

Monkeypox Update

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 29, 2022

The Simcoe Muskoka District Health Unit (SMDHU) has confirmed a case of monkeypox in an individual from the Simcoe Muskoka region. This individual lives and works mainly in the Toronto area which is where he most likely acquired the infection. He is currently isolating, and his close contacts have been notified. **At this time, the risk to the general population remains low, as we have not detected the virus circulating in Simcoe Muskoka and it does not spread easily.**

As of June 24, 2022, there have been 235 confirmed cases of monkeypox reported in Canada with 184 of these cases identified in Quebec. As of June 27, 2022, there are 67 confirmed cases of monkeypox in Ontario; 54 of these cases are reported by Toronto Public Health. Other public health units reporting confirmed cases include: Ottawa Public Health (3), Halton Region Public Health (2), Middlesex-London Health Unit (2), Durham Region Health Department (1), Haldimand Norfolk Health Unit (1), Halton Region Public Health (1), Peel Public Health (1), Peterborough Public Health (1) and Wellington-Dufferin-Guelph Public Health (1).

Currently, all confirmed cases are male with an average age of 37.9 years (range: 23 – 60 years). The most commonly reported risk factors include engaging in sexual or intimate contact (e.g., hugging, kissing, cuddling) with a new and/or more than one partner.

The most commonly reported symptoms include rash, oral/genital lesions, swollen lymph nodes, headache, fever, chills, myalgia and fatigue.

Monkeypox can affect anyone of any age, gender or sexual orientation. Currently, monkeypox is predominantly affecting men who have sex with men (MSM), and the most likely way it is being passed on is through close, intimate contact due to the increased skin-to-skin contact

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 three (3) swabs of three (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 is 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, NP swab and blood serology is to be ordered.
- 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 which is the same requirements for other potentially infectious specimens taken for chlamydia or gonorrhoea testing, **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](#).

Pre-Exposure Prophylaxis (PEP)

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. More information is available at [Toronto Public Health](#). For your MSM patients the [Gay Men's Sexual Health Alliance website](#) has a wealth of monkeypox information, as well as photos of typical lesions.

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. [Tecovirimat](#) (TPoxx®) can be used, off-label, for severe monkeypox infection. The treatment course is three capsules (three 200mg capsules) taken twice daily for 14 days.

A limited supply of [Tecovirimat](#) (TPoxx®) is available in Ontario for hospitalized, severely ill patients with monkeypox. 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.