



FAIRFAX COUNTY HEALTH DEPARTMENT

Monkeypox Outbreak Update

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Monkeypox Outbreak – Virginia (8/18/22)

| 57 | Health District | Total (Probable and Confirmed) |
|---------------------------|-----------------|--------------------------------|
| Northern Region Total | | 157 |
| | Alexandria | 37 |
| | Arlington | 44 |
| | Fairfax | 56 |
| | Loudoun | 3 |
| | Prince William | 17 |
| Central Region Total | | 18 |
| Eastern Region Total | | 37 |
| Northwestern Region Total | | 10 |
| Southwestern Region Total | | 11 |
| Virginia Total | | 233 |



Monkeypox Case Characteristics in Virginia

- 231 (99.4%) of cases in men
- Median age: 32 years, range 18-70

Monkeypox Cases by Race and Ethnicity*

| Race/Ethnicity | Total (Percent of Cases) |
|---------------------------|--------------------------|
| Asian or Pacific Islander | 4 (1.78%) |
| Black | 82 (35.2%) |
| Latino | 21 (9.0%) |
| Native American | 2 (0.9%) |
| White | 75 (32.2%) |
| Other Race | 15 (6.4%) |
| Two or more races | 7 (3.0%) |
| Not reported | 27 (11.6%) |

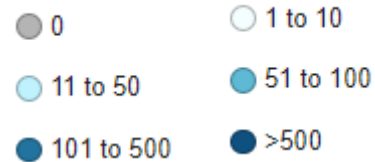


U.S. Monkeypox Cases (8/18/22)

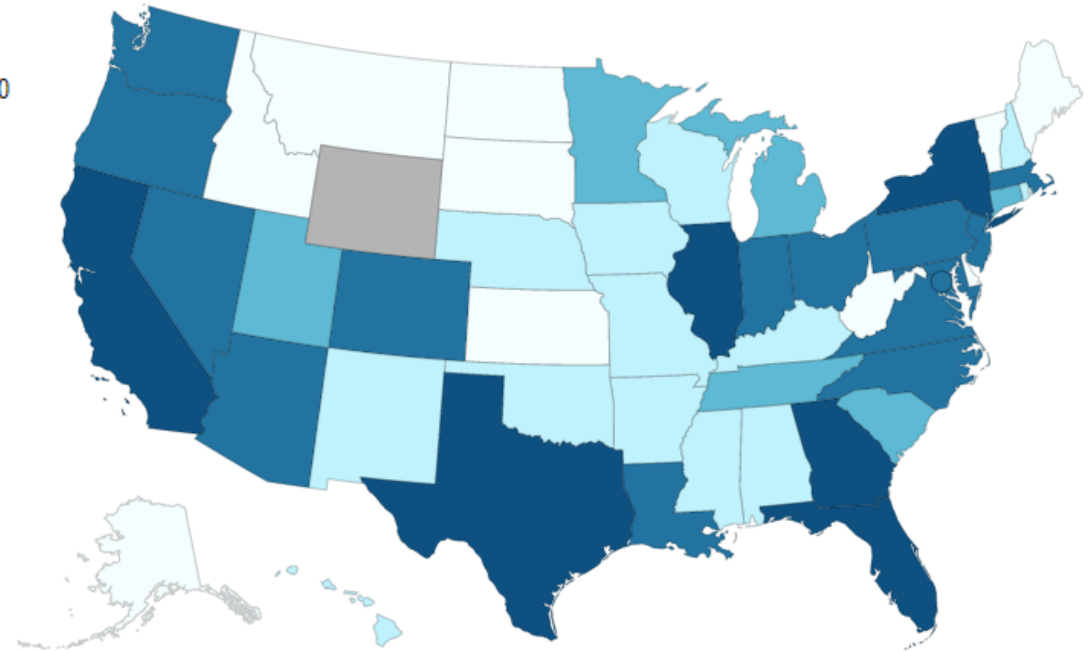
| Location | Cases |
|----------------------|-------|
| New York | 2,675 |
| California | 2,356 |
| Florida | 1,346 |
| Texas | 1,078 |
| Georgia | 1,033 |
| Illinois | 875 |
| New Jersey | 367 |
| Pennsylvania | 362 |
| District Of Columbia | 351 |
| Maryland | 349 |
| Washington | 303 |
| Massachusetts | 228 |
| Arizona | 213 |
| Virginia | 189 |

