Oregon Health Authority
PUBLIC HEALTH DIVISION

# Monkeypox (hMPXV) Comprehensive Talking Points

## Background

- Monkeypox, also known as hMPXV, is an unfamiliar disease to many of us. That unfamiliarity can make us feel uncertain and afraid. There is good news, though: The virus that causes monkeypox is not new. And even though this outbreak is a little different from others, we still know a lot about the disease, how severe it is, and what we can do to control it.
- Monkeypox is caused by a virus.
- Monkeypox was first identified in 1958. The first human case was identified in 1970.
- The virus is in the same family as the virus that causes smallpox. Monkeypox is typically less severe than smallpox.
- Before the current outbreak, monkeypox was considered rare.
- Since May 13, 2022, cases of monkeypox have been reported in many countries where it isn't usually seen.
- The illness from monkeypox in the current outbreak has generally been milder than in the past. Deaths have been rare.
- Monkeypox cases have been identified in the U.S. periodically in the past (in 2003 and, most recently, in July and November 2021). Unlike the current outbreak, these outbreaks did not affect men who have sex with men more than others.

## OHA Response

OHA is:

- Working with community partners to share information about monkeypox, the outbreak and infection prevention strategies with people who might be at increased risk of infection.

- Sharing information with clinicians about the outbreak as it is updated, including how to recognize and test for monkeypox illness and how to prevent spread.
- Informing those who might be at risk of infection about symptoms and risk factors of monkeypox, and when to seek care should symptoms develop.
- Ensuring that testing for monkeypox infection is available at the Oregon State Public Health Laboratory and many commercial laboratories.
- Working with the Centers for Disease Control and Prevention (CDC) to provide vaccine or medications for treatment of monkeypox:
    - Vaccines are available through a federal stockpile.
    - Vaccines are being used in several ways to prevent the spread of monkeypox:
        - » Vaccines can be given within two weeks after an exposure to a person with known monkeypox.
        - » Vaccines can be given to the people in the sexual or social networks of a person with known monkeypox.
        - » As supplies increase, vaccines could be given to others at risk for monkeypox to prevent infection prior to exposure.
    - If someone is at risk for or has severe illness from monkeypox, OHA can make treatment available to that person and the person's health care provider.

## Who is at risk

- Anyone can be infected with monkeypox.
- Most people recover from the currently circulating form of monkeypox, known as clade IIb, but may experience a lot of discomfort and pain.
- Pain may make everyday activities difficult. Examples include walking or using the bathroom.
- The rash may also leave scars after the sores have healed.
- There are some groups at higher risk of serious illness or death. These include:
    - People with weakened immune systems.
    - Children younger than 8.
    - People with a history of certain skin diseases, such as eczema.
    - People who are pregnant or breastfeeding.

## Avoid underestimating your risk due to fear and stigma. Support those who are stigmatized or have historic traumas.

- Monkeypox and other viruses do not discriminate. For several social, economic and political reasons, they do sometimes affect some communities more than others.
- Though current data suggests many (but not all) cases in this outbreak have been among men who have sex with men, people with other sexual orientations and identities have been infected in this and previous outbreaks of monkeypox. Anyone of any sexual orientation or identity can be infected by the virus.
- Historically, in some countries, racial and ethnic groups have experienced stigma related to this virus. This started when monkeypox was more limited in geography. Unfortunately, that stigma persists even though the current outbreak demonstrates that monkeypox does not discriminate based on national origin, or racial or ethnic identity.
- When we think about a disease as only belonging to one group of people, we often overlook the ways we, too, could become exposed or expose others. This causes us to sometimes inaccurately assess our own risk.
- Dismissing a disease as belonging to a certain group or blaming a group for a disease can contribute to the barriers that exist within healthcare, making it harder for affected people to protect themselves and others.
- Finally, we must also recognize there are experiences in people's lives that shape their understanding and response to this pandemic. Frequent comparisons and references have been made to smallpox during this monkeypox outbreak. Though they are distinct viruses, they come from the same family. Though smallpox and monkeypox are not the same viruses, comparisons, and references to it, may ignite historic traumas.
- If we want to protect our communities, we must understand the facts, examine our own personal risks, and take steps to protect and support one another.

