

Epi Update for Friday, August 26, 2022

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
BUREAU OF HIV, STD, AND HEPATITIS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Items for this week's Epi Update include

- Monkeypox update
- In the news: Monkeypox experts give virus variants new names
- Infographic: What to do if you suspect monkeypox

Monkeypox update

An ongoing outbreak of monkeypox has spread across many countries that don't normally report monkeypox, including the U.S. As of August 25, 46,724 cases have been identified in 98 countries. A total of 16,925 cases have been identified in the U.S., including 16 cases identified in lowa.

Men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk. The virus is spreading mostly through close, intimate contact with someone who has monkeypox.

CDC has created several new guidance pages related to the outbreak, including for schools, child care, teens, and institutions of higher education, available at www.cdc.gov/poxvirus/monkeypox/community/index.html.

The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. Presenting symptoms typically include fever, chills, distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of fever has been reported. The rash can be confused with other diseases (e.g., secondary syphilis, herpes, chancroid, and varicella zoster).

A high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with men and individuals reporting travel history or contact with a case of monkeypox. The features of monkeypox cases can easily be confused with sexually transmitted infections (STI). It is important to comprehensively evaluate patients presenting with genital or perianal ulcers for STIs. However, co-infections with monkeypox and STIs have been reported and the presence of an STI does not rule out monkeypox.

Clinicians must report suspected monkeypox cases to IDPH as soon as monkeypox is suspected and prior to collecting specimens.

- Contact IDPH by calling 515-242-5935 during business hours or 515-323-4360 outside of business hours.
- Contact SHL by calling 319-335-4500 or 1-800-421-4692.

For more information about the ongoing monkeypox outbreak, visit www.cdc.gov/poxvirus/monkeypox/response/2022/index.html.

In the news: Monkeypox experts give virus variants new names

www.who.int/news/item/12-08-2022-monkeypox--experts-give-virus-variants-new-names

Infographic: What to do if you suspect monkeypox



To view in full size, visit www.cdc.gov/poxvirus/monkeypox/pdf/mpx-clinician-what-to-do.pdf.

Have a healthy and happy week!

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