VA is 14th →

Case Range



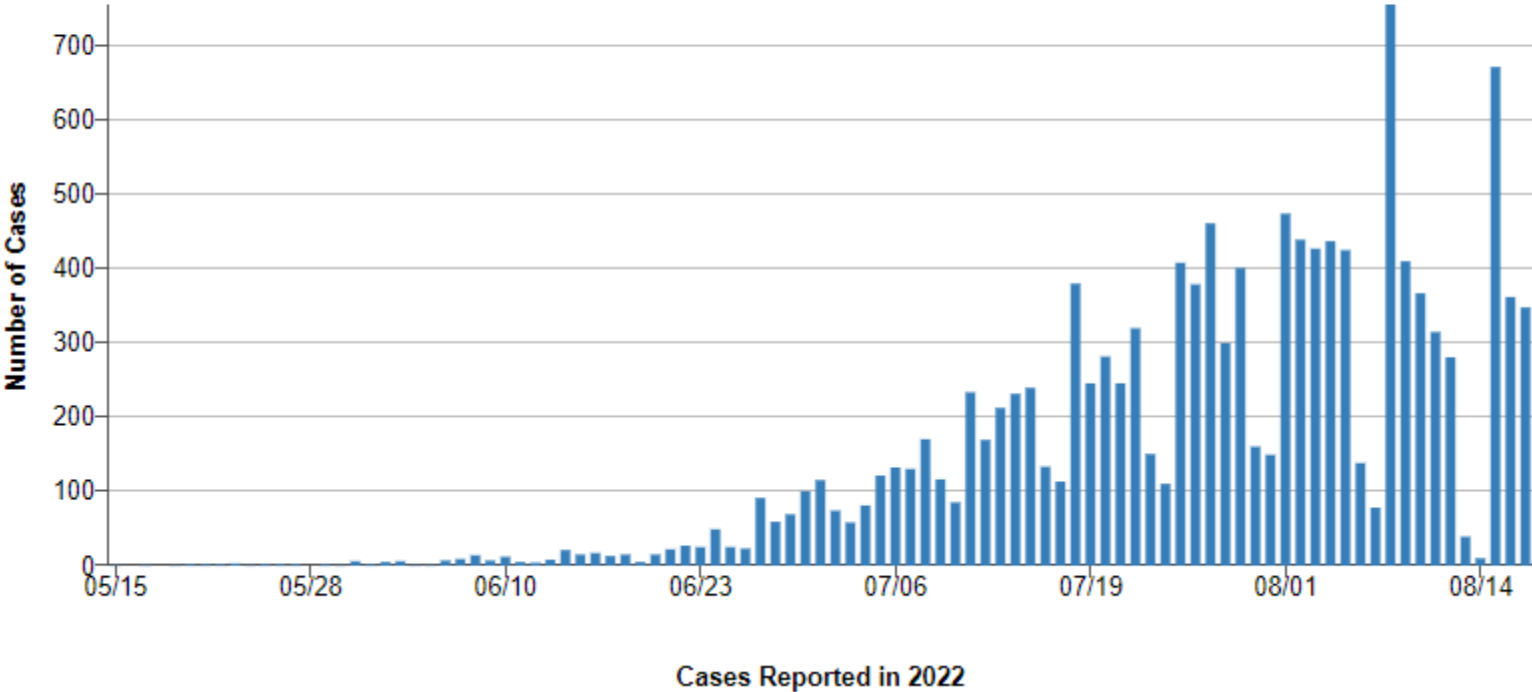
13,517 Total confirmed monkeypox/orthopoxvirus cases