## How monkeypox spreads

- Monkeypox can spread to anyone through close, personal, direct contact with skin or body fluids. This direct contact can occur by:
    - Touching monkeypox rashes, sores or body fluids of someone who has monkeypox.

    - Touching objects, fabrics and surfaces that have been used by someone with monkeypox without being cleaned in between uses.
- Less commonly, monkeypox can spread through the droplets from coughs and sneezes. This usually occurs after prolonged, face-to-face contact.
- Non-sexual and sexual activities create opportunities for direct contacts. This direct contact sometimes happens when someone:
    - Helps clean or bandage sores for someone with monkeypox.
    - With monkeypox must care for a child or other dependent.
    - Spends long periods of time face to face and in close range of someone who is infected with monkeypox. Examples include kissing, talking closely with someone, or being close to an ill person who coughs or sneezes.
    - Sexual activity also increases the risk of touching rashes, sores or body fluids.
- A pregnant person can spread the virus to the fetus (unborn baby) through the placenta.

Scientists are still researching:

- If the virus can be spread by someone who shows no signs of illness.
- How often monkeypox spreads through respiratory droplets from coughs and sneezes.
- Whether monkeypox can spread through semen, vaginal fluids, urine or feces (poop).

## Preventing the spread of monkeypox

### Vaccines

- Vaccines called JYNNEOS and ACAM2000 have been approved for use in the prevention of smallpox and monkeypox.
- JYNNEOS is the vaccine most used during the current outbreak of monkeypox.
    - If the JYNNEOS vaccine is right for you, you will need two doses to be protected. These should be given at least 28 days apart and no more than 35 days apart.
    - You are considered vaccinated 14 days after your second dose.

    - Not everyone experiences side effects. The most common ones are swelling, redness and itching where the vaccine was given. Headache, tiredness, nausea, chills and muscle aches are also common.
    - Be sure to talk to your health care provider about any allergic reactions to the antibiotics gentamicin or ciprofloxacin, or chicken or egg protein.
    - You should not get a second dose of JYNNEOS if you have had a severe allergic reaction after your first dose.
- Vaccine effectiveness
    - While we expect the vaccines available for the current outbreak to be effective, we do not know how long protection might last or if protection will decrease over time.
    - Vaccine eligibility in Oregon includes:
    - Anyone who has had close contact with someone who has monkeypox.
    - Laboratory workers who routinely perform monkeypox virus testing.
    - Health care providers who have had a high-risk occupational exposure.
    - Anyone who has had or anticipates having direct, prolonged, skin-to-skin contact with at least one other person AND who knows of others in their social circles or communities who have had monkeypox.
- Access to vaccine in Oregon
    - The vaccine itself is free and its administration is covered by insurance. In addition, you will not be asked to provide any information or documentation of immigration status.
    - You can find a vaccination site by visiting the vaccine finder page, https://mpoxvaxmap.org/. 211 or your local public health authority can refer you to testing and treatment in your community.

## Everyday precautions to help prevent the spread of monkeypox

- Avoid touching the rash, scabs or body fluids of a person with monkeypox.
- Avoid touching objects, fabrics and surfaces that have been used by someone with monkeypox and not disinfected after use.
    - Note: So far, casual contact with objects, fabrics and surfaces do not appear to be a concern. The type of use or touch is the more frequent, longer-term exposure that might come with living with or caring for someone.

- Wash your hands with soap and water often. Use an alcohol-based hand sanitizer when soap and water are not available.
- Wear a respirator, like an N95 mask, when living in the same space as someone who has monkeypox.
- Ventilate and air out your living-space.
- If you must care for someone with monkeypox, be sure to:
    - Cover as much of your own skin as possible. Use gloves when caring for sores and wounds of someone infected with monkeypox.
- If you have monkeypox:
    - The best way to protect others is stay home and isolate as much as possible if you are ill.
        - » If possible, wait to resume normal activities until your symptoms have been gone for 48 hours. This includes ensuring sores are healed and have a new layer of skin.
        - » Not everyone has the same resources to stay home for an extended time. OHA and CDC have guidance to help you protect others to the best of your ability.
    - If you are ill, there are some general tips for protecting others:
        - » Avoid physical contact with others, especially skin-to-skin.
        - » Cover your rash or sores.
            - ◆ If possible, avoid having others take care of your monkeypox sores.
        - » Avoid touching commonly used or shared items and surfaces with your sores.
            - ◆ If you must touch shared items and surfaces, clean and disinfect frequently touched surfaces after each use.
            - ◆ Commonly used or shared items may include bedding, furniture, towels, clothing, door handles, utensils, countertops, sex toys, etc.
        - » Cover coughs and sneezes.
        - » Wear a respirator if you must spend time with people who do not have monkeypox.

