Monkeypox Healthcare Webinar

September 1, 2022
11:00 am – 12:00 pm Central Time

We will begin in just a few moments. Thanks!
1. Situation Update – Josh Clayton
2. Laboratory Guidance – Whitney Lutkemeier & Tim Southern
3. Infection Prevention & Control – Angela Cascio
4. Disease Prevention – Angela Cascio
5. Vaccination Update – Brett Oakland
6. Antiviral Medication Update – Heather Fox
7. On-going Communications
8. Q&A Session
Situation Update
Monkeypox Cases Worldwide

<table>
<thead>
<tr>
<th>Location</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States Of America</td>
<td>18,416</td>
<td>0</td>
</tr>
<tr>
<td>Spain</td>
<td>6,543</td>
<td>2</td>
</tr>
<tr>
<td>Brazil</td>
<td>4,493</td>
<td>1</td>
</tr>
<tr>
<td>France</td>
<td>3,547</td>
<td>0</td>
</tr>
<tr>
<td>Germany</td>
<td>3,455</td>
<td>0</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3,279</td>
<td>0</td>
</tr>
<tr>
<td>Peru</td>
<td>1,463</td>
<td>0</td>
</tr>
<tr>
<td>Canada</td>
<td>1,228</td>
<td>0</td>
</tr>
</tbody>
</table>

49,974 total cases
99 countries

https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html
Monkeypox Cases in the U.S.

https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html

Situation Update: Josh Clayton

- 2 cases in SD
- 124 in MN
- 26 in NE
- 18 in IA
- 5 in ND
- 4 in MT
- 2 in WY

2 cases in SD
18,417 cases in the U.S.

- California: 3,291 cases
- New York: 3,273 cases
- Florida: 1,870 cases
- Texas: 1,642 cases
- Georgia: 1,387 cases
- Illinois: 1,058 cases
- Pennsylvania: 531 cases
- New Jersey: 512 cases
- Maryland: 484 cases
- District Of Columbia: 432 cases
Monkeypox Cases (U.S.) By Report Date

https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html
Monkeypox

**Incubation Period**: Usually 7–14 days (range, 5–21)

**Symptoms:**
- **Prodrome** – includes fever, malaise, headache, sore throat and cough, and lymphadenopathy
- **Rash** – Develops in the mouth and on the body
  - Lesions progress through several stages before falling off

  **Note**: Onset of perianal or genital lesions in the absence of subjective fever has been reported.

[https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html)
# Situation Update: Josh Clayton

## Monkeypox

Enanthem Through the Scab Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>Stage Duration</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enanthem</td>
<td></td>
<td>• The first lesions to develop are on the tongue and in the mouth.</td>
</tr>
</tbody>
</table>
| Macules | 1–2 days       | • Following the enanthem, a macular rash appears on the skin, starting on the face and spreading to the arms and legs and then to the hands and feet, including the palms and soles.  
• The rash typically spreads to all parts of the body within 24 hours becoming most concentrated on the face, arms, and legs (centrifugal distribution). |
| Papules | 1–2 days       | • By the third day of rash, lesions have progressed from macular (flat) to papular (raised). |
| Vesicles| 1–2 days       | • By the fourth to fifth day, lesions have become vesicular (raised and filled with clear fluid). |
| Pustules| 5–7 days       | • By the sixth to seventh day, lesions have become pustular (filled with opaque fluid) – sharply raised, usually round, and firm to the touch (deep seated).  
• Lesions will develop a depression in the center (umbilication).  
• The pustules will remain for approximately 5 to 7 days before beginning to crust. |
| Scabs   | 7–14 days      | • By the end of the second week, pustules have crusted and scabbed over.  
• Scabs will remain for about a week before beginning to fall off. |

[https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html)
Monkeypox – Transmission

Spread when a person comes into contact with the virus by:

- Direct contact with the infectious rash, scabs, or body fluids
- Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- Touching items (such as clothing or linen) that previously touched the rash or body fluids
- Pregnant women can spread the virus to their fetus through the placenta

Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed (typically 2-4 weeks)
Monkeypox Disease

- First discovered in 1958 during an outbreak in monkeys kept for research
- Source remains unknown, but African rodents are suspected to harbor the virus
- First human case reported in 1970
- Monkeypox has been reported in people from 10 central/western African countries: Cameroon, Central African Republic, Democratic Republic of Congo, Gabon, Ghana, Cote d’Ivoire, Liberia, Nigeria, Republic of Congo, Sierra Leone
- Prior to this outbreak, nearly all cases were linked to international travel to countries where the disease occurs naturally, or through imported animals
- People can only spread the virus once they develop symptoms
- Risk to the general public is low
Laboratory Guidance
Laboratory Testing Updates

Mandatory Criteria for Monkeypox Testing at SDPHL

- Patient with a lesion characteristic of Monkeypox (firm, well-circumscribed, deep-seated, often umbilicated and painful), **AND one or more of the following:**
  1. A man who had close or intimate in-person contact with men within the last three weeks
  2. A person who had close contact with a person in a social network experiencing Monkeypox activity within the last three weeks
  3. A person identified as being a close contact to a diagnosed Monkeypox case

*Specimens from individuals that do not meet the above criteria may be submitted to a commercial laboratory that provides Monkeypox testing.*
Laboratory Testing Updates

Representative Images of Monkeypox Lesions:

https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html
### Laboratory Testing Updates

#### Enanthem Through the Scab Stage

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<thead>
<tr>
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<tbody>
<tr>
<td>Enanthem</td>
<td></td>
<td>• Sometimes, lesions first form on the tongue and in the mouth.</td>
</tr>
<tr>
<td>Macules</td>
<td>1–2 days</td>
<td>• Macular lesions appear.</td>
</tr>
<tr>
<td>Papules</td>
<td>1–2 days</td>
<td>• Lesions typically progress from macular (flat) to papular (raised).</td>
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<td>Vesicles</td>
<td>1–2 days</td>
<td>• Lesions then typically become vesicular (raised and filled with clear fluid).</td>
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| Pustules| 5–7 days       | • Lesions then typically become pustular (filled with opaque fluid) – sharply raised, usually round, and firm to the touch (deep seated).  
• Finally, lesions typically develop a depression in the center (umbilication).  
• The pustules will remain for approximately 5 to 7 days before beginning to crust. |
| Scabs   | 7–14 days      | • By the end of the second week, pustules have crusted and scabbed over.       
• Scabs will remain for about a week before beginning to fall off. |

*This is a typical timeline, but timeline can vary.*

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**Tips for Adequate Collection of a Lesion Specimen from a Suspect Monkeypox Virus Case**
Laboratory Testing Updates

**Specimen Collection**

- Swab a single lesion with two separate sterile, dry polyester, rayon, nylon, or dacron swabs. **No cotton swabs.**
- Collect duplicate swabs from a maximum of three lesions.
- Each swab should be placed in its own sterile container.
- **DO NOT** add viral transport medium.
- Label each container with:
  - Patient first and last name
  - Date of birth
  - Specimen collection location (left hand, groin, buttock, etc.)
- Refrigerate swabs within one hour of collection.
Laboratory Testing Updates

Specimen Rejection

- Specimens will be rejected if:
  - They do not meet criteria for testing at SDPHL.
  - Improperly labeled.
  - Submitted without a SDPHL requisition.
  - Submitted to SDPHL in VTM.
  - Received at a temperature higher than 8 degrees Celsius.
Laboratory Testing Updates

Packaging and Shipping
- Monkeypox specimens should be shipped to SDPHL:
  - As a Category B, Biological Substance
    - Foam container
    - Dry ice or multiple frozen ice packs
  - With an accompanying Monkeypox specimen requisition

- Shipping supplies available from SDPHL
  - Laboratory Medical Supply Order Form

SDPHL Courier Service
- Call 1-877-434-9366 to schedule a courier pick-up.
Laboratory Testing Updates

**Testing**
- One swab from each site will be tested at SDPHL for Non-Variola Orthopoxvirus.
- SDPHL results are confirmatory.
- **Results will be sent to the submitting facility listed on the requisition.**
- Monkeypox testing is performed Monday – Friday.
- Turn-around-time is 24-48 hours from receipt.

