



Frequently Asked Questions prepared by the Orange County Health Care Agency

Monkeypox - Information

*****The Fullerton School District will be following recommendations from the Orange County Health Care Agency on monkeypox. We are continuing to encourage staff and students to take precautions if someone might be sick or exposed and monitoring for possible symptoms.*****

Information resources for you and your family:

[CHOC - Monkey Virus General Info for Children](#)

[Video - Monkeypox](#)

Orange County Health Care Agency (OCHCA) continues to investigate and conduct contact tracing on all confirmed and probable cases and continues to monitor and coordinate post-exposure prophylaxis for high-risk close contacts to known cases. The risk of monkeypox in the general population and community remains very low based on current information available. For national updates, including counts of cases by state, see the [CDC U.S. Monkeypox 2022: Situation Summary](#).

Information for the General Public What is monkeypox?

- Monkeypox is a rare disease that is caused by the monkeypox virus.
- Monkeypox virus belongs to a group of viruses called *Orthopoxvirus*, which includes the variola (smallpox) virus, and the vaccinia virus, which is used in the smallpox vaccine.
- Monkeypox is of public health concern because the illness is like smallpox and can be spread from infected people, animals, and items contaminated with the virus (ex: bedding sheets).
- Monkeypox was first identified in 1958 and occurs primarily in Central and West African countries.
- Monkeypox cases have occurred in the U.S. in the past (mostly related to international travel or importation of animals) but have been very rare.
- Recently people with monkeypox infection, not related to travel to Central and West Africa, have been reported in multiple countries, including the US.

Video courtesy of UC Davis Health

What are the symptoms of monkeypox?

- Early flu-like symptoms of monkeypox can include:
 - Fever
 - Headache
 - Muscle aches and backache
 - Swollen lymph nodes
 - Chills
 - Exhaustion
- A rash or sore, sometimes located on or near the genitals or anus, but sometimes in other areas like the hands, feet, chest or face.
 - Sores will go through several stages before healing.

- Sores may be inside the body, including the mouth, vagina, or anus.
- Some people experience a rash or sores first, followed by other symptoms and some only experience a rash or sores.
- Monkeypox can be spread from the time symptoms start until all sores have healed and a fresh layer of skin has formed – this can take several weeks.

How can monkeypox spread?

- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact including:
 - Direct contact with monkeypox rash, sores or scabs
 - Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
 - Through respiratory droplets or oral fluids from a person with monkeypox
- This contact can happen during intimate sexual contact including:
 - Oral, anal, and vaginal sex
 - Hugging, massage, or mutual masturbation
 - Kissing and talking closely
 - Touching fabrics and objects during sex that were used by a person with monkeypox, such as bedding, towels and sex toys
- We know the virus can be spread in fluid or pus from monkeypox sores, and are trying to better understand if virus could be present in semen or vaginal fluids.

Is monkeypox a risk for children?

The risk of children getting infected with monkeypox virus is low. As of August 3rd,

two pediatric cases have been confirmed in the United States (<0.1% of all cases). Children and adolescents are more likely to be exposed to monkeypox if they live in or have recently traveled to a community with higher rates of infection.

Are some children at increased risk for monkeypox?

Infants, young children (under 8 years of age), children with eczema and other skin conditions and children with immunocompromising conditions may be at increased risk of severe disease when they contract monkeypox.

What are the symptoms of monkeypox in children?

Rash is the most common monkeypox symptom, and it can look similar to rashes seen more commonly in children, including rashes caused by chickenpox, herpes, allergic skin rashes and hand, foot, and mouth disease.

The [rash](#) typically begins as maculopapular lesions and then progresses to vesicles, pustules and scabs. Other common symptoms include fever, lymphadenopathy, fatigue, and headache, although these symptoms are not always present.

Should my child be tested for monkeypox?

Anyone with symptoms of monkeypox should talk to their pediatrician or other health care clinician—even if they do not think they had contact with someone who has monkeypox.

Your child may need to be tested for monkeypox if they have a suspicious rash and:

- were in close, personal contact with someone with a confirmed or probable case, or
- traveled somewhere that put them at risk of infection.