- If you must go out, avoid crowded spaces and choose places where people will be fully clothed.

### Cleaning and Disinfecting

- Whenever possible, the person who has monkeypox should do the cleaning and disinfecting. If someone else, that person should wear clothes covering as much skin as possible. It is recommended that the individual also wear gloves and a respirator.
- Choose an Environmental Protection Agency- registered disinfectant, and follow all instructions for concentration, contact time, care and handling. Do not mix disinfectants or add other chemicals.
- Use wet cleaning methods when materials allow. Wet cleaning products include disinfectant wipes, sprays and mopping.
- Use a vacuum with a high efficiency air filter. Wear a respirator if the vacuum you use does not have an air filter
- When you clean, do so in this order:
  - Gather any waste, placing it into a bag and sealing it.
  - Launder or throw out clothing, towels and supplies used to cover lesions.
    - Wash clothes using standard laundry practices. However, take care to avoid touching soiled laundry directly or shaking fabrics.
  - Disinfect hard surfaces.
    - Dishes and utensils may be cleaned with hot water and detergent or soap.
    - Be sure to clean inside drawers, refrigerator, interior cabinets and the like if they were accessed by the person with monkeypox.
  - Clean upholstered furniture and other soft furnishings, as well as carpet and flooring.
  - Dispose of waste.
    - Items and surfaces that are unlikely to have come in contact with a person with monkeypox do not need to be disinfected.

## Signs of illness

- Signs of illness usually start within three weeks of exposure to the virus.
- Illness usually lasts two to four weeks.

- If you are ill with monkeypox, you may not experience all its symptoms. Each person is different.
- Monkeypox often causes a painful rash that changes over time.
  - The rash starts as flat patches or appear like pimples or blisters.
  - These change to firm, raised bumps that may become dented on top and then, over several days, fill with fluid or pus.
  - The bumps then scab over and fall off.
- The rash appears on many areas of the body. Yet, it does not always appear in more than one place on the body. Most commonly it appears on or near:
  - Hands
  - Feet
  - Chest
  - Face
  - Mouth
  - Genitals (penis, testicles, labia and vagina)
  - Anus (butthole)
- Sometimes the rash only has a few sores or even just one.
- When the rash is in the genital areas or anus, it may be confused with other, more common infections that are sexually transmitted, like syphilis or herpes.
- Other signs of illness may include: fever, chills, swollen lymph nodes, tiredness, muscle aches or backaches, headache, sore threat, stuffy nose or cough.
- If someone has flu-like symptoms, they will usually develop one to four days later.

Severe monkeypox illness may include:

- Fever
- Rapid increase in the numbers of sores
- Confusion
- Stiff neck
- Difficulty breathing
- Seizure
- Diarrhea
- Vomiting

## When to seek health care

- Call your health care provider when:

- You think you may have monkeypox.
- You think you have had close, personal contact with someone who has monkeypox.
- Your symptoms worsen.
- Your pain prevents you from eating, sitting or going to the bathroom.
- You think your sores might be getting infected.

Your health care provider will be able to help you decide whether you should be vaccinated, get tested for monkeypox or be treated for monkeypox.

If you don't have a health care provider and need to see one, call 211 to learn about health care providers in your area. You can also reach out to your local public health authority or community clinic.

Oregon Health Plan covers monkeypox-related vaccine administration, testing, treatment and related office visits for all members, effective July 26, 2022.

If it is an emergency, call 911 or go to the nearest hospital.

