

# CDC/IDSA Clinician Call:

## Monkeypox: Updates on Testing, Vaccination & Treatment

### July 23, 2022

#### Q&A

This is the Q&A transcript from the Zoom webinar, formatted and edited for spelling and grammar only. The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

**1. Could you please review who should get postexposure prophylaxis with the vaccine?**

about it here: <https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html> (Debra Birnkrant)

**2. How does one apply to be a Tpoxx dispensing site/facility?**

You can become one on your own so long as you can manage the paperwork and any other requirements that are part of the EA-IND. CDC has made this process much easier (more compassionate use than research). A number of clinical practices have decided to make themselves 'centers of excellence' meaning they are willing to accept patients and arrange for TPOXX if indicated because they've gotten familiar with the paperwork and have developed a patient and specimen flow pattern. The drug is shipped from the Strategic National Stockpile. See here for more details: Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html> (Dr. Brooks)

**3. Thanks for all that you are doing. What additional steps is the CDC / FDA taking to make TPOXX ordering less onerous for clinicians?**

The process has been substantially simplified. See: Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html> and this notice: <https://emergency.cdc.gov/newsletters/coca/071922.htm> . I hope these changes will make you and others more able to access this drug. Thanks for asking. (Dr. Brooks)

**4. Is fomite transmission significant?**

Fomite transmission can occur, but the overwhelming majority of cases thus far reported have resulted from close contact during sexual activity. (Dr. Brooks)

**5. How concerned should we be about infections in domestic pets?**

There is not currently a lot of data on domestic pet infection. There is a CDC page that has relevant information found here: <https://www.cdc.gov/poxvirus/monkeypox/veterinarian/monkeypox-in-animals.html> (Dr. Hutson)

**6. Do we know anything about monkeypox virus in breast milk?**

CDC's Considerations for Pregnancy and Breastfeeding can be found here, which includes what we know about monkeypox virus in breastmilk:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html#contact-breastfeeding>  
(Shelby Rhee)

**7. What are the isolation recommendations for a mother who has monkeypox and just delivered? What about a mother who has been exposed to monkeypox?**

CDC's Considerations for Pregnancy and Breastfeeding can be found here:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html#contact-breastfeeding>  
(Shelby Rhee)

**8. Curious to know what communications are planned to address the stigma that has already been felt by the LGBTQ+ community.**

CDC's page on reducing stigma in monkeypox communication can be found here:  
<https://www.cdc.gov/poxvirus/monkeypox/reducing-stigma.html> (Shelby Rhee)

**9. What percentage from the British data of those diagnosed with MPX were on PrEP (obviously not those LWH)?**

176/310, (57%) (Dr. McCormick)

**10. How can hospitals and clinics get TPOXX? It is very cumbersome for LHDs to be stocking and dispensing TPOXX.**

Any clinic or hospital come on as treatment providers, we (NYC DOHMH) offer to order them a supply for their pharmacy or can send to a 340B partner pharmacy. (Dr. Foote)

**11. Is there any data to support need for HCW to wear gowns? Many of us are concerned about wasting resources. PCR must be collected from unroofed lesion—not from surface of intact lesion, correct?**

Hey Liz! First, here are the official PPE recommendations for managing what diagnosed or suspect monkeypox: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>. I really appreciate your concern about sparing resources (we should all think this way in my opinion). But the recommendation here is for gloves, gown, eye protection and respirator. You can read more at the website. Of note, the lesion on the patient should also be covered unless they are being examined or tested. For testing, recommendations are here: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html>. (Dr. Brooks)

**12. What is the progress on tests that do not require a lesion - such as saliva, rectal swab?**

CDC has begun studies to better understand if other specimen types are appropriate. At this time, there is not robust data for specimens other than lesions (which we have the data that this specimen is appropriate for an accurate test result). (Dr. Hutson)

**13. Have the new viral infections been sequenced and compared to classic strains?**

Yes and there are more mutations than what we have typically seen, but still very low mutation rate for this virus (orthopoxviruses are very large). Mutations are primarily due to a host enzyme called APOBEC3. These APOBEC3-like mutations have been found throughout Monkeypox viruses since 2017. CDC has a publication in preprint detailing these findings. We will continue to learn more as we sequence additional isolates. (Dr. Hutson)

**14. How far are we from IgM IgG qualitative or quantitative testing? Joysbio has a lateral flow test supposedly testing for monkeypox. Any information on that?**