**Result Interpretation**
- Positive: Non-Variola Orthopoxvirus DNA Detected
- Negative: No Non-Variola Orthopoxvirus DNA Detected
- Inconclusive: Inconclusive for Non-Variola Orthopoxvirus
Laboratory Testing Updates

Laboratory Resources

Monkeypox Laboratory Requisition
- [https://doh.sd.gov/documents/Lab/SDPHL_Monkeypox_RequisitionForm.pdf](https://doh.sd.gov/documents/Lab/SDPHL_Monkeypox_RequisitionForm.pdf)

Monkeypox Guidance

Monkeypox FAQ
- [https://doh.sd.gov/documents/Lab/SDPHL_Monkeypox_Laboratory_FAQ.pdf](https://doh.sd.gov/documents/Lab/SDPHL_Monkeypox_Laboratory_FAQ.pdf)
Infection Prevention & Control
The Basics: Responding to an Active Case: Identify, Isolate, and Inform

- Isolate resident in their own room with dedicated bathroom. If safe, keep door closed.

- Ensure that residents with monkeypox wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, bandages, or a sheet or gown if they need to leave the isolation area or if isolation areas are not yet available.

- Reduce number of staff that are entering isolation rooms

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html
Personal Protective Equipment (PPE)

Used by healthcare personnel who enter the patient’s room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher

*Brief interactions and interactions conducted using appropriate PPE in accordance with Standard Precautions are NOT high risk for post-exposure prophylaxis.

https://emergency.cdc.gov/coca/calls/2022/callinfo_052422.asp
**Entering isolation areas**—Staff who enter isolation areas should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher.

**Laundry**—When handling dirty laundry from people with known or suspected monkeypox infection, staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator. PPE is not necessary after the wash cycle is completed.

**Cleaning and disinfection**—Staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator when cleaning areas where people with monkeypox spent time.

https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html
Ensure access to adequate hand hygiene: soap & water, or sanitizer with at least 60% alcohol.

- **Clean and disinfect** the areas where people with monkeypox spent time

Avoid activities that could spread dried material from lesions (e.g., use of fans, dry dusting, sweeping, or vacuuming) in these areas.

Perform disinfection using an EPA-registered disinfectant with an Emerging Viral Pathogens claim, which may be found on EPA’s List Q. Follow the manufacturer’s directions for concentration, contact time, and care and handling.

Linens can be laundered using regular detergent and warm water. Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material.

https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html
Healthcare Settings

Patient Placement

- A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom.

- Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.

- Intubation, extubation, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html
Environmental Infection Control in Healthcare Settings

- Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim.

- Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with recommended standard practices, avoiding contact with lesion material that may be present on the laundry. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material.

- Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.

- Management of food service items should also be performed in accordance with routine procedures.

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html
**Schools and Daycare Settings**

*Clean the classroom/space:* The areas where the person with monkeypox spent time should be cleaned and disinfected before further use. Focus on disinfecting items and surfaces that were in direct contact with the skin of the person with monkeypox, or often in the presence of the person with monkeypox. If unsure, disinfect.

- Follow the guidance for [Disinfecting the Home and Other Non-Healthcare Settings](https://www.cdc.gov/poxvirus/monkeypox/community/school-faq.html) to clean and disinfect surfaces, floors, and shared items such as toys, learning materials, sports equipment, or uniforms used by the person with monkeypox.
Schools and Daycare Settings – Cont.

