

## Monkeypox Virus (MPV) – FAQ for Providers

*What Providers Need to Know*

**PLEASE REPORT ALL SUSPECT AND PROBABLE CASES TO DISEASE CONTROL IMMEDIATELY  
BY CALLING 701.328.2378/800.472.2180**

### What is MPV?

Monkeypox (MPV/MPX/MPXV) is a zoonotic orthopoxvirus (OPX) first discovered in 1958. It can be prevented by vaccinations developed to prevent smallpox. MPV is endemic to certain countries in Western and Central Africa and is usually spread through contact with wild rodents. The 2022 global outbreak has involved exclusively human-to-human spread. Those infected with MPV may experience early symptoms of fever, malaise, myalgia, and lymphadenopathy. Most will develop a maculopapular rash which may be itchy or painful. The disease usually resolves on its own within two to four weeks.

### What is the status of the current MPV outbreak?

Starting in May 2022, MPV cases have been identified in countries where MPV cases do not typically occur. Worldwide and U.S. case counts can be found [here](#), and North Dakota case counts can be found [here](#). Virus in these cases has been identified as belonging to the West African clade of MPV, which is known to be less clinically severe than the other type of MPV (Congo Basin clade.)

### How do I diagnose MPV?

Monkeypox is diagnosed with a PCR test of the MPV lesion. Currently, the [NDDoH Microbiology Lab](#) is the only laboratory response network (LRN) lab in the state that can run these tests. Commercial laboratories, including Mayo Lab and Quest Diagnostics are currently in the process of adding OPX testing to their available services and are expected to be able to process OPX tests by August 2022. Providers who suspect MPV in their patients should immediately consult with the NDDoH Disease Control Section by calling 701-328-2378/800-472-2180. Individuals who are under suspicion of MPV should be advised to isolate at home and avoid intimate contact with other people while awaiting diagnosis.

### Who should be tested for MPV?

Individuals who meet the 2022 MPV [Outbreak Case Definition](#) for a suspect case should be tested for MPV. This includes individuals who present with the characteristic rash and/or those who have risk factors associated with the ongoing outbreak and/or travel to areas that are experiencing cases of MPV. Anyone who is not adequately vaccinated against OPX is vulnerable to MPV. Most cases associated with the current outbreak have identified as men who have sex with men, so this population should be considered at an increased risk for infection and offered testing as well as preventative options and education. Providers should collect a travel and sexual history from patients, as well as testing and referral for other sexually-transmitted diseases and preventive services.

### How do I treat my patients with MPV?

Most cases infected during the current MPV outbreak have not required hospitalization and experience a clinically mild course of illness. Some may require medication or hospitalization to manage pain or discomfort, from MPV lesions. For those experiencing severe disease or with

immune-compromising conditions, antiviral treatments are available from the federal government. To obtain treatments, please contact the NDDoH Department of Operations Center (DOC) at 701-328-0707.

### **How do we prevent the spread MPV?**

Individuals who test positive for MPV will be contacted by an NDDoH staff member for case investigation. Staff will work with the case to identify contacts who require post-exposure prophylaxis vaccination and monitoring. Cases are advised to isolate until they are no longer contagious, that is, once all of their lesions have scabbed, desquamated, and are replaced by healed skin underneath.) Targeted vaccination efforts are currently being scaled up, in various jurisdictions in North America and globally.

### **How do I keep myself and my staff safe from MPV?**

Risk to health care workers for contracting MPV from patients during the medical encounter is low. No health care associated infections have been reported, during this current outbreak. Nonetheless, health care workers should exercise caution when testing and caring for patients who have or may have MPV. Recommended PPE include eye protection, gloves, gowns, and N95 masks. Please consult [CDC guidance](#) on additional steps to prevent MPV transmission. Health care workers who are exposed to MPV will be assessed for exposure level, during case investigation, and contacted by the NDDoH for guidance on monitoring and post-exposure prophylaxis.

### **Is there a vaccine to prevent MPV?**

Yes – vaccines that prevent smallpox are effective against other OPX virusus, like MPV. Two vaccines are licensed for use in the US: ACAM2000 and JYNNEOS. The latter of these will be made available soon, for high-risk groups. JYNNEOS is a replication-deficient vaccinia-derived vaccine that is given subcutaneously in two doses, spaced 28 days apart. JYNNEOS cannot be given at the same time as COVID-19 vaccine, due to a theoretical increased risk for myopericarditis, but can be given at the same time as other routine vaccines.

### **Who should receive MPV vaccine?**

People who are at risk of infection during this outbreak should receive MPV vaccine, once it is available. Due to the trends of the current outbreak, this will primarily be offered to men who identify as gay, bisexual, or “men who have sex with men” (MSM.) This strategy will be coupled with an effort to offer other preventative services important to this group, including HIV PrEP and STD screening.