I am not familiar with Joysbio LFA, but CDC has CLIA approved serology tests (IgM and IgG) that can be ordered. (Dr. Hutson)

**15. Can you comment on risk for transgender people? It doesn't seem this group has been mentioned or had as much focus, but surely also at elevated risk.**

It depends on their risk factors. If they are sexually active within the impacted social networks (cis-MSM) then they are at risk. (Dr. Foote)

**16. What's the false-positive rate for pcr testing for monkeypox?**

Very low (for the NVO FDA cleared test), but as we increase testing (and if wide-spread testing of individuals that do not meet epi criteria and do not have characteristic rash) increases in false-positives are more likely to occur. (Dr. Foote)

**17. Are sex apps such as Grindr being exploited to share information with high risk MSM?**

Only able to speak for NYC but yes, we are partnering with several of the apps to share messaging. (Dr. Foote)

**18. Does the non-variola orthopox PCR cross react with Molluscum contagiosum ?**

No, it does not. (Dr. Foote)

**19. Since some MSM who make contacts for anonymous sex through smartphone apps, would it be possible to work with the app companies to notify exposed persons anonymously?**

Both in the US and Europe, public health is working closely with these app providers to push out messaging and links to information. Efforts are underway to also use existing notification services like the ones you reference for STIs for monkeypox now too. (Dr. Brooks)

**20. Does lesion have to be wet i.e. vesicular or pustular phase for specimen collection or could you swab a macule or papule (dry)?**

It can be dry. (Dr. Hutson)

**21. My contacts with Mayo Clinic have said they are still in validation phase and are not yet accepting referral for Monkey Pox testing. Do you have confirmation of a go live for Mayo Clinic?**

The Mayo clinic has completed necessary steps to run the CDC FDA cleared test and has begun testing at their main lab. My understanding is they are only testing from individuals tested at Mayo Clinics are being tested, but they are hoping to expand in coming weeks. <https://www.news-medical.net/news/20220713/Mayo-Clinic-Laboratories-to-commence-testing-for-monkeypox-using-CDCs-orthopoxvirus-test.aspx#:~:text=Starting%20today%2C%20Mayo%20Clinic%20Laboratories%20will%20begin%20testing,in%20our%20comprehensive%20strategy%20to%20combat%20this%20disease>. (Dr. Hutson)

**22. What are the recommendations for pregnant and lactating individuals who have disease or have been exposed?**

Clinical considerations and recommendations for pregnant and lactating persons may be found here:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html#:~:text=Data%20regarding%20monkeypox%20infection%20in%20pregnancy%20are%20limited,.,newborn%20by%20close%20contact%20during%20and%20after%20birth> (Dr. McCormick)

**23. Can you send scabs?**

Crusts (or scabs) from lesions can be tested by LRN labs and CDC. I do not think that the commercial labs are currently testing scabs/crusts but that may change as they add this specimen type. (Dr. Hutson)

**24. Any cross reaction with molluscum?**

No molluscum is genetically quite different from orthopoxviruses, it does not cross react with the FDA NVO test or our monkeypox specific test. (Dr. Hutson)

**25. Is there an antiviral to treat active infection?**

Yes, TPOXX (Dr. McCormick)

**26. Is it live a virus vaccine?**

Yes, both available vaccines are live-virus vaccines. ACAM2000 is replicating, while Jynneos is non-replicating. More information is available here:

<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html> (Dr. McCormick)

**27. What is the logic behind having to PCR test first for NVO and then do MXP. Why not go directly to MXP?**

We have a non-variola orthopoxvirus test that is FDA cleared due to our work on smallpox preparedness. Bc there are no endemic orthopoxviruses within the US detected with this test, a positive orthopoxvirus test is probable for MPXV. The monkeypox tests are laboratory developed tests. (Dr. Hutson)

**28. is wastewater data being monitored on mpvx signals and trends? also now with polio, are other wastewater treatment plants having access to primers to assess these emerging viruses?**

Waste water testing has begun in California and information has been in media. CDC is working to understand how well the virus can be detected within waste water with lab studies and will then proceed with having some sentinel collaborator labs that are already testing for SARS-CoV-2 also test for MPXV (if our lab data looks good). I am not familiar with polio testing so can't comment on that. (Dr. Hutson)

**29. Sorry, what's the difference between PEP and PEP++?**

PEP refers to prophylaxis administered after a known exposure, while PEP++ refers to prophylaxis for persons at increased risk, but without a known exposure. More information may be found here: <https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html> (Dr. McCormick)

