

Nebraska Department of Health and Human Services

Health Alert Network

UPDATE

August 18, 2022

Nebraska Monkeypox Updates

- Clinicians must be aware of the expanding monkeypox outbreak, the characteristic rash, and risk factors for infection, and must promptly arrange testing when appropriate.
- Monkeypox test ordering through the Nebraska Public Health Laboratory (NPHL) has been simplified. Clinicians can order monkeypox tests directly through NUIrt without calling for public health approval.
- Fractionated intradermal administration of Jynneos monkeypox vaccine is a strategy to overcome supply constraints while maintaining effectiveness, and is encouraged by DHHS, CDC, and FDA.

Globally and locally, men who have sex with men continue to be disproportionately affected and those with multiple sex partners are at highest risk. Vaccination and avoiding close contact exposure to monkeypox lesions remain the best strategies for prevention. Nebraska has identified 18 cases of monkeypox, each tested through NPHL. Some cases have described seeing multiple clinicians prior to being tested for monkeypox. We encourage clinicians and healthcare facilities to include monkeypox on the differential diagnosis when evaluating a patient with a new characteristic rash, to have an elevated index of suspicion if that patient has risk factors for monkeypox, and to promptly test either through NPHL (via NUIrt) or a commercial laboratory.

To simplify testing through NPHL, public health approval is no longer required. Orders can be placed directly into NUIrt, the NPHL test ordering and resulting system. Clinicians should create a NUIrt account: go to NPHL.org, from the sidebar under NUIrt select signup. To order a test, select outbreaks, select monkeypox, enter patient information, and submit the order. The result will be sent back to the email associated with the account and will also be sent to public health. For help, call the NPHL 24/7 emergency pager at 402-888-5588.

Jynneos monkeypox vaccine supply is not expected to meet projected need until 2023. While the standard regimen involves a 0.5ml subcutaneous injection, FDA and CDC are encouraging an alternate regimen involving a 0.1ml intradermal injection. Intradermal injections require an intradermal needle, a nurse trained in intradermal administration, and the ability to vaccinate several patients (ideally 5) within an 8 hour timeframe. Intradermal administrations *should* be used as frequently as possible to ensure greater community coverage. The additional complexity of intradermal administrations should NOT be a barrier to getting patients vaccinated. If healthcare facilities do not have supplies, staff, or enough patients for intradermal administrations, subcutaneous administration is still permitted. All administrations must be submitted to the Nebraska State Immunization Information System (NESIIS).

Tecovirimat (Tpoxx) has been stocked by DHHS and will rapidly be made available to clinicians seeing patients with monkeypox who meet criteria for treatment (e.g., severe illness or severe pain, and other indications at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html>). Any clinician caring for a monkeypox patient with qualifying criteria should contact their local health department. For help navigating tecovirimat administration, see https://www.unmc.edu/healthsecurity/documents/tpoxx_guidance.pdf.

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Clinical recognition of monkeypox lesions

Please consider monkeypox on the DDx and test

- Widespread community transmission of monkeypox has disproportionately affected gay, bisexual, and other men who have sex with men (MSM), individuals with HIV, and racial and ethnic minority groups
- Please consider monkeypox on the differential diagnosis (DDx) when evaluating a new characteristic rash, especially in someone who is high risk, especially if there are lesions on the genitals
- Free infection prevention and control guidance for healthcare providers and facilities are available through [Nebraska ICAP](#) initiative. Subject matter experts can be reached for infection control-related questions through ICAP infection control hotline (402-552-2881).
- Map & phone number for local health departments: <https://dhhs.ne.gov/CHPM%20Maps/LHD-EPIsurveillance.pdf>

MONKEYPOX

VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



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| Stage | Stage Duration | Characteristics |
|-----------------|----------------|---|
| Enanthem | | <ul style="list-style-type: none"> • Sometimes, lesions first form on the tongue and in the mouth. |
| Macules | 1–2 days | <ul style="list-style-type: none"> • Macular lesions appear. |
| Papules | 1–2 days | <ul style="list-style-type: none"> • Lesions typically progress from macular (flat) to papular (raised). |
| Vesicles | 1–2 days | <ul style="list-style-type: none"> • Lesions then typically become vesicular (raised and filled with clear fluid). |
| Pustules | 5–7 days | <ul style="list-style-type: none"> • Lesions then typically become pustular (filled with opaque fluid) – sharply raised, usually round, and firm to the touch (deep seated). • Finally, lesions typically develop a depression in the center (umbilication). • The pustules will remain for approximately 5 to 7 days before beginning to crust. |
| Scabs | 7–14 days | <ul style="list-style-type: none"> • By the end of the second week, pustules have crusted and scabbed over. • Scabs will remain for about a week before beginning to fall off. |

*This is a typical timeline, but timeline can vary.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>