U.S. Monkeypox Case Trends (8/17/22)

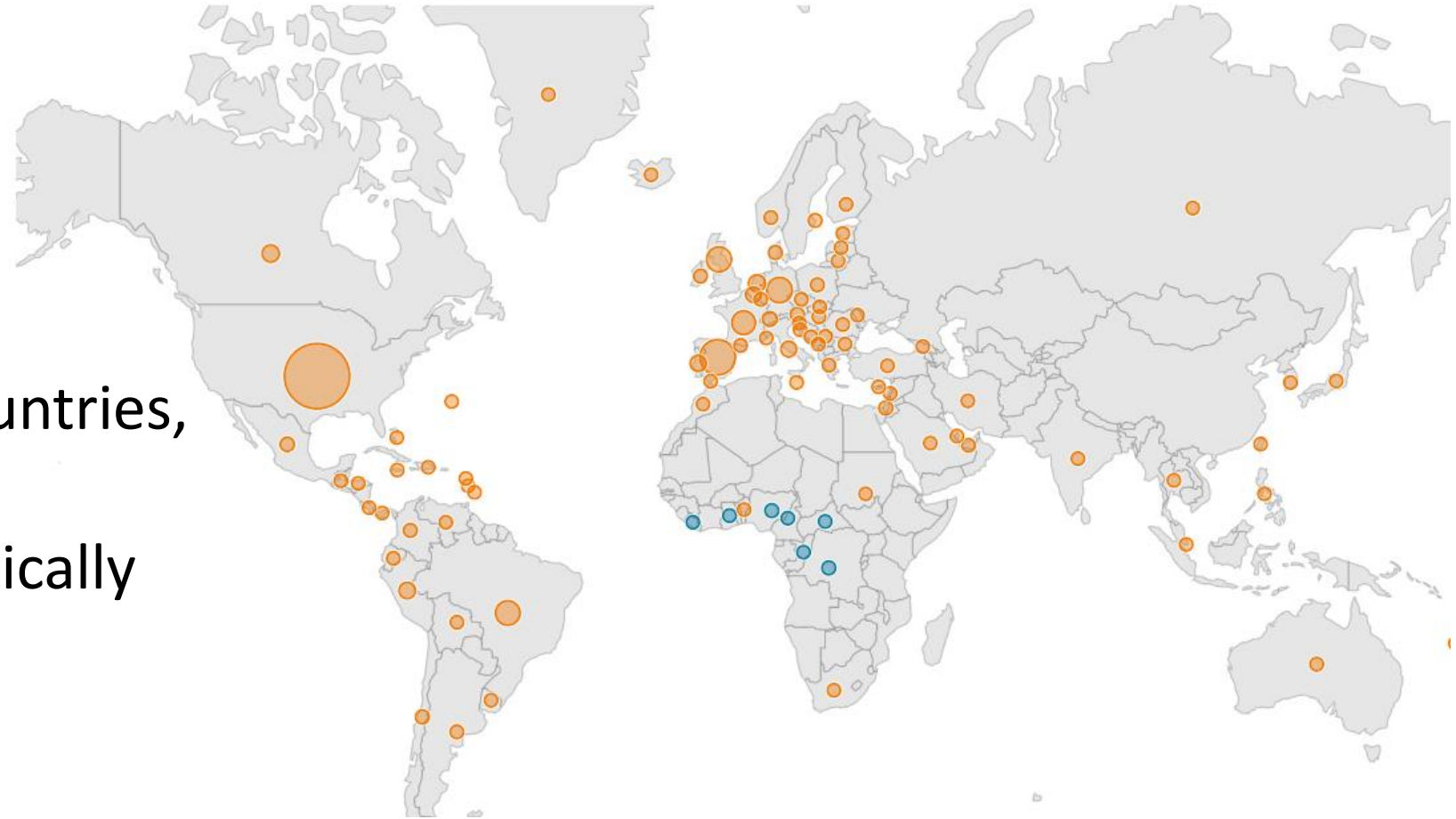
Trends of monkeypox cases reported to CDC since May 17, 2022, the start of the response to the current outbreak in the United States. Data include cases with reporting date.*

U.S. Monkeypox Case Trends Reported to CDC



Monkeypox Global Outbreak (8/17/22)

39,434 cases in 94 countries,
87 countries where
monkeypox not historically
reported.



