexually transmitted infections, are advised to be vigilant for signs and symptoms consistent with monkeypox, including characteristic rash and lymphadenopathy, with or without fever.

Monkeypox virus is one of several viruses in the Orthopoxvirus genus, a subset of the Poxviridae family of viruses. Recent [CDPH](#) and [Centers for Disease Control \(CDC\)](#) Health Advisories provide additional details about clinical presentations and transmission dynamics of monkeypox, and about prior outbreaks in the US. This is an evolving situation, with updates likely as more information is gathered.

Actions Requested of SF Clinicians

1. **Immediately report** any San Francisco resident with suspected or confirmed monkeypox disease 24/7 to the SFDPH Communicable Disease Control Unit at (415) 554-2830. Do not wait to report until the diagnosis is confirmed by testing. Current case definitions from CDPH are summarized as follows:

Confirmed case: Patient with monkeypox virus detected from a clinical sample.

Probable case: Patient with orthopox virus detected from clinical sample.

Suspect case: Patient with an unexplained rash that is consistent with monkeypox (firm, well circumscribed, deep-seated, and umbilicated lesions; progresses from macules to papules to vesicles to pustules to scabs).



Clinicians should also consider and rule out, if possible, other more common etiologies of rash illness such as herpes, syphilis, molluscum contagiosum, and varicella zoster.

2. **Collect multiple specimens** for testing at CDPH and CDC. Please review complete instructions for specimen storage and submission in the [Orthopox Virus Laboratory Testing Guidance](#) issued by CDPH. SFDPH CDCU staff will help facilitate transport to the CDPH lab if needed. Among the instructions for providers, please note that:
 - a. At least two samples should be collected and packaged as Category B infectious substances and shipped directly to the CDPH Viral and Rickettsial Disease Laboratory (VRDL).
 - b. Unroofed lesions should be vigorously brushed with Dacron, nylon, or polyester swabs with plastic or aluminum shafts, placed individually in dry, sterile containers with NO TRANSPORT MEDIUM OR ANY OTHER FLUID.
 - c. All specimens should be stored at 4°C if shipping within 24-72 hours, and at -80°C if shipping will be delayed.

Additional Information

Infection control precautions

Suspected cases should be isolated in a negative pressure room, if available, or a private room with closed door. All involved staff should wear appropriate PPE including gloves, fit-tested N-95 or equivalent or higher-level respirators, and eye protection. Though prior monkeypox outbreaks have spread through direct contact with lesions, contaminated fomites, and/or prolonged face-to-face contact, the transmission dynamics in recent clusters are still being clarified. Patients who are suspected cases should be advised to mask around others, not to share bedding, linens, or clothing with others, and to refrain from sexual or intimate contact until diagnostic testing results are available.