

Monkeypox Now Reportable as a Disease of Public Health Significance

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Midwives, Family Health Teams, Occupational Health Professionals, Central LHIN, NSM LHIN, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation, EMS

Date: June 17, 2022

Effective June 16, 2022, monkeypox has been designated a Disease of Public Health Significance under the *Health Protection and Promotion Act* making all local cases reportable to the Simcoe Muskoka District Health Unit (SMDHU). The Order issued by the Chief Medical Officer of Health under Section 77.6 on May 20, 2022, is no longer in effect.

As of June 17, 2022, there have been 168 confirmed cases of monkeypox reported in Canada with 141 of these cases identified in Quebec. There are 21 confirmed cases of monkeypox in Ontario; 18 of these cases were reported by Toronto Public Health while Halton Region Public Health, Middlesex-London Health Unit and Ottawa Public Health report one case each. All confirmed cases in Ontario thus far are male and range between 27 to 50 years of age. The most reported symptoms include rash, oral/genital lesions, swollen lymph nodes, headache, fever, chills and myalgia.

SMDHU continues to recommend that health care providers be alert for patients presenting with symptoms that are consistent with monkeypox virus infection, especially if they have traveled or had contact with a known case. Consideration should be given to other common infections which may be hard to distinguish from monkeypox. Common causes of acute illness associated with rash are enteroviruses including coxsackieviruses (e.g., hand-foot-and-mouth disease), varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid and lymphogranuloma venereum.

Testing

Clinicians are advised to follow [PHO's Monkeypox Virus Test Information Index](#).

- Approval for testing and notification of specimen submission is not required.
- If the patient has skin lesions,
 - a maximum of 3 swabs of 3 different skin lesions can be submitted. The swab kit is the same as the one used to test for herpes simplex.
 - NP swab/blood serology testing are not necessary, as skin lesion swabs have much better test sensitivity than NP swab/ blood serology



- If the patient does not have skin lesions or you are unable to submit skin lesion swabs, then order NP swab and blood serology.
- Effective June 2, 2022, clinical specimens from patients undergoing monkeypox testing have been temporarily reclassified as **UN3373 Biological Substance, Category B** for land transport. In addition to the routine category B requirement, the outer packaging must be marked, on a contrasting background, with “**TU 0886**”, “**Temporary Certificate – TU 0886**” or “**Certificat Temporaire – TU 0886**”.

Reporting

Clinicians are required to notify SMDHU if they are investigating a patient for monkeypox:

- Complete a [reporting form](#) and fax to the Infectious Diseases Team at 705-733-7738
- Report via phone at 705-721-7520 or 1-877-721-7520 ext. 8809

Health Care Exposures

Information for assessment and management of patient and staff exposures in health care settings is defined in Public Health Ontario’s [Monkeypox Virus: Interim Case and Contact Management Guidance for Local Public Health Units](#).

Post-Exposure Prophylaxis (PEP)

Vaccination following exposure to the monkeypox virus may prevent or reduce severity of illness when provided as post-exposure prophylaxis (PEP). [IMVAMUNE](#) is a live-attenuated, non-replicating vaccine which protects against both monkeypox and smallpox. Provision of the vaccine as PEP will require an assessment of the risk of exposure to the individual conducted by SMDHU. Further information is available in the Ministry of Health’s [Q&A for Monkeypox Interim Vaccine Guidance for Post-Exposure Prophylaxis \(PEP\) and How to Access Tecovirimat](#).

As of June 12, 2022, Toronto Public Health is leading a pre-exposure prophylaxis vaccination campaign aimed at the Toronto gay, bisexual and men who have sex with men (gbMSM) community which are at highest risk for exposure. Eligibility for vaccination will not be restricted to Toronto residents. Clinic dates and locations are available on the [Gay Men’s Sexual Health Alliance website](#).

Accessing Tecovirimat (TPoxx®) Treatment

In Canada, [Tecovirimat](#) (TPoxx®) is authorized by Health Canada under an extraordinary use indication for the treatment of human smallpox disease in adults and pediatric patients weighing at least 13kg. The [European Medicine Agency \(EMA\)](#) has authorized it for the treatment of smallpox, monkeypox, and cowpox. While the drug does not have an approved indication for the treatment of monkeypox in Canada, a licensed healthcare professional may use their clinical judgement to prescribe TPoxx® off-label for the treatment for severe monkeypox infections. The treatment course is three capsules (three 200mg capsules) taken twice daily for 14 days.

A limited supply is available in Ontario for hospitalized severely ill patients. Hospital clinicians can request product by contacting the Ministry of Health Emergency Operations Centre at EOCoperations.MOH@ontario.ca or by calling the Healthcare Provider Hotline at 1-866-212-2272.

Additional Information

- [Simcoe Muskoka District Health Unit Health Professional Portal: Monkeypox](#)
- [Public Health Ontario – Monkeypox Resources – Infection Prevention and Control \(IPAC\) Recommendations, Test Information, Epidemiology and Case and Contact Management Guidelines](#)
- [Public Health Agency of Canada](#)
- [Ontario – Ministry of Health](#)