

From: Clauss, David W. <David.Clauss@uvmhealth.org>
Sent: Tuesday, June 28, 2022 3:18 PM
Subject: Clinical Resources Related to Monkeypox

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Dear Colleagues,

As of June 27th, the CDC has confirmed 244 cases of Orthopox/monkeypox in the United States, with 53 cases in New York State (48 in New York City, 3 in Westchester County, 1 in Sullivan County and 1 in Chemung County), and Quebec has confirmed 184 cases, primarily in the Montreal area. While there have not yet been any confirmed cases in Vermont or in northern New York, it is reasonable to believe we will see this disease in our patient population in the near future. The following is a collection of resources for education and reference as we all prepare for this possibility:

Government Resources:

VDH Monkeypox page: <https://www.healthvermont.gov/disease-control/zoonotic-diseases/monkeypox>

NYS Monkeypox page: <https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/>

CDC Monkeypox page: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

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

State-Specific Specimen Collection Instructions:

New York: [HEALTH ADVISORY: MONKEYPOX CASES NOT ASSOCIATED WITH TRAVEL TO AREAS WHERE MONKEYPOX IS ENZOOTIC \(ny.gov\)](#)

Vermont: Please refer to the attached Monkeypox Sample Collection document

Please note! Until further notice, please order the test through EPIC using the “Non-Mayo miscellaneous test” order

Webinars:

ECSMID/IDSA joint Monkeypox Webinar - <https://eacademy.escmid.org/escmid/2022/monkeypox-outbreak/363235#>

CDC/IDSA COCA Webinar – https://emergency.cdc.gov/coca/calls/2022/callinfo_052422.asp (info re: differentiating STIs from Monkeypox)

HIVMA/IDSA/Fenway Webinar - [Monkeypox in the U.S.: An Update for Clinicians & the LGBTQ Community \(idsociety.org\)](#) (good photos from current outbreak)

Other helpful notes courtesy of Dr. Jessie Leyse, ID at CVMC:

- Monkeypox is transmitted by close contact and possibly droplets. The current outbreak is concentrated mostly among the me –who-have-sex-with-men population, though this could be early selection bias. Epidemiology could expand.
- Current cases are presenting more with anogenital lesions or proctitis rather than the classic rash, and often without prodrome or fever.
- Rash is usually nodular, deep, and firm at the beginning, before becoming vesicles→pustules→crusting
- We are seeing many coinfections (HSV AND Monkeypox, shingles AND Monkeypox). Test for everything at the same time rather than a sequential workup.

- Have a LOW index of suspicion in someone who presents with concerns for STI, especially if they've traveled recently to higher-prevalence areas. Examine ALL skin in good lighting.
- If suspicion, wear gown, gloves, N95, and eye protection and try to have patient in negative pressure. If negative pressure not available, a regular room with the door closed is fine.

Thank you all for what you do. I will provide updates as they become available.

Sincerely,
Dave

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Monkeypox Sample Collection

1. Contact Vermont Department of Health Epidemiology at 802-863-7240 (option 7) to obtain testing approval.
2. Monkeypox collection kits are available in the Clinical Microbiology Lab (847-2339).
3. It is recommended to sample >1 lesion, preferably from different locations on the body and/or from lesions with differing appearances.
4. (2) separate dry swabs should be collected from each lesion for preliminary and confirmatory testing
5. Per lesion:
 - Fill out 1 paper Vermont Department of Health (VDH) Requisition: [MICRO 220 \(healthvermont.gov\)](https://www.healthvermont.gov/micro-220)
 - SPECIMEN SITE: Select “Other” and write in lesion location
 - MOLECULAR VIROLOGY: Select “Other” and write in “Monkeypox”.
 - Place VDH requisition in outside pocket of specimen bag, not in inner zip-locked area with specimens.
 - Each lesional site should be bagged separately with a site-specific req attached
 - Order 1 “Non-Mayo Miscellaneous” test per lesion to obtain specimen labels (UVMCC Network Providers)

| Specimen Type | Dry Polyester Swab (two per lesion) |
|-------------------------------|--|
| Collection | 1) Sanitize patient's skin with an alcohol wipe and allow skin to dry |
| | 2) Vigorously swab or brush lesion base to collect infected cells from the base of the open lesion with two separate sterile dry polyester swabs |
| | 3) Place each swab in its own sterile container |
| | ** Repeat this process on different lesions. |
| | ** DO NOT add or store in viral or universal transport media. |
| | **Simultaneous testing for other infectious agents (e.g. HSV/VZV) is recommended. Collect a separate specimen using a UVMCC 'Virology Collection Kit' and order additional testing in EPIC per normal procedures. |
| Submission information | 4) Fill out (1) VDH Requisition and (1) Non-Mayo Misc EPIC order per lesion (2 swabs) |
| | *Work with VDH on a case by case basis to determine best option for specimen transport. Can consider sending samples to the UVMCC clinical laboratory for transport to VPHL or using VDH STAT couriers to transport directly to VPHL. *If sending via NECLA to UVMCC => VDH, please package separately and label “FOR VDH” on the outside of the package to ensure timely delivery. |
| | *If transport will be delayed, place in cooler with cold packs. |

