



Health Advisory: Update on Monkeypox Reporting, Testing, Vaccination, and Treatment

July 15, 2022

Situational Update

[Monkeypox case counts in San Francisco](#) continue to rise. Cumulatively, as of today there have been 86 probable or confirmed cases in SF (up from 52 cases a week ago). Probable cases are those with positive PCR for orthopoxvirus that are awaiting confirmatory monkeypox-specific orthopoxvirus testing at CDC and are extremely likely to be confirmed as monkeypox given the lack of other orthopoxviruses circulating in the United States.

To date, San Francisco has received 3,388 doses of monkeypox vaccine (Jynneos) from the California Department of Public Health (CDPH), and by the end of this weekend all available doses will have been administered. An additional allocation is expected to arrive in SF next week, enabling Jynneos inventory to be replenished at sites currently administering the vaccine. We are also hoping to bring on new sites to help administer larger allocations of vaccine projected to arrive later this summer (delivery dates and amounts are still to be determined). SF allocations of Jynneos vaccine flow to SFDPH from CDPH, which in turn receives vaccine from CDC according to formulas that reflect current Monkeypox case counts and eligible population size. SFDPH continues to request as many doses as possible, and in the shortest timeframe available, to address the critical shortage of local vaccine needed to stem the outbreak.

Actions Requested of SF Clinicians

1. **Report suspected monkeypox cases to SFDPH within 1 working day, by email or fax.** Note that this is a change in reporting requirements -- 24/7 monkeypox reporting by telephone is no longer required. See below for details.
2. **Transmit specimens** for monkeypox virus testing to LabCorp, Quest, or another commercial reference laboratory now performing orthopoxvirus and/or monkeypox virus testing, or to SFDPH Public Health Laboratory (see [SFDPH testing guidance](#))
3. **Provide information** to patients with suspected monkeypox regarding [isolation and symptom management](#) and have them refer their eligible close contacts to receive post-exposure prophylaxis (PEP) with Jynneos vaccine.



4. **Counsel patients** [about monkeypox transmission and reducing their risk of Monkeypox exposures](#) in light of the expanding outbreak and limited availability of vaccine.
5. **Follow [Infection Control Guidance](#)** including use of personal protective equipment (PPE) by healthcare staff when patients with suspected monkeypox may be encountered in clinical settings.
6. **Review updated monkeypox vaccine eligibility** for San Francisco [here](#) and vaccinate those who meet current criteria or refer them to [SF monkeypox vaccination sites](#). Please inform patients that vaccine availability is limited and that not all persons currently eligible will be able to receive a timely dose until supply improves.
7. **Prioritize administration of 1st doses of Jynneos vaccine** as indicated below.
8. **Complete [this survey](#)** if your practice, clinic, or hospital is interested in becoming a monkeypox vaccine provider. Please note that completing the survey is not a guarantee that you will receive an allocation of vaccine. Email mpx.vax.distribution@sfdph.org for questions related to the survey or to Jynneos distribution.

Change to Suspect Monkeypox Reporting Procedure

Please continue to report all suspect monkeypox cases to SFDPH Communicable Disease Control. **24/7 reporting of suspect monkeypox cases by telephone is no longer required** and is not the preferred method of reporting.

Instead, please report suspected cases by submitting a [Confidential Morbidity Report](#) form (CMR) by email to monkeypox@sfdph.org or via fax to (415) 554-2848.

Note: the CMR form in use today lacks a monkeypox-specific field and will eventually be updated. For now, when using the current form **please write “suspect monkeypox”** in the “disease being reported” field at the top of the form.

Clinical consultation is available during regular business hours and may also be accessed by providers 24/7 if needed, by calling CD Control at (415) 554-2830.

Updates on Monkeypox Testing Options

Patients who present with a clinical syndrome consistent with monkeypox should have samples taken for testing, and counseled to implement appropriate transmission precautions, including [isolation](#), immediately and while awaiting testing results.



Orthopoxvirus testing and/or monkeypox-specific viral testing is now available through commercial reference laboratories including LabCorp and Quest, and other labs including ARUP are launching testing programs shortly. Please check directly with the reference lab regarding specimen collection and shipping requirements. SFDPH will receive results from tests sent to reference labs via the state's electronic lab reporting system.

When sending specimens to commercial reference laboratories, providers do not need to contact SFDPH for testing approval but should still report suspected cases by submitting a CMR as described above.

SF providers may continue to submit specimens to the SFDPH Public Health Laboratory for orthopoxvirus testing; confirmatory monkeypox virus testing will be performed at CDC.

Check www.sfcdcp.org/monkeypoxhcp for updates to testing and other local clinical guidance.

Vaccine Supply and Prioritization

As discussed above, vaccine continues to be in short supply and SFDPH continues to seek additional doses via the state and federal public health systems (CDPH, CDC).

Please prioritize giving 1st doses of the 2-dose Jynneos series (0, 4 weeks). SFDPH is evaluating how best to utilize its limited vaccine supply and will soon clarify directions for providers and the public about timing of second doses. Persons for whom the 2nd dose is delayed beyond 4 weeks will not have to restart the series. Please see the SFDPH vaccine eligibility document that has been updated on our [monkeypox page for SF providers](#).

Timing and prioritization for vaccination of health care personnel on the front line in examination and diagnosis of suspected monkeypox is currently under consideration by CDPH and will be incorporated into the SFDPH vaccine eligibility prioritization once released. For the time being, only personnel performing PCR testing or darkfield microscopic examination of suspect monkeypox lesion material have been prioritized for vaccination. Healthcare personnel should continue to follow [infection control and PPE recommendations](#).

Please ensure that data on all Jynneos doses administered at your location are uploaded to the California Immunization Registry (CAIR) and that the uploads include patient demographic info including race and ethnicity. SFDPH is committed to achieving equitable distribution of vaccine and plans to use CAIR data to compile aggregate reports that will inform our efforts.



Antiviral Treatment and Symptom Management

While there are no treatments specifically approved for monkeypox, [tecovirimat \(TPOXX\)](#) has an FDA indication for treating smallpox and is available to treat cases of monkeypox via Expanded Access Investigational New Drug (EA-IND) protocol. Tecovirimat efficacy for treatment of monkeypox disease in humans is unknown but undergoing evaluation.

Prescribing tecovirimat requires completion of required regulatory paperwork and patient informed consent must be obtained. Providers may need local Institutional Review Board (IRB) approval to participate. General information for tecovirimat prescribers can be found [here](#); SF clinicians seeking assistance to become a prescriber can email: monkeypox@sfdph.org.

Criteria used in San Francisco as indications for tecovirimat are aligned with [those used in other jurisdictions with high case numbers](#).

Many patients experience subjectively severe symptoms of monkeypox disease that do not meet current criteria for tecovirimat administration. Provider experience supports the use of [supportive care and symptomatic treatment](#) for what is in most cases a self-limited illness, including pain relievers, topical cortisone and benzocaine/lidocaine gels for painful proctitis.

Additional Resources

Review [CDPH Health Advisory Update 6/23/2022](#), [SFDPH Health Advisory 6/14/2022](#), [SFDPH Health Update 6/30/2022](#), and [CDC MMWR Rapid Diagnostic Testing for Response to the Monkeypox Outbreak — Laboratory Response Network, United States, May 17–June 30, 2022](#) for background recent clinical and epidemiologic information.

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