



Monkeypox Virus Infection in the United States and Other Non-endemic Countries

Date: May 25, 2022

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/Childcare centers ACOs
 Animal health professionals Other

On May 24th, CDC held a Clinician Outreach and Communication Activity (COCA) call on what clinicians need to know about monkeypox including guidance about the typical clinical presentation, treatment options, pre-and post-exposure prophylaxis, and reporting suspect cases to public health authorities. The slides and recorded COCA call are available [here](#). The slides contain photos of monkeypox rashes and of other common causes of rashes such as syphilis, herpes, and varicella.

Clinicians are reminded to consider the more common infectious and noninfectious etiologies of rashes when evaluating patients. Some of the recent monkeypox cases have presented primarily with genital lesions. There has been a recent increase in reported sexually transmitted infections (STIs) in New Jersey, including an ongoing outbreak of syphilis, which may present with symptoms that resemble an atypical monkeypox infection. Information and resources on STIs can be found on the NJDOH website [here](#). Rashes associated with monkeypox disease will have lesions that are well circumscribed, deep seated, and often develop umbilication. Cases with disseminated rash will have a centrifugal distribution (more lesions on extremities and face) and lesions may be present on the palms and soles. Lesions are often described as painful until the healing phase when they become itchy.

In the 21 days prior to symptom onset, epidemiological factors that may make monkeypox more likely include travel to a country where monkeypox virus is [endemic](#) or where cases are [currently being reported](#); reported contact with a person who has monkeypox or who has a rash consistent with monkeypox; contact with a wild animal or exotic pet that is an African endemic species; or if the patient is a man and had close or intimate in-person contact with other men.

While some of the recent cases have been reported in men who have sex with men (MSM), monkeypox is often spread through direct physical contact and can affect all individuals. Although some populations may have a greater chance of exposure right now, monkeypox infections are by no means exclusive to the gay and bisexual community in the U.S.

While the risk of monkeypox is low and other etiologies should be considered (including STIs), if a healthcare provider suspects monkeypox based on the clinical presentation and epidemiological factors, the attached updated monkeypox investigation form should be used to gather information, and the suspect case should be reported immediately to the [local health](#)



[department](#) where the patient resides. If the local health department cannot be reached, healthcare providers should contact NJDOH Communicable Disease Service at 609-826-5964 during business hours or 609-392-2020 on evenings, weekends, and holidays. Monkeypox test requests must be approved by NJDOH and the CDC; if approved, NJDOH will coordinate with healthcare providers to have samples tested at the NJ Public Health and Environmental Laboratories (PHEL); confirmatory testing will be performed at CDC. Healthcare providers should also ensure that they are testing for other etiologies such as syphilis or herpes if clinically indicated.

Resources

[HAN Archive - 00466 | Health Alert Network \(HAN\) \(cdc.gov\)](#)

<https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html>

[Webinar May 24, 2022 - What Clinicians Need to Know about Monkeypox in the United States and Other Countries \(cdc.gov\)](#)

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

<https://www.nj.gov/health/hivstdtb/stds/index.shtml>