

Additional Monkeypox Q and A from 7/21/22 Session

1. It seems that genital/perianal lesions are not considered "aberrant" in the current epidemic though - are lesions in those locations also an indication for tx?

Lesions in these area are not necessarily an indication for treatment if they are mild and do not progress in number, size or distribution. We have provided treatment to 'many' cases with lesions in these areas due to pain, swelling, and distribution causing problems with urinary and fecal retention.

2. Are monkeypox lesions easily distinguishable from meth sores in female meth users? Does the virus clear out of the body or do small amounts hide somewhere?

The presentations of MP lesions could be confused with meth sores. Monkeypox lesions would be expected to occur in areas that would not be reachable by the patient's hands which could help to distinguish from meth (scratches, excoriations etc).

3. Any issues with secondary bacterial infection such as MRSA to open lesions?

This is most definitely a possibility ie superinfection. This has not yet been reported as a frequent occurrence.

4. Those older patients who had smallpox vaccines: should they now receive monkey pox vaccination if indicated by exposure risk?

Currently, we don't have enough vaccine for pre-exposure prophylaxis of older patients. The smallpox vaccine is not expected to provide benefit due to waning immunity over decades. Patients who have received the smallpox vaccine can receive the Jynneos vaccine if they are exposed to a case of monkeypox.

5. Any existing training resources available for case investigation and contact tracing training specific to monkey pox?

This is a great question and unfortunately we don't have anything specific (yet!). For now, contact tracing would be similar to what is done for other STIs. Contacts to monkeypox cases are eligible for post exposure prophylaxis with Jynneos vaccine.