**30. Are they recommending vaccination for all healthcare workers now or only after direct exposure?**

Routine pre-exposure prophylaxis (PrEP) is not recommended for all healthcare workers at this time, but PEP could be considered following a high or intermediate risk exposure. More information may be found here: <https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html> (Dr. McCormick)

**31. Do we have any information on fetus and is any of antiviral safe in pregnancy? Would you recommend vaccination in pregnant women with exposure?**

CDC's Clinical Considerations for Pregnancy can be found here: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html#contact-breastfeeding> (Shelby Rhee)

**32. Is biopsy of the lesions recommended for testing?**

A swab of the lesion is recommended. Deroofing is not necessary, just vigorous swabbing of the surface. (Dr. Hutson)

**33. How would we obtain testing for a pet with suspected mpox?**

If you have a pet with a history of exposure to a case that might merit testing start first with your local health department or call 1-800-CDC-INFO (Dr. Brooks)

Animal testing (That meet animal case criteria) can be found here: <https://www.cdc.gov/poxvirus/monkeypox/veterinarian/animal-officials.html> (Dr. Hutson)

**34. What are you recommending for superinfection? Keflex and Bactrim for MRSA coverage?**

Treatment of superinfection should be directed toward the suspected pathogen, taking local resistance patterns and common pathogens into account. (Dr. McCormick)

**35. How does past vaccination with smallpox affect current recommendations for monkeypox vaccine and monkeypox treatment?**

Monkeypox has been seen among people with past smallpox vaccination, so remote smallpox vaccination would not preclude PEP or PEP++ vaccination in this outbreak. (Dr. Ard)

**36. We have heard that gabapentin has been helpful with pain when other pain meds have not worked. What do you recommend?**

We've definitely been hearing that anecdotally as well. (Dr. Foote)

**37. Jul 21 NEJM article on MPX across 16 countries have reported 5% of cases needing treatment. Is it being undertreated outside of NYC?**

We were told that was largely a function of many of the EU countries not having procured stocks of the meds so is having to be provided by the manufacturer for compassionate use. (Dr. Foote)

**38. Can we start antivirals based on clinical appearance prior to pcr results are back or comes back neg (falseneg based on clinical suspicion )?**

Yes, treatment can be initiated empirically. (Dr. Foote)

**39. In NYC is there a method for patients to locate vaccination sites?**

Vaccine info is on our website: <https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page#vax>

As appointments are released, they will be announced on our website, twitter @nychealthy, and via text alerts (text "MONKEYPOX" to 692-692. (Dr. Foote)

**40. Does MPX leave a scar?**

It can but not always. (Dr. Foote)

**41. Dr Zucker - and what was your treatment which I didn't hear you mention?**

TPOXX (Dr. Zucker)

**42. Sounds like more effective pain management is indicated in patients with oral/anal/genital complaints...does adding antiviral rx lessen other pain management requirements (topical or systemic analgesics)? Is pain in these areas without significant swelling or other physical finds an "indication" for antiviral treatment?**

Antiviral treatment is not a substitute for symptom/pain management. Many patients can be managed without antivirals but for some the addition of TPOXX has really helped refractory cases.

**43. Full PPE for routine Proctoscopy in high-risk groups?**

CDC's Infection Prevention and Control of Monkeypox in Healthcare Settings can be found here: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

**44. And pregnant - do you agree with post exposure vaccine - 3rd generation?**

Guidance for pregnant persons may be found here:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html> (Dr. McCormick)

**45. Should we start meds in these immunocompromised pt prior to pcr results back?**

I would and recent CDC guidelines on TPOXX does say you can start TPOXX in suspected infections.

**46. Does previous smallpox vaccination offer any protection against either acquiring monkeypox or lessening the clinical disease from monkeypox**

I believe some of the current MPX patients had been previously vaccinated for smallpox in youth.

**47. Is monkeypox transfusion-transmissible?**

No cases of transfusion-transmission of any orthopox virus have been reported but there is a viremia that can extend weeks beyond resolution of symptoms.

**48. I understand the benefits of killed vs a live vaccine, but when trying to stop an outbreak wouldn't a single -dese vaccine (ACAM) make more sense than a 2-dose vaccine (JYNNEUS)?**

Except there are significant risks with ACAM 2000

**49. Just wanted to be sure req sampling -2 swabs per lesions - preferably 3 from different sites/ stages. Placed in 3 separate dry sterile containers?**

Commercial labs also allowing for specimen in VTM or UTM...