## Testing

- Testing is recommended if you have a rash that looks like a  monkeypox rash.
  - Tests done by local public health departments are often free.
  - Test referrals from a private health care provider to a commercial laboratory or hospital may have a fee. The cost will vary based on whether you have insurance and the type of plan you have.
- Your health care provider will help decide whether you need a  monkeypox test. After they learn about your symptoms, they can order a test if they think you need it. You may be able to get the test at your provider's office, or you may need to visit a lab.
- The health care provider who tests you will rub the sores of your rash. This may feel uncomfortable, but it helps them get enough material to detect the monkeypox if you have it.
- Results typically take a few days. Your provider can help you understand what they mean.
- If you think you have monkeypox, consider taking steps to prevent the spread of monkeypox while you wait for your test results.

## Treatment

- Most people treat their symptoms at home.
    - Recommendations from health care providers will usually focus on keeping you as comfortable as possible during your illness.
    - Health care providers will also advise you on how to keep sores clean and bandaged to prevent infection, scarring and spread of illness to others.
- Though there are no FDA-approved medications for monkeypox, there is an FDA-approved drug for smallpox.
- Tecovirimat (or TPOXX) is an antiviral drug approved to treat smallpox in adults and children.
- Providers are being allowed by FDA to use the smallpox drug, called Tecovirimat (or TPOXX), for monkeypox. The drug is free and must be prescribed by a health care provider.
- Smallpox and monkeypox are not the same virus, but they are from the same family of viruses. This means that the viruses are similar enough that TPOXX may be used to treat monkeypox.
- Though TPOXX is FDA approved for smallpox, it not yet approved for monkeypox. When used for monkeypox, TPOXX is considered an investigational drug. As an investigational drug, research is still being done to test how safe and effective TPOXX is in people with monkeypox.
- TPOXX is currently only for people with severe monkeypox, or at high risk of severe illness. A health care provider may prescribe TPOXX for the following groups:
    - People with severe signs of monkeypox disease, such as: bleeding or infected rash, sores that have merged into larger sores, or other conditions that require you to be admitted to the hospital.
    - People with weakened immune systems. This may include people with HIV that is not virally suppressed, leukemia, lymphoma, persons undergoing chemotherapy, organ transplantation or autoimmune diseases.
    - Rash or sores in the eyes, mouth, throat, genitals and anus that risk severe disease in the short term and long term.
    - People with another disease or condition that affects the skin.

- Children, particularly those younger than 8.
- Those who are pregnant or breastfeeding.

- TPOXX is not for people with milder symptoms. The concern is that if TPOXX is used too often, the virus may develop resistance. If it develops resistance, it may mean the drug would no longer work for monkeypox.
- TPOXX may prevent or reduce severe monkeypox disease in the eyes, mouth, throat, genitals and anus (butthole). It may also provide relief for symptoms.

## Safer Sex

- The basics of safer sex, such as knowing your body, talking with partners and getting tested, regularly apply to monkeypox as well.
  - Talk with your partner about any recent illnesses, and/or monkeypox symptoms.
  - Be aware of any new or unexplained rash or sores anywhere on your body or in your mouth, genital areas or anus (butthole).
  - See a health care provider if you have an unexplained rash. Avoid sexual activities until you know what is causing your rash. You and your partner(s) should avoid touching the rash or sores.
  - Discuss and agree with your partners on steps you will each take to protect one another.
- Get vaccinated. Hold off on any activities that increase your risk of monkeypox exposure until two weeks after your second dose of vaccine.
- You don’t have to change your life entirely. Consider at least some of these temporary changes to reduce your risk of getting and spreading monkeypox.
  - Limit the number of partners you have and sexual activities you engage in.
    - » Have contact information for partners, even when engaging in anonymous sex.
    - » Back rooms, saunas, sex clubs, or private and public sex parties are places where monkeypox is known to spread.
    - » If you have multiple partners and/or engage in group sex, form a pod with a limited number of sex partners.
  - Reduce skin to skin contact as much as possible.