If your pediatrician suspects monkeypox based on the appearance of rash and your child's history, they will take a skin swab and do a lab test.

What if I am concerned, I may have monkeypox?

Public Health recommends that you speak to your primary care provider. Most providers can now do testing for monkeypox through commercial laboratories.

If you do not have a regular provider, call 2-1-1 or the OCHCA Health Referral Line at 800-564-8448 for assistance.

What if I or my partner have monkeypox?

- Follow the treatment and prevention recommendations of your healthcare provider.
- Avoid sex or being intimate with anyone until all your sores have healed and you have a fresh layer of skin formed.
- If you have monkeypox or are waiting for test results please see CDC's guidance on [home isolation and infection control](#) for measures to keep yourself and others safe.

Is there any treatment for monkeypox for children?

Most people recover in two to four weeks even without medicines that kill the virus causing monkeypox. Your child may need treatment if they have complications or severe disease or are at high risk for severe disease. Treatment may be advised if they have lesions on certain parts of their body (for example, eyes, mouth, genitals, or anus).

Monkeypox remains contagious until the rash is completely gone---after all scabs have fallen off and new skin has formed. Parents and caregivers of children with monkeypox should:

- Cover the child's skin rash.
- Remind their child to avoid scratching or touching the rash or eyes.
- Keep other people and pets away from the child. If possible, one person should provide all care for them.
- Have the child wear a well-fitting mask if they are 2 years old or older when others are taking care of them. The caregiver should wear a respirator or well-fitting mask and gloves when touching the child and handling bandages or clothing.
- Keep the child isolated and home from school or other activities until they are no longer [contagious](#).

Where can I find vaccines?

Due to very limited vaccine supply, monkeypox vaccine (Jynneos) will only be available to high-risk groups. [More information on availability can be found here.](#)

Information for Healthcare Providers

Clinical signs and symptoms

The CDC has put together a [Monkeypox Clinical Recognition](#) page, that provides information on incubation period, prodromal symptoms, provides pictures of characteristic rash, and the time-course of the rash.



Photo source: UK Health Security Agency

For additional information, please see the Infectious Disease Society of Webinar for providers from July 23, 2022: [Monkeypox: Updates on Testing, Vaccination and Treatment](#).

Infection Control

For the most current recommendations see the [CDC's Monkeypox Infection Control: Healthcare Settings](#).

Personal protective equipment used by healthcare personnel who enter the patient's room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved N95 filtering facepiece or equivalent, or higher-level respirator

Reporting

If you suspect that you have a patient with monkeypox contact the OCHCA

Communicable Disease Control Division immediately at 714-834-8180.

Testing

There are now multiple commercial laboratories offering PCR testing for monkeypox, including Quest Diagnostics, Labcorp, Aegis Sciences, and Mayo Clinic Laboratories. Healthcare providers should submit specimens through commercial laboratories if possible, as these labs are likely to provide results with a shorter turnaround time. Public Health is also offering PCR testing for providers who do not have access to commercial laboratory testing or for patients who do not have insurance. Requests for testing must be preapproved by calling the OCHCA Communicable Disease Control Division immediately at 714-834-8180.

Specimen collection requirements

- The following human specimens may be submitted for testing at CDPH VRDL: Dry swabs of lesions, using sterile nylon, polyester, or Dacron swabs with plastic or aluminum shaft.
- **More than one lesion should be sampled**, preferably from different body sites, for preliminary and confirmatory testing.
 1. Vigorously swab or brush lesion with two separate sterile dry swabs;
 2. Break off swabs into separate 1.5- or 2-mL screw-capped tubes with O-ring or place each entire swab in a separate sterile container.
- Label sample and store each lesion separately.
- Acceptable specimen types include lesion swabs (dry or in viral transport

medium and lesion crusts. Swabs are preferred over lesion crusts. At this time universal transport media is **not** acceptable for specimen submission.

