

Dr. Charles Gardner, Medical Officer of Health  
Dr. Colin Lee, Associate Medical Officer of Health  
Dr. Lisa Simon, Associate Medical Officer of Health

## Monkey Pox– Reporting and Follow-up

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

**Date:** May 24, 2022

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Monkeypox virus is an orthopox virus that causes a disease with symptoms similar to, but less severe than, smallpox. It is typically mild and self-limiting though severe illness can occur.

As of May 20, 2022, several countries, including the United States and Canada, have documented clusters of cases of monkeypox virus infection. Quebec has reported two lab-confirmed cases and 18 suspect cases while Toronto Public Health is investigating their first suspect case.

### SMDHU recommends:

1. Be alert for patients presenting with symptoms that are consistent with monkeypox virus infection especially if they have had travel or contact with a known case; and
2. Consider the following differential diagnoses which may be hard to distinguish from monkeypox:
  - Syphilis
  - Herpes simplex virus (HSV)
  - Chancroid
  - Varicella zoster
  - Other common infections

### Reporting

- **IMPORTANT:** The Chief Medical Officer of Health has issued an [Order](#) under section 77.6 of the Health Protection and Promotion Act requiring any individual who meets the [case definition of monkeypox \(see Appendix A\)](#) be reported to Public Health Ontario (PHO) within one (1) business day.
  - The [Ontario Monkeypox Investigation Tool \(Appendix B\)](#) must be completed and sent via secure fax to (647) 260-7603
  - PHO will share the information with Simcoe Muskoka District Health Unit (SMDHU) for investigation and follow-up

### Clinical Presentation

- Typically\*, the clinical presentation begins with a prodromal systemic illness consisting of one or more of the following symptoms: fever, headaches, intense fatigue, sweating, lymphadenopathy, myalgias and arthralgias



- Within 1 to 3 days of the prodromal illness, a rash typically\* appears which tends to be more concentrated on the face and extremities rather than on the trunk
- The rash evolves from macules to papules, vesicles, pustules, and crust which dry up and fall off

*\*Lesions may appear before/without systemic symptoms*

### Testing

- Follow [PHO's Testing Indications for Monkeypox Virus](#)
  - Consult with a PHO microbiologist prior to sample collection and shipment
  - If other tests are requested, submit additional specimens as the specimens submitted for monkeypox virus testing will not be processed for additional tests

### IPAC Precautions

- In addition to Routine Practices, the following additional precautions - Airborne/Droplet/Contact Precautions are to be used:
  - Room placement:
    - Airborne isolation rooms (AIR) with negative pressure ventilation
    - When AIRs are not available, the patient can be placed in a single room with the door closed with dedicated toileting facility
- For further details refer to [PHO's Infection Prevention and Control \(IPAC\) Recommendations for Monkeypox in Health Care Settings](#)

### Personal Protective Equipment (PPE)

- The following PPE is required for health care workers:
  - Fit-tested and seal checked N-95 respirator (or equivalent); perform seal check after donning N95 respirator
  - Gloves
  - Gown
  - Eye protection (e.g., face shields or goggles)
- For further details refer to [PHO's Infection Prevention and Control \(IPAC\) Recommendations for Monkeypox in Health Care Settings](#).

### Case Management

- Symptomatic individuals are advised to self-isolate at home from everyone. If being seen for clinical care, individuals are advised to wear a medical mask and cover their skin lesions while test results are pending.
- Confirmed cases should self-isolate until lesions are resolved.

### Treatment

- Treatment for monkeypox is mainly supportive.
- Ontario is working with the Public Health Agency of Canada (PHAC) to determine eligibility for vaccines and/or therapeutics.

### Contact Management

- Close contacts of people suspected or confirmed to have monkeypox infection should be advised to self-monitor for symptoms for 21 days after their last exposure. If symptoms develop, they should self-isolate, seek care and get tested.

### Epidemiology

- **Transmission:** the primary mode of person-to person transmission has been through respiratory secretions and direct contact with skin lesions or a patient's items that have been contaminated (e.g. clothing/bedding)
- **Incubation period:** average 7-14 days (range 5-21 days)
- **Period of communicability:**
  - Onset of lesions until all lesions have resolved
  - Some individuals may be contagious during their prodrome, before the rash develops, when they have non-specific symptoms such as fever, malaise, and headache

### Additional Information

- [World Health Organization's Monkeypox Webpage](#)
- [PHO's Infection Prevention and Control \(IPAC\) Recommendations for Monkeypox in Health Care Settings](#)
- [Ontario Chief Medical Officer of Health's Order RE: Reporting of Monkeypox](#)