



SUTTER COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

Public Health Branch



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Health Alert

To: Sutter County Healthcare Providers

From: Phuong Luu, MD, MHS, FACP

Date: August 4, 2022

Re: First Probable Monkeypox Case in Sutter County

Sutter County Public Health (SCPH) has received lab confirmation of the first probable monkeypox case in Sutter County on August 4, 2022. As of August 2, 2022, a total of 1135 probable and confirmed cases of monkeypox had been reported in California. SCPH would like to remind providers to be vigilant about detection of monkeypox as the presentation can be very similar to some sexually transmitted infections (STIs) such as syphilis. Please keep monkeypox in your clinical diagnostic differential and initiate timely testing and management to minimize monkeypox transmission in our community. Please promptly notify Sutter County Public Health at 530-822-7215 of all suspect monkeypox cases. For notifications after hours, please call 530-822-7215 and select option 4 to reach the answering service.

Close, sustained skin-to-skin contact, including sexual contact, with a person with monkeypox appears to be the major mechanism associated with transmission among recent cases. In this outbreak, many of the reported cases have been among gay, bisexual or other men who have sex with men (MSM). However, it is important to remember that any person, regardless of gender identity or sexual orientation, can acquire and spread monkeypox.

Evaluation of a Patient with Suspected Monkeypox Infection

The CDC definition of suspect monkeypox for this outbreak is as follow:

- New characteristic rash*
o The characteristic rash associated with monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs.; this can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with Monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis) have been reported, so patients with a characteristic rash should be considered for testing, even if other tests are positive.

OR

- Meets one of the epidemiologic criteria and has a high clinical suspicion† for monkeypox
Within 21 days of illness onset:



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- *Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox* **OR**
- *Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party)* **OR**
- *Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic* **OR**
- *Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc).*

Testing

To increase the availability of testing, CDC recently expanded non-variola Orthopox virus (NVO) testing to five commercial laboratories. Treatment, contact tracing and isolation recommendations are the same for all NVO infections; thus, a positive test result for an Orthopox virus using the NVO assay is immediately actionable, leading to the use of anti-orthopoxviral treatment, if warranted, and allowing public health authorities to initiate isolation, contact tracing, monitoring, investigation, and post-exposure prophylaxis of exposed contacts. Current options for laboratory testing include:

- LabCorps: NVO
- Quest NVO with more specific monkeypox testing planned to be available soon.
- Aegis: NVO
- Mayo Clinic: NVO
- Sonic Healthcare: NVO
- Public Health: NVO and specific monkeypox testing to the clade level. If a commercial lab is not an option, please consult with SCPH and with Health Officer’s approval, the specimens can be directed to the Sacramento County Public Health Laboratory or CDPH Viral and Rickettsial Disease Laboratory (VRDL)

When submitting specimens to commercial labs, please refer to that lab for specimen collection guidance as requirements may vary. For general information, please refer to the CDC guidance; [Preparation and Collection of Specimens](#).

For specimens being sent to a public health laboratory, consultation with SCPH is required. Please call Sutter County Public Health at 530-822-7215. For notifications after hours, please call 530-822-7215 and select option 4 to reach the answering service. When specimens are being sent to a public health lab collect 2 swabs per lesion from several lesions and place each swab in separate, sterile, dry containers (please mark/label duplicate swabs with identical number so they are easy to distinguish from separate lesion collections e.g., swabs from left thigh are both #1). If lesions are present in multiple areas, try to collect from different areas of the body.

Reporting

Healthcare providers should NOT wait for laboratory results to report a case. As stated in Title 17 CCR 2500, healthcare providers are mandated to IMMEDIATELY report any case or SUSPECT case to the local health jurisdiction in which the patient resides. Providers can report to Sutter County Public



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Health (SCPH):

- **by telephone at 530-822-7215 AND**
- **via [Confidentially Morbidity Report \(CMR\)](#) by fax to 530-822-5980 or electronically via CaIREDIE provider portal**

In accordance with Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

Treatment

Many people infected with monkeypox virus have a mild, self-limiting disease course without needing medication therapy. However, the prognosis for monkeypox depends on multiple factors, such as previous vaccination status, initial health status, concurrent illnesses, and comorbidities among others. Tecovirimat may be considered for treatment in people infected with *Monkeypox virus*:

- People with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- People who may be at high risk of severe disease:
 - People with immunocompromised status
 - Pediatric populations, particularly patients younger than 8 years of age²
 - People with a history or presence of atopic dermatitis, persons with other active exfoliative skin conditions (e.g., eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease [keratosis follicularis])
 - Pregnant or breastfeeding women
 - People with one or more complications (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)⁴

Guidance for Tecovirimat Use Under Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Cases can be found [here](#).

Vaccination

Currently the CA Department of Public Health has not allocated any Jynneos vaccines to Sutter County Public Health. For high-risk close contacts of this probable monkeypox case, we are working with our regional partners to offer post-exposure prophylaxis to the identified high-risk close contacts.

The current vaccination prioritization as set forth by the CDC and the Advisory Committee on Immunization Practices (ACIP) are as follow:

- Pre-exposure Prophylaxis (PrEP) –



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- This approach refers to administering vaccine to someone at high risk for monkeypox (for example, laboratory workers who handle specimens that might contain monkeypox virus).
- **At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox virus, are not advised to receive monkeypox vaccine PrEP.**
- Post-exposure Prophylaxis (PEP) –
 - People can be vaccinated following exposure to monkeypox to help prevent illness from monkeypox virus.
 - Ideally given within 4 days of exposure, but also allowable from day 5-14 post-exposure
- Outbreak Response Monkeypox Post-exposure Prophylaxis (PEP++)
 - People with certain risk factors are more likely to have been recently exposed to monkeypox. The PEP++ approach aims to reach these people for post-exposure prophylaxis, even if they have not had documented exposure to someone with confirmed monkeypox. *This is as supplies allow and currently SCPH does not have the vaccine allocation to offer PEP++. We are working with the CA Department of Public Health (CDPH) to obtain a very limited quantity of vaccines that should be available soon. We will notify the public once that occurs.*

Resources

California Department of Public Health; [Monkeypox](#)
Centers for Disease Control & Prevention; [Monkeypox](#)