- Store all specimens at 4°C if shipping within 24-72 hours; store at -80C if **Vaccines for pre- & post-exposure prophylaxis**

When used properly vaccination can be effective at preventing or mitigating monkeypox virus infection. Resources on the use of vaccines are linked below as well as links to ACIP guidance on the use of the two licensed vaccines (ACAM200 and JYNNEOSTM) to prevent smallpox as well as links to the package inserts for these products.

[Vaccine availability in Orange County](#)

[CDC Monkeypox Vaccine Guidance](#)

[Use of JYNNEOS \(Smallpox and Monkeypox Vaccine, Live, Nonreplicating\) for Preexposure Vaccination of Persons at Risk for Occupational Exposure to Orthopoxviruses: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 MMWR / June 3, 2022 / Vol. 71 / No. 22](#)

[Use of Vaccinia Virus Smallpox Vaccine in Laboratory and Health Care Personnel at Risk for Occupational Exposure to Orthopoxviruses – Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2015](#) Source: *MMWR* 2016, 65(10);257–262

[ACAM2000, \(Smallpox \(Vaccinia\) Vaccine, Live\) package insert](#)

[JYNNEOS \(Smallpox and Monkeypox Vaccine, Live, Nonreplicating\) suspension for subcutaneous injection package insert](#)

Treatment

Most cases of monkeypox experience mild or self-limited diseases. There is currently no licensed treatment for monkeypox. See the CDC's [Treatment Information for Healthcare Professionals](#) for the latest guidance.

Tecovirimat

Tecovirimat (also known as TPOXX or ST-246) is FDA-approved for the treatment of human smallpox disease caused by Variola virus in adults and children. Tecovirimat may be considered for treatment in people infected with Monkeypox virus who either 1) have severe disease, 2) are at high risk of severe disease, or 3) have infection of anatomical areas which may pose a special hazard, such as eyes, mouth, genitals, or anus.

CDC and FDA have developed a process for healthcare providers to provide tecovirimat (TPOXX) treatment to patients with monkeypox under the expanded access investigational new drug (EA-IND). Additional information for providers interested in obtaining tecovirimat for monkeypox treatment can be found [here](#).

Is there a monkeypox vaccine indicated for use in children and how do I obtain it for my patients?

There is currently no monkeypox vaccine available for administration to all children. However, there is a vaccine available to children < 18 years who have been

exposed to monkeypox. JYNNEOS vaccine may be recommended for children <18 years of age for post-exposure prophylaxis under a single patient expanded access investigational new drug (IND) [protocol](#) through CDC. Clinicians should discuss use of vaccine in a child as post-exposure prophylaxis with the state or local health department and CDC.

How can I protect myself and other members of the practice team from monkeypox?

Currently, vaccination is not recommended for most health care workers. CDC recommends that people whose jobs (clinical or research laboratories and certain health care and public health team members) may expose them to orthopoxviruses, such as monkeypox, receive either JYNNEOS or ACAM2000 [vaccine](#).

Health care workers should utilize the following personal protective equipment (PPE) when caring for a patient with suspected or confirmed monkeypox infection: gown, gloves, eye protection and N95 (or comparable) respirator.

Is post-exposure prophylaxis recommended for health care workers who have been exposed to monkeypox?

Health care workers who have unprotected, high risk contact with patients with monkeypox may be eligible for post-exposure prophylaxis in consultation with public health authorities. Post-exposure prophylaxis involves [receipt of vaccine](#), optimally within 4 days of exposure. Transmission of monkeypox virus from patients to health care workers has not occurred to date in this outbreak, lending

support to the recommendation for post-exposure prophylaxis as the primary means for protecting health care workers.

What is the guidance for newborns in hospitals who may have been exposed to monkeypox during and after delivery?

Infants born to someone with suspected or confirmed monkeypox should undergo early bathing and post-exposure prophylaxis. While the optimal strategy for post-exposure prophylaxis of newborns has not been defined, Vaccinia Immune Globulin should be considered. Infants should also stay in a separate room and not have direct contact with parent (s) or caregivers infected with monkeypox. [Breastfeeding should be delayed](#) during the [isolation period](#), and breastmilk should be pumped and discarded.

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