



## ADVISORY

### Monkeypox (MPX) Virus

May 20, 2022

Peterborough Public Health is aware and monitoring, in collaboration with provincial and federal authorities cases of human Monkeypox (MPX) virus in Canada.

MPX is a zoonotic viral disease in the Orthopoxvirus genus. It is endemic in certain areas of Central and West Africa. The UK has confirmed 20 cases of MPX with Italy, Sweden, Spain, Portugal, Belgium, France, and Germany also reporting cases at the time of writing. In Canada to date 2 confirmed and 18 suspect cases have been identified in Quebec. There have not yet been confirmed cases in Ontario, but testing is underway.

In the current outbreak, many cases have reported atypical symptoms, including skin lesions on both the mouth and/or genitals. Some jurisdictions are reporting cases among men who have sex with other men, however, sexual transmission has not previously been a mode of transmission reported for MPX and this is still under investigation.

Monkeypox infection is typically mild and self-limiting, with most individuals recovering in 2 to 4 weeks. However, severe illness can occur in some individuals (case fatality has varied between 1-10% depending on the clade).

Typically, a prodrome of one or more the following symptoms will proceed the rash:

- Fever,
- Headaches,
- Intense fatigue,
- Sweating,
- Lymphadenopathy,
- Myalgias and arthalgias,

The rash usually develops within 1 to 3 days of the prodromal illness and is initially maculopapular then progresses to vesicular in nature:



Image: Monkeypox US CDC

Cases are usually infectious to others from the onset of initial lesions until lesions have resolved.

Infection prevention and control should be down using airborne/droplet/contact precautions including PPE for healthcare workers with a fit-tested and seal-checked N95, gown, gloves and eye protection. Airborne isolation rooms with negative pressure ventilation, where available should be used for suspect or confirmed cases.

While treatments and vaccines exist for MPX, at this stage in our context treatment should be supportive care until further information is shared.

High clinical suspicion should be maintained by providers, particularly for patients with atypical vesicular lesions affecting the mouth and genitals, and/or with a travel history within the past 21 days.

Testing information is available through Public Health Ontario Lab: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/monkeypox-virus>

Suspect cases of Monkeypox are required to be reported through an order under the Health Protection and Promotion Act section 77.6 to the Chief Medical Officer of Health via secure fax. This information is being shared directly by the Ministry of Health to providers.

Should further questions arise please do not hesitate to contact the Infectious Diseases Team at 705-743-1000, ext. 131 or Public Health Inspector On-Call after hours at 705-760-8127.

Thank you for your clinical vigilance and support.

Dr. Thomas Piggott

Medical Officer of Health & CEO, Peterborough Public Health