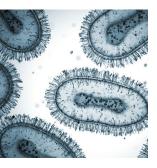
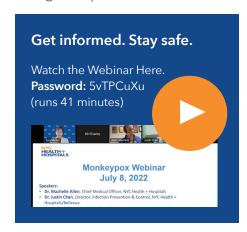
Monkeypox: Get Informed. Stay Safe.



As monkeypox cases continue to climb in New York City, NYC Health + Hospitals clinicians, staff, patients and our communities need to stay informed and vigilant. While this virus is not deadly and can't be spread by airborne transmission, like COVID-19, it is still a concern when it comes to our mission: protecting the public health.

It can spread through physical contact but also through respiratory droplets, so patients should wear a mask for source control, especially if they are not isolated yet or if they are being transported outside of their room.



Monkeypox can be acquired by all people, regardless of gender identity or sexual orientation.

Currently, gay, bisexual and other men who have sex with men are at a greater risk of exposure because the virus is spreading in these social circles and networks.

Here's a list of your most Frequently Asked Questions, and a link to last week's webinar featuring our experts on the subject. Nearly 2000 staff tuned in live!

Monkeypox FAQ

Q: What is monkeypox?

A: Monkeypox is a viral infection that is caused by the monkeypox virus. Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. The first human case of monkeypox was recorded in 1970 in the Democratic Republic of the Congo (DRC).

Q: How is monkeypox spread?

A: Monkeypox is primarily spread through direct contact with rashes or sores, or through contact with clothing, bedding, or other items used by a person with monkeypox. It may also be transmitted from respiratory droplets that can be passed through prolonged face to-face contact, including during intimate activities. It is not known to linger in the air and is not transmitted during short periods of shared airspace. Pregnant people can transmit the virus to their fetus through the placenta. One can also get monkeypox from infected animals through a bite or scratch, or when handling raw or minimally processed meat from these animals.



Q: What are the symptoms?

A: Typically, monkeypox begins with symptoms associated with a cold or flu (fever, chills, aches, headache, swollen lymph nodes, and fatigue) followed by a rash. The rash may be all over the body or just in certain parts, such as the face, hands or feet, or inside the mouth, genitals or anus. They can last for two to four weeks. Some people do not experience flu-like symptoms, and may only have a few sores in one area.

Please visit the Monkeypox Resource Hub to see images of infections.



Q: What is the transmissible stage of monkeypox?

A: There are three stages of monkeypox:

+ The incubation period is not typically contagious but patients should be monitored for symptoms.

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- + The second phase of fever and aches is possibly contagious, and anyone experiencing these symptoms should isolate at home or in a health care facility if needed. Some individuals may not experience this second stage, or have very mild symptoms before experiencing their first rash of the third phase.
- + The third phase in which there is rash or lesions is the most contagious. Any one experiencing this should isolate and notify their healthcare provider.
- + The rashes will eventually form scabs. Once all the scabs have all fallen off and there is a new layer of skin formed, then the person is no longer contagious.

Q: Are there a lot of cases in New York City?

A: Cases in New York City have been steadily rising. For the most current number visit the Department of Health monkeypox web page.

Q: Why is this virus just showing up now? Hasn't it been around for a long time?

A: Isolated cases of monkeypox have been seen in the past in countries outside of Africa due to international travel or importing infected animals. The current outbreak suggests that sustained human-to-human transmission can happen in people who have been in close contact with each other. A recent increase in international travel has also contributed to the outbreak of cases in multiple countries.

Another factor is that routine immunizations against smallpox stopped in the early 1970s in places like the US and UK. Smallpox vaccines can be 85% effective at preventing monkeypox, so many people born after that time are not immune.



Scientists are continuing to learn more about this outbreak since the virus is behaving differently than it has in the past.

Q: Is monkeypox similar to COVID-19 since both are infectious diseases?

A: Although they are both infectious viruses, monkeypox is totally different from COVID-19.

Compared to COVID-19, monkeypox is not spread through the air over long distances, has an extremely low mortality rate, and isn't typically contagious until an infected person becomes symptomatic, which makes it easier to isolate infected individuals and prevent the spread. Asymptomatic transmission is being investigated.

There have been no deaths in the United States. Although the monkeypox outbreak has spread to numerous countries, it is at a significantly smaller scale compared to COVID-19 cases.

Q: If I've been vaccinated against smallpox, will I also be protected from monkeypox?

A: A smallpox vaccine may still provide some protection from monkeypox, but if you got a smallpox vaccine many years ago your immunity to smallpox and monkeypox may have waned.

O: Can I go to a lab and get tested?

A: Currently all testing is being done through the NYC Department of Health labs. We are working on expanding testing capacity by partnering with private labs. Stand by for more on that!

Q: What is the Monkeypox vaccine? How does it protect against the virus?

A: The JYNNEOS™ vaccine has been approved in the U.S. for the prevention of monkeypox and smallpox. The vaccine contains a vaccinia virus, which is a virus related to the monkeypox and smallpox viruses, that has been weakened, cannot copy itself in human cells, and cannot spread to other parts of the body or people.

It creates immunity by generating both antibody and cellular immune responses. The vaccine series consists of two injections under the surface of the skin, 4 weeks apart. The most common side effects reported include injection site reactions, headache, nausea, muscle aches and chills.

O: Are certain people/ age groups/ ethnicities more at risk?

A: Monkeypox can be acquired by all people, regardless of gender identity or sexual orientation.

Currently, gay, bisexual and other men who have sex with men are at a greater risk of exposure because the virus is spreading in these social circles and networks.



Q: Do the Covid-19 vaccines affect monkeypox, either positively or negatively?

A: The covid-19 vaccine has no impact on the moneypox vaccine. Both vaccines serve different purposes for different viruses.

Q: With monkeypox numbers going up, will this be another vaccine that health care workers and NYC Health + Hospitals staff will be mandated to receive?

A: No, the monkeypox vaccine is in short supply and, at this time, will only be given to people who are at highest risk for contracting this virus. Current studies indicate extremely low transmission rates of the virus to health care workers in health care settings.

Q: What is the treatment for monkeypox? Is there a medication for it?

A: All patients with monkeypox infection should be offered supportive care, including adequate hydration, pain control, and warm sitz baths and stool softeners.

Any secondary bacterial infections should be treated.

In addition, there is an antiviral medication called tecovirimat (brand name: TPOXX), that is available in oral and IV formulations for treatment of monkeypox infection. More details on the medication and current indications can be found here. More information will be provided soon on how NYC Health + Hospitals patients can access the medication.

Q: Is NYC Health + Hospitals providing preventive vaccine?

A: JYNNEOS™ is in limited supply. Pre-exposure prophylaxis is currently being offered though the NYC health department.

Q: What should I do if I think one of my patients has been exposed to monkeypox or is showing symptoms?

A: If a patient thinks they've been exposed to an active case, instruct them to call 311 and be transferred to DOHMH for triage. If a healthcare provider sees a patient suspected to have monkeypox, immediately isolate the patient and call the NYC DOHMH Provider Access Line at 866-692-3641.

Q: Who should I call if I think I have a patient with monkeypox?

A: It's very important to contact Infection Prevention and Control and Environmental Services in your facility so they can provide additional guidance and properly handle and dispose of any waste, specimens and linens immediately.

If you have more questions please visit our Monkeypox Resource Hub

Or email: specialpathogens@nychhc.org