    - » Consider sexual activities that you can do with your clothes on. Leather and latex gear can also create a barrier.
    - » If you and your partner consent to have sex when one of you has a rash or sores, cover them with bandages and clothing.
    - » Masturbate at a safe distance without touching each other or any rashes or sores.
    - » Condoms may limit exposure to monkeypox in the genital area. They may not prevent spread of monkeypox since rashes may be present on other areas of the body. Similarly, gloves can help protect hands.
    - » Consider virtual sex using computers or phones.
  - Wash hands, gear, sex toys and fabrics after having sex.
    - » The virus can live on surfaces, objects and fabrics. Avoid sharing towels, gear, sex toys, towels and toothbrushes.

## Social Gatherings

- Raves, parties, clubs and festivals are supposed to be fun. Be sure to take steps to protect yourself and others from monkeypox so the fun doesn't wear off long after you've gone home.
- If you are feeling ill or have a rash or sores, stay home. Until you can talk to your health care provider, find other fun or enjoyable activities you can do while isolated at home. Consider virtually hanging out with friends.
- Choose events and venues where people are less likely to have close, personal, skin-to-skin contact.
- Be sure you are fully clothed before you head out. Choose clothes that cover as much skin as possible.
- Avoid activities that put you in close, face-to-face contact or exchange saliva. This might include things like kissing or sharing cups.

## Living in groups or tight spaces

- Many people live in shared housing. Examples include:
  - Employer-provided housing, also called labor housing per OR-OSHA.
  - On- and some off-campus housing.
  - Adult family and foster care homes.

    - Residential treatment facilities (child and adult behavioral health residential treatment centers, intellectual or developmental disabilities 24-hour residential programs).
    - Shelters, supportive/supported living and temporary or transitional housing.
- The number of people, shared spaces and sometimes tight living quarters can increase the risk of monkeypox spreading if someone you live with has monkeypox.
- Many of the steps that can help prevent monkeypox in other living spaces are also helpful here. Resources for residents can vary in these settings, so do the best you can to:
    - Seek help from a health care provider if you have a new or unexplained rash or sores.
    - Let facility staff know they should contact your health care provider for you if you are not able to contact a provider directly.
    - Keep any rashes or sores covered by clothing or bandages as much as possible with the resources available to you.
    - Wash hands regularly with soap and water. Use alcohol-based hand sanitizer if soap and water are not available.
    - Practice safer sex.
    - Keep your living space as clean as possible with the resources available to you. Disinfect shared and frequently touched surfaces.
- Congregate living facilities should:
    - Review their infection control policies.
    - Ensure access to handwashing.
    - Conduct education for staff, volunteers and residents about ways to prevent the spread of monkeypox.
    - Respond to those with potential monkeypox by providing or facilitating access to testing, bandaging and wound care supplies, and medical care. Help isolate anyone with monkeypox.
    - Have staff who are ill stay home.
    - Identify and respond to people who may have been exposed.

- Provide personal protective equipment (PPE) to staff, residents and visitors when someone living or working at the setting has or recently had monkeypox.
- Clean and disinfect all shared spaces, surfaces and objects. Launder potentially contaminated fabrics.
- Adhere to waste management protocols.

# Pregnancy, breastfeeding and care for infants and children

## Understanding the risk

- Currently, we don't know if pregnant people are more likely to get monkeypox.
- There is a probably increased risk of severe illness during pregnancy. This is likely due to other changes in biology and physical needs during pregnancy. However, this is still unknown.
- Pregnant, recently pregnant and breastfeeding people should be prioritized for medical treatment if needed.

## Spread of monkeypox during and after pregnancy

- Monkeypox can be passed to the fetus during pregnancy.
- It can also be spread to the newborn and children by close contact. Close contact would include holding, cuddling, diapering, breastfeeding, kissing.
- Currently, we don't know if pregnant people are more likely to get monkeypox.

## Signs of monkeypox during pregnancy

- Signs of monkeypox illness during pregnancy are like those of non-pregnant people. These signs of illness include rash accompanied by fever, headache, fatigue, sore throat, swollen lymph nodes, and cough.
- These symptoms can be signs of other infections during pregnancy, so your health care provider may recommend thorough diagnostic testing.

## Seeking health care

- Medical providers and pregnant people should closely monitor for severe illness and pregnancy complications.
- If a pregnant individual thinks they might have monkeypox, they should contact their health care provider immediately.

