

MEMO

To: Healthcare Providers
From: Dr. Janice Fitzgerald, Chief Medical Officer of Health
Date: May 26, 2022
Re: **International and Canadian Monkeypox cases**

Cases of Monkeypox have been identified in several countries, including 25 cases in Canada as of May 26. There is potential for cases to appear in Newfoundland and Labrador and early identification and reporting of suspected cases is important for effective control.

Monkeypox is caused by an Orthopoxvirus and is related to smallpox. It is considered a zoonotic disease with spread occurring from animals to humans. Transmission can happen between humans through direct contact with an infected individual's body fluids, respiratory droplets, or Monkeypox lesions. It can also be transmitted via sharing of clothing, bedding, or other items that have been contaminated by body fluids or lesions. As with many other diseases spread through close contact, people can lower their risk by maintaining physical distance and practicing hand and respiratory hygiene, including masking.

This is the first time that cases of Monkeypox have been reported in Canada. Cases have been primarily found in Central and Western Africa with travel related cases reported elsewhere in the world. The reported cases in Canada have no travel links to endemic areas identified to date. Some jurisdictions are investigating clusters of cases amongst men who report having sex with men, although cases are not found exclusively in this population.

Monkeypox typically presents with fever, rash, and lymphadenopathy. The case definitions currently being used in Quebec, based on the CDC case definition, can be found attached to this memo. This case definition will likely be updated in the coming days. Guidance regarding the use of vaccines and therapeutics in the management of Monkeypox disease will be forthcoming.

The infectious period is five days prior to rash onset until lesions have crusted. The incubation period is usually 6-13 days, but can be up to 21 days.

As this is an emerging communicable disease in this country, and there is a potential risk to the health of the population, it is **reportable pursuant to subsection 7(1) of the Public Health Protection and Promotion Regulations** made under the Public Health and Protection and Promotion Act.

If you suspect you have identified a case of Monkeypox as described, please:

- Contact Infectious Disease consultant on call at 709-777-6300
- Notify Public Health immediately

- Monday to Friday 8:30-4:30: contact your regional Communicable Disease Control office
 - Eastern Health 752-4358;
 - Western Health 637-5417;
 - Central Health 651-6238;
 - Labrador Grenfell health 897-3110 (north) or 285-8410 (Lab West Health)
- After hours: contact the Medical Officer of Health on call at 1-866-270-7437.

Infection Prevention and Control Practices:

- Clinical areas should implement airborne/contact/droplet precautions if a patient is suspected to have Monkeypox. PPE includes N95 respirator, eye protection, gloves and gown (doff gown and gloves inside room).
- Dispose of contaminated waste materials in a biohazardous waste disposal bag.
- Place the patient in a negative pressure room, if available, or private room if negative pressure room is not available
- Contact IPAC immediately (if the patient is seen in an RHA facility)

Specimen Collection:

- Lesion material or fluid from pustules:
 - Collect two specimens with Dacron or Rayon swabs. Place one swab in a 5 mL sterile tube without transport media. Place the second swab in universal transport media. These can be shipped refrigerated or on dry ice.
- Tissue samples:
 - Place in a sterile container. Ship frozen on dry ice.
- Monkeypox is a Risk Group 3 pathogen and must be shipped as TDG category A.

Resources on Monkeypox:

WHO: https://www.who.int/health-topics/monkeypox#tab=tab_1

US CDC: <https://www.cdc.gov/poxvirus/monkeypox/index.html>

PHAC: <https://www.canada.ca/en/public-health/services/diseases/monkeypox.html>

Interim Case Definitions:

SUSPECT

A person with papular or pustular rashes or painful ulcers with or without systemic symptoms (fever, headache, myalgia, arthralgia, back pain or lymphadenopathy)

AND

who has had, in the 21 days prior to the onset of their symptoms, one of the following exposures:

- significant contact¹ with a person who has painful skin lesions such as papules, vesicles or ulcers **OR**
- a history of travel to a country that has reported confirmed cases of monkeypox in the 21 days prior to the onset of symptoms; **OR**
- is a man reporting sexual contact with other men.

PROBABLE CASE

A person with an unexplained rash on any part of their body plus one or more classic symptom(s) of a monkeypox infection

AND

Has an epidemiological link to a confirmed case of monkeypox within 21 days prior to the onset of symptoms

OR

Detection of a virus of the genus orthopox by an appropriate laboratory test

or

Serological detection of IgM against orthovirus in serum collected between days **7 and 56** after the onset of the rash.

CONFIRMED CASE

Monkeypox virus detection confirmed by appropriate laboratory test.