Monkeypox Global Outbreak (8/17/22)

12 total deaths: 5 in countries w/out history of monkeypox and 7 in countries w/ historic monkeypox. Very low case fatality in current outbreak.



Monkeypox Virus and Disease Transmission

Monkeypox is not a new or “novel” virus.

- First identified in 1958 among lab monkeys in Denmark.
- 1970’s-2000’s: Endemic in Democratic Republic of Congo (DRC) w/ mostly animal to human transmission, then person-to-person transmission.
- 2003: Midwest U.S. outbreak associated with prairie dogs. First cases seen outside of Western and Central Africa.
- 2018-2021: Few cases outside of Western and Central Africa, mostly travel associated cases with limited secondary transmission limited to households and some healthcare related exposure.
- 2022: Increase in cases globally with transmission through sexual and social networks and some different aspects of clinical presentation (more mild disease).



Monkeypox Virus and Disease Transmission

- Orthopoxvirus genus:
 - Includes variola (smallpox), vaccinia (used in smallpox vaccine), and cowpox virus
 - Two clades (virus families)
 - West Africa clade – less severe disease – **IDENTIFIED IN CURRENT OUTBREAK**
 - Central Africa clade – more severe disease
- Transmission:
 - Person-to-person by close contact with lesions, body fluids & contaminated materials (e.g., bedding, towels)
 - Prolonged (more than 3 hours) or direct (kissing, sharing utensils) exposure to large respiratory droplets
 - While outbreak cases are among mostly MSM, anyone can get infected and spread monkeypox



Clinical Illness

- Incubation period most often 7-14 days (median 9 d, range up to 21 d)
- Symptoms
 - Prodrome – fever, chills, headache, myalgias, fatigue, lymphadenopathy
 - Rash typically occurs 1-3 days after prodrome – macule, papule, vesicle, pustule, scab – generally lasts 2-4 weeks; lesions may be very painful
 - Rash may be confused with chickenpox/shingles, herpes, syphilis
 - Atypical presentations in current outbreak – absence of prodrome, fewer lesions, lesions in new places (oral, genital, perianal areas)
- People are infectious from onset of symptoms until rash lesions are healing and new skin is forming



Rash Characteristics

- Typically well circumscribed, deep-seated lesions that may umbilicate
- Progress through multiple stages and may have lesions at different stages
- Rashes in this outbreak more varied – number and location of lesions



Patient Evaluation & Diagnosis

- History-epidemiological criteria
 - Close contact with someone diagnosed with monkeypox or who has a rash
 - Sexual contact with someone in a social network experiencing monkeypox
 - Travel to a country where monkeypox is endemic or exposure to an animal or animal products from an African endemic species
- Clinical evaluation – symptoms and rash
- Testing – swabbing of lesions
 - Available at commercial labs and from VDH DCLS
- Treatment - Tecovirimat (TPOXX) – antiviral drug available through an expanded access IND from CDC
- Providers should report suspect cases to the health department



Infection Prevention & Control

- Isolate person in a single room with a dedicated bathroom
 - Cover lesions and mask patient when around others
- Use standard and transmission-based precautions
 - PPE: gown, gloves, N95, eye protection
 - Procedures that create aerosols should be done in an airborne isolation room
- Avoid activities that spread materials from lesions
 - Don't shake out bedding or vacuum; do wet cleaning (e.g., mopping)
 - Use EPA registered disinfectants to clean frequently touched surfaces