## Treatment and care

- The current, FDA approved, treatment for monkeypox is an antiviral medication called TPOXX (Tecovirimat). This is approved for use adults and children, including during pregnancy, for small pox.
- It is not known if TPOXX during pregnancy can prevent a baby from being born with monkeypox.
- There is not yet enough research to know if TPOXX affects breastmilk production, if it passes to human milk, or if it affects breastfed children.
- We do not know if any amount of TPOXX showing up in human milk is enough to treat a breastfeeding child with monkeypox. These children should be treated with TPOXX individually.
- Other medications to treat monkeypox, including cidofovir and brincidofovir, should not be used to treat pregnant individuals or those who are breastfeeding. This is because they might harm a developing fetus.

## Available vaccines

- JYNNEOS is the viral vaccine used to prevent monkeypox. Limited studies have shown no evidence of harm to a developing fetus.
- JYNNEOS can be offered to people who are pregnant or breastfeeding who are otherwise eligible. Talk to your health care provider to discuss potential risks and benefits of JYNNEOS. Your provider can help you decide if JYNNEOS is right for you.
- JYNNEOS is also approved for children older than 1 year.
- ACAM2000 is an alternate vaccine sometimes used to prevent monkeypox. JYNNEOS is the vaccine of choice, though, for people who are pregnant or breastfeeding.
    - ACAM2000should not be used on people who are pregnant or breastfeeding due to health risks to the developing fetus, infants and children.

## Isolation

- It can be difficult logistically, emotionally and physically difficult to isolate yourself from your child while ill. Everyone has different support systems, distribution of caregiving responsibilities and other resources.

- If possible and safe for the infant or child, one of the best ways you can prevent the spread of monkeypox to your child is to isolate yourself as much as possible. You may need to ask for help from others you can trust.
    - This includes patients infected with monkeypox following childbirth.
    - Although we know the benefits of skin-to-skin contact and having your baby close by are important for breastfeeding and infant well-being, the risk of spreading monkeypox to a newborn is very high.
- Health care providers should take special considerations for recently pregnant people in isolation to support their mental health, breastfeeding and social support.
- If you cannot fully isolate, you can take steps to reduce exposure to infants and children. Caregivers should consider follow these precautions:
    - The person with monkeypox should stay in a separate room from the infant or child as much as is possible and safe for the child.
    - Minimize direct, skin-to-skin contact.
        - » Caregivers should wear fresh clothing when interacting with children. All visible skin below the neck should be covered.
        - » Caregivers should wear gloves, especially if preparing formula, foods or drinks, and when diapering or changing clothing.
        - » During contact, the newborn should be fully clothed or swaddled, and after contact occurs the clothing or blanket should be removed and replaced.
    - Soiled linens should be removed from the area.
    - These precautions should be followed until the infected caregiver has met the criteria to end isolation (i.e., all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed).
- People infected with monkeypox should not visit a patient or household with a newborn baby, due to the potential of severe illness for the infant.

## Breastfeeding

- It is unknown if monkeypox can be passed to an infant through breastmilk. Breastfed infants and children should be fed pasteurized, human donor milk or formula until their breastfeeding caregiver no longer needs to isolate.

- Individuals with monkeypox who breastfeed their infant or child should pause. Wait to resume until it is safe to end isolation. This means all sores are gone, the scabs have fallen off and a fresh layer of intact skin has formed. Other symptoms should be gone for at least 48 hours.
    - People who pause breastfeeding may need added support from health care providers to resume. They should consider talking to their OB/GYN, midwife or lactation support specialist for help.
- People who are breastfeeding should talk with their health care provider to decide when it is safe to resume direct breastfeeding or feed expressed breast milk.
- It is not known if TPOXX during pregnancy can prevent a baby from being born with monkeypox.
- There is not yet enough research to know if TPOXX affects breastmilk production, if it passes to human milk, or if it affects breastfed children.
- We do not know if any amount of TPOXX showing up in human milk is enough to treat a breastfeeding child with monkeypox. These children should be treated with TPOXX individually.
- Other medications to treat monkeypox, including cidofovir and brincidofovir, should not be used to treat pregnant individuals or those who are breastfeeding. This is because they might harm a developing fetus.

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.