



## MEDICAL HEALTH OFFICERS **ALERT**

June 10, 2022

### In this Issue:

- Monkeypox
- Recommendations and Actions
- References

To view previous MHO UPDATES:

[https://  
www.interiorhealth.ca/  
AboutUs/Leadership/  
MHO/Pages/  
MHOUpdates.aspx](https://www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/MHOUpdates.aspx)

### Medical Health Officers:

Dr. Sue Pollock  
Dr. Carol Fenton  
Dr. Shobhit Maruti  
Dr. Karin Goodison  
Dr. Silvina Mema  
Dr. Fatemeh Sabet  
Dr. Jonathan Malo

**Contact Info:**  
**Duty MHO line**  
**(24/7)**  
**1-866-457-5648**

### Monkeypox

At this time there are **no confirmed cases** of monkeypox in the Interior Region. BC has confirmed its first case of monkeypox on June 6, 2022 and is awaiting confirmation from the National Microbiology Laboratory.

More than 700 cases of monkeypox infection have been identified in non-endemic countries since May 2022, the majority in Europe. The cases diagnosed in Canada are caused by a West African clade which tends to cause milder disease. Monkeypox is not known to be sexually transmitted, but it can occur through close direct contact. Anyone with close and prolonged contact with a case of monkeypox is at risk of having the infection.

Monkeypox is considered infectious from the beginning of symptoms (including the prodromal illness) until lesions have resolved, i.e. crusts fall off and new skin is forming underneath.

### Recommendations and Actions:



1. **Report** immediately all suspect or probable cases to the Medical Health Officer (MHO) at 1-866-778-7736 M-F from 0830-1630 and after hours and weekends at 1-866-457-5648 **if a person of any age presents with one or more of the following criteria:**

- An unexplained<sup>1</sup> acute rash<sup>2</sup> **AND** has at least one of the following signs or symptoms:
  - Headache
  - Acute onset of fever (>38.5C),
  - Lymphadenopathy (swollen lymph nodes)
  - Myalgia (muscle and body aches)
  - Back pain
  - Asthenia (profound weakness)
- An unexplained<sup>1</sup> acute genital, perianal or oral lesion(s)
- An unexplained<sup>1</sup> acute rash<sup>2</sup> **AND** has at least one of the following:
  - An epidemiological link to a probable or confirmed case in the 21 days before symptom onset such as face to face exposure including health care workers without appropriate personal protective equipment, direct physical contact, including sexual contact, or contact with contaminated materials such as clothing or bedding
  - Reported travel history to or residence in a location where monkeypox is reported in the 21 days before symptom onset

NOTE: It is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.

2. If the criteria above is met and **testing** is recommended:

- Specimens should be collected **AFTER** the case has been discussed with microbiologist on call. Consider sending the patient to the nearest Emergency Department for assessment and appropriate testing.
- Further information about testing available on the BCCDC Website [Monkeypox \(bccdc.ca\)](https://www.bccdc.ca/monkeypox)

Specimen type	Container
Skin Lesion swab	 <p>Copan Blue lid UTM with FLOQswab®</p>
Skin Lesion Material	 <p>Sterile container</p>

- For all individuals, if skin lesions are present, it is recommended to collect lesion material (roofs, crusts, aspirate, exudate, tissue), including dry swabs or swabs in Universal Transport Medium (UTM).
- For individuals who do not have skin lesions and are suspected to be in the first stage of illness (prodrome), oropharyngeal swabs, nasopharyngeal swabs, EDTA blood and urine can also be considered for testing; please discuss with a microbiologist on call before collecting and submitting these sample types.
- For individuals who have passed the first and second clinical stages, and in whom monkeypox was suspected, urine testing should be considered for testing as well as serology, although for the latter testing is not currently widely available; please discuss with a microbiologist on call before collecting and submitting these sample types.

3. Request the suspect case to **self-isolate** at home until symptoms resolve and crusts falls off with a new skin visible or until negative results of the viral skin swab become available. Inform them that the Communicable Disease Unit will be following up with them.

**NOTE: The Communicable Disease Unit will connect with all suspect cases to provide education in order to mitigate the spread of the virus and will initiate contact tracing.**

1. Common causes of acute rash can include Varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, hand-foot-and-mouth disease
2. Acute rash: Monkeypox illness includes a progressively developing rash that usually starts n the face and then spreads elsewhere on the body. The rash can affect the mucous membranes in the mouth, tongue, and genitalia. The rash can also affect the palms of hands and soles of the feet. The rash can last for 2-4 weeks and progresses through the following stages before falling off: Macules, Papules, Vesicles, Pustules, and finally Scabs.

## References

1. WHO (22 May 2022). Surveillance, case investigation and contact tracing for monkeypox: interim guidance. <https://www.who.int/publications/i/item/WHO-MPX-surveillance-2022.1>
2. BCCDC (6 June 2022). Monkeypox. Information for healthcare providers about monkeypox. <https://www.bccdc.ca/health-professionals/clinical-resources/monkeypox>

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.