

## HEALTH ALERT

### Monkeypox Confirmed in U.S. – Assess Travel History in Patients with Febrile Prodrome

July 19, 2021

#### Summary and Action Items

- On July 15, 2021, the Centers for Disease Control and Prevention (CDC), in collaboration with the Texas Department of State Health Services and Dallas County Health and Human Services confirmed a single case of monkeypox virus infection in a U.S. citizen who resides in the United States and recently returned from travel to Nigeria.
- CDC is working with the airline and state and local health officials to contact airline passengers and others who may have been in contact with the patient during two flights: Lagos, Nigeria, to Atlanta on July 8, with arrival on July 9; and Atlanta to Dallas on July 9.
- The Ohio Department of Health is aware that Ohio residents may have traveled on these flights.
- Travelers on these flights were required to wear masks, and therefore, it's believed the risk of spread of monkeypox via respiratory droplets to others on the planes and in the airports is low.
- Symptoms of monkeypox most often begin with a prodrome of fever and other non-specific symptoms such as malaise, headache, and muscle aches following an average incubation period of 5-13 days. New lymphadenopathy can also occur. After the prodrome, which lasts approximately one to three days, a generalized rash appears.
- Ohio clinicians should obtain travel histories for any patient presenting with a constellation of signs and symptoms that could be monkeypox.
- If a suspected case of monkeypox is identified, the patient should be isolated in a negative pressure room, all personnel should wear personal protective equipment (PPE) in accordance with the recommendations for standard, contact, and airborne precautions, and ODH should be notified **immediately** at (614) 722-7221.

#### Background

[Monkeypox](#) is a rare but potentially serious viral illness endemic to several Central and West African nations. Monkeypox typically begins with flu-like illness and swelling of the lymph nodes and progresses to a widespread rash on the face and body. Most infections last 2-4 weeks. Monkeypox is in the same family of viruses as smallpox but causes a milder infection.

Symptoms of monkeypox most often begin with a prodrome of fever and other non-specific symptoms such as malaise, headache, and muscle aches following an average incubation period of 5-13 days. After the prodrome, which lasts approximately one to three days, a generalized rash appears. Nearly all patients with monkeypox have had fever early in illness onset and prior to the rash onset. The rash appearance of monkeypox is very similar to that of smallpox, including a centrifugal distribution and lesions on the palms and soles. Case fatality ranges between 1 and 10%. Laboratory confirmation of monkeypox is performed using real-time polymerase chain reaction (PCR) on lesion material.

People can get monkeypox when they are bitten or scratched by an animal, prepare wild game, or have contact with an infected animal or possibly animal products. Monkeypox can also spread between people through respiratory droplets, or through contact with body fluids, monkeypox sores, or items that have been contaminated with fluids or sores (clothing, bedding, etc.) Human-to-human transmission is thought to occur primarily through large respiratory droplets. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required.

There is no specific treatment for monkeypox virus infection, although antivirals developed for use in patients with smallpox may prove beneficial. Persons with direct contact (i.e., exposure to the skin, crusts, bodily fluids, or other materials) or indirect contact (e.g., presence within a 6-foot radius in the absence of an N95 or filtering respiratory for  $\geq 3$  hours) with a monkeypox patient should be monitored by health departments.

Prior to the current case, there have been at least six reported monkeypox cases in travelers returning from Nigeria (including cases in the United Kingdom, Israel, and Singapore). This case is not related to any of these previous cases.

### **Recommendations**

If clinicians identify patients with a constellation of signs and symptoms that could be monkeypox, a travel history should be solicited. Monkeypox should be considered in patients with unexplained onset of fever, chills, new rash, or new lymphadenopathy, and a history of 1) air travel from Lagos Murtala Muhammed International Airport, Nigeria, to Hartsfield-Jackson Atlanta International Airport on July 8 with arrival on July 9, 2) air travel from Atlanta to Dallas Love Field Airport on July 9, or 3) presence in those airports on July 8-9.

Patients with suspected monkeypox should be isolated in a negative pressure room, and all personnel should wear personal protective equipment (PPE) in accordance with [recommendations for standard, contact, and airborne precautions](#). All healthcare workers (e.g., clinical staff and environmental staff) caring for a patient with suspect or confirmed monkeypox should be communicated the importance of maintaining proper isolation precautions so that infection is not transmitted to them or others.

Clinicians should **immediately** notify the Ohio Department of Health at 614-722-7221 as soon as monkeypox is suspected.

### **References**

1. Media Statement: CDC and Texas Confirm Monkeypox In U.S. Traveler  
<https://www.cdc.gov/media/releases/2021/s0716-confirm-monkeypox.html>
2. Monkeypox webpage: <https://www.cdc.gov/poxvirus/monkeypox/index.html>
3. Monkeypox - Information for Clinicians:  
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>