Medical Countermeasures: Vaccination

- Jynneos vaccine – a non-replicating vaccinia virus
- Licensed by FDA for subcutaneous injection among 18+ year olds
 - New FDA EUA for intradermal injection which requires a smaller dose and therefore stretches the available vaccine supply
 - EUA also authorizes vaccine for persons <18 years old
- Side effects local (redness, pain, swelling) and systemic (chills, headache, muscle aches) reactions
- Vaccine schedule – 2 doses separated by 28 days
- Contraindications – severe allergy to vaccine components



Vaccine Recommendations

- Post exposure prophylaxis (PEP)
 - Vaccinate those exposed to monkeypox within 4 days of exposure (may vaccinate up to 14 days)
- Expanded PEP - within past 14 days...
 - MSM with multiple or anonymous sexual partners
 - Transgender women and nonbinary persons who have sex with men and multiple or anonymous sexual partners
 - Sex workers of any sexual orientation
 - Staff of establishments where sexual activity occurs
 - Persons who attend establishments where sexual activity occurs
- Pre-exposure prophylaxis – lab workers handling monkeypox virus



Personal Prevention in the Current Outbreak

- Stay educated – CDC, VDH, Fairfax County Health Department websites
- Avoid skin-to-skin contact with people who have a rash that may be monkeypox
 - Don't cuddle, have sex, kiss, or hug someone with monkeypox
- If you are planning on attending a gathering where someone may have monkeypox consider the risk
 - Consider how much close skin-to-skin contact is likely to occur at the event
- Temporary change of sexual practices to decrease risk.
 - Talk before engaging intimately about any new rashes or sores
 - Consider reducing number of anonymous sex partners
 - Other tips: [CDC Monkeypox and Safer Sex](#)



Risk Communications

- Anyone can get and spread monkeypox
 - To date, most cases in this outbreak have occurred in gay, bisexual and other men who have sex with men
- Contagious diseases do not affect or stay in just one population
 - Communicate and educate entire population about symptoms and behaviors that can spread monkeypox, and prevention messaging
- Certain behaviors rather than a specific identity or group put one at risk
 - Prolonged close contact including sexual and other intimate contact
- Counteract stigma
 - Anyone can get monkeypox
 - Sexual health and intimacy is fundamental to personal and communal health and well-being (WHO)



Fairfax County Health Department Actions

- Activate Incident Command structure
 - FCHD staff, contractors, and MRC volunteers involved in the response
- Key tasks
 - Patient evaluation and specimen collection
 - Consultation with healthcare providers
 - Case investigation, identification, and monitoring of contacts
 - Communications and outreach
 - Vaccination (scheduling, administration, reminders for second dose, reporting)
 - Surveillance and data management
 - Logistics, finance, and HR
- No Federal funding (yet)



Vaccination in Fairfax County

- Health department
 - Vaccination clinics at the government center and South County Building
 - Vaccination at Health Department District Offices
 - Contact call center to receive eligibility screening form (703 267-3511); if eligible, will receive an invitation to schedule a vaccination appointment
- Partner organizations – healthcare providers
 - Inova Juniper, Inova Pride, Neighborhood Health, GMU Student Health
 - NovaSalud, AIDS Healthcare Foundation, Healthworks
- Over 1,200 vaccinations delivered to date in Fairfax County
 - Sufficient supply to meet requests, so far



Take Home Messages

- Risk to the broader population currently considered low
 - In current outbreak transmission is occurring through close, sustained physical contact, including sexual contact, with others who have monkeypox
 - Household contacts also have increased risk (protect with vaccination)
- Fairfax County Health Department is available for consultation on diagnosis, testing, and infection prevention (703 246-2433) and is administering vaccinations (Call Center: 703-267-3511)
- As we learn more about the current outbreak, things may change, but the fundamentals of this disease and how to control it are routine.



Monkeypox Response Liaison Team

Point of contact for other agencies and organizations

- Brandie Temple, brandie.temple@fairfaxcounty.gov
- Lani Steffens, lani.steffens@fairfaxcounty.gov



Thank you!



FAIRFAX COUNTY HEALTH DEPARTMENT