*Caring for our Children 4.9.0.11 and Caring for Our Children 3.3.0.2 provide information on how to clean and sanitize items that may go into the mouth, like utensils and certain toys. Linens or towels that the person with monkeypox used should be laundered. Items that cannot be cleaned, disinfected, or laundered should be thrown away. Children, staff (other than those who are cleaning and disinfecting), and volunteers should not enter the area until cleaning and disinfection is completed. General guidance on cleaning, sanitizing, and disinfecting can be found in Caring for Our Children

https://www.cdc.gov/poxvirus/monkeypox/community/school-faq.html
Cleaning/Disinfecting in Home and Daycare Settings

- Wear, at a minimum, disposable gloves and a respirator or well-fitting mask.
- Standard clothing that fully covers the skin should be worn, and then immediately laundered according to recommendations below.
- Hand hygiene should be performed using an ABHR, or soap and water if ABHR is unavailable.
- Focus on disinfecting items and surfaces that were in direct contact with the skin of the person with monkeypox, or often in the presence of the person with monkeypox, during isolation. If unsure, disinfect.
- Do not dry dust or sweep as this may spread infectious particles.
  - Wet cleaning methods are preferred such as disinfectant wipes, sprays, and mopping.
  - Vacuuming is acceptable using a vacuum with a high-efficiency air filter. If not available, ensure the person vacuuming wears a well-fitting mask or respirator.

https://www.cdc.gov/poxvirus/monkeypox/if-sick/home-disinfection.html
Clean and disinfect household in the following order:

- General Waste Containment
  - Collect and contain in a sealed bag any soiled waste such as bandages, paper towels, food packaging, and other general trash items.
- Laundry
  - Gather contaminated clothing and linens before anything else in the room is cleaned. Do not shake the linens as this could spread infectious particles.
- Hard surfaces and household items
- Upholstered furniture and other soft furnishing
- Carpet and flooring
- Waste disposal

https://www.cdc.gov/poxvirus/monkeypox/if-sick/home-disinfection.html
Infection Control Resources (check back periodically for updated information)

• CDC Considerations for Reducing Monkeypox Transmission in Congregate Living Settings: https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html

• CDC Infection Prevention and Control of Monkeypox in Healthcare Settings: https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html

• CDC Schools, Early Care and Education Programs, and Other Settings Serving Children or Adolescents
  https://www.cdc.gov/poxvirus/monkeypox/community/school-faq.html

• NETEC: Back to Basics, PPE and Monkeypox podcast: https://netec.org/transmission-interrupted/back-to-basics-ppe-and-monkeypox/


• EPA disinfectants for emerging pathogens, List Q: https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q

• CDC Clinician FAQ: https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html

• SD DOH Monkeypox Info: https://doh.sd.gov/diseases/infectious/diseasefacts/monkeypox.aspx
Disease Prevention
Prevention

- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.

- Do not touch the rash or scabs of a person with monkeypox.

- Do not kiss, hug, cuddle or have sex with someone with monkeypox. Detailed strategies for reducing risk during sex are outlined at Safer Sex, Social Gatherings, and Monkeypox | Monkeypox | Poxvirus | CDC

- Do not share eating utensils or cups with a person with monkeypox.
Prevention – Cont.

- Avoid sharing furniture and other porous household items with a person with monkeypox.

- Wash your hands often with soap and water or use an alcohol-based hand sanitizer. If you touch lesions or clothing, linens, or surfaces that may have had contact with lesions, wash your hands immediately.

- Learn more about proper cleaning and disinfecting of homes and other non-healthcare settings.
Disease Intervention Specialist Case Investigation & Contact Tracing

- Interview individuals with positive laboratory results

- Interventions include Jynneos PEP and monitoring for s/s

- Alerting close contacts and partners

- Coordinating communication through event partners

- Response and case management in congregate settings
Monitor for signs and symptoms for 21 days

Can continue daily routine if asymptomatic

If rash occurs – isolate and seek healthcare evaluation and testing

Other signs/symptoms without the presence of rash – isolate x 5 days
  ▪ Watch for new signs/symptoms
  ▪ No signs/symptoms = end isolation
  ▪ New signs/symptoms = begin 5 days isolation again
Monkeypox Case

- Isolate at home for duration of illness
- Cover lesions and wear well-fitting mask
- Do not share items that have been worn or handled with other people or animals. **Launder or disinfect** items that have been worn or handled and surfaces that have been touched by a lesion.
- Avoid close physical contact, including sexual and/or close intimate contact, with other people.
Monkeypox Case – Cont.

- Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.

- Avoid crowds and congregate settings.

- Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

- Medical providers can consider TPOXX antiviral medications for treatment per CDC Clinical Guidelines.
Vaccination Update
Vaccination

- Jynneos is the preferred vaccine
  - Supplied as a 0.5 ml vial – Live non-replicating vaccine
  - Preferred administration for 18 and older is 0.1 mL intradermally (ID) (FDA EUA)
  - Persons under 18 and persons with history of keloid scarring the administration would be 0.5 mL subcutaneously.
  - Schedule is 2 doses 28 days apart, 4-day grace period prior to 28 days applies.

- ACAM2000
  - Single dose vial – live virus vaccine
  - Administered percutaneously using a bifurcated needle.
  - Should only be used if Jynneos is unavailable or if patient has a contraindication to Jynneos

https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html
Vaccination

- Both vaccines supplied by the strategic national stockpile
- Jynneos vaccine is allocated out to jurisdictions based on at risk population and current case count
- ACAM2000 is available after consultation with the CDC

The remainder of these slides will only address the Jynneos vaccine
Vaccination

- Current eligible persons in SD for vaccination
  - Gay, bisexual, or other man who has sex with men (includes transgender and non-conforming/binary)
  - Persons who had skin-to-skin contact with someone in a social network experiencing monkeypox activity
  - Persons whose degree of exposure is high or intermediate

https://doh.sd.gov/diseases/infectious/diseasefacts/monkeypox.aspx or doh.sd.gov/monkeypox
## Vaccination

Where is vaccine available?

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avera Medical Group Infectious Disease Specialists</td>
<td>6709 S. Minnesota Ave, Suite 102</td>
<td>Sioux Falls</td>
<td>605-322-7250</td>
</tr>
<tr>
<td>Falls Community Health</td>
<td>521 N Main Ave</td>
<td>Sioux Falls</td>
<td>605-367-8793</td>
</tr>
<tr>
<td>Sanford Infectious Disease and Travel Medicine Clinic</td>
<td>1205 S Grange Ave #401</td>
<td>Sioux Falls</td>
<td>877-701-0779</td>
</tr>
<tr>
<td>Community Health Center of Black Hills</td>
<td>350 Pine St</td>
<td>Rapid City</td>
<td>605-721-8939</td>
</tr>
<tr>
<td>Monument Health Family Medicine Residency Clinic</td>
<td>502 E Monroe St</td>
<td>Rapid City</td>
<td>605-755-4060</td>
</tr>
</tbody>
</table>
Vaccination

- Peak immunity is expected to be reached 14 days after the second dose of Jynneos vaccine.

- The duration of immunity after two doses of Jynneos vaccine is unknown.

- Coadministration of Jynneos Vaccine with Routine Vaccines
  - Currently, there are no data on administering Jynneos vaccine at the same time as other vaccines. Because Jynneos is based on a live, attenuated non-replicating orthopoxvirus, Jynneos typically may be administered without regard to timing of other vaccines. This includes simultaneous administration of Jynneos and other vaccines on the same day, but at different anatomic sites if possible.
Vaccination

- Coadministration of Jynneos Vaccine with COVID vaccine
  - **Jynneos vaccination after COVID vaccination**: If an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an orthopoxvirus (e.g., monkeypox) outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

  - **COVID Vaccination after Jynneos vaccination**: People, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either Jynneos or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine because of the observed risk for myocarditis and/or pericarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis and/or pericarditis after Jynneos.
South Dakota Immunization Information System (SDIIS)

- Monkeypox Vaccine (MPX)
- JYNNEOS
- ACAM2000
  - SDIIS allows providers to maintain all vaccine inventories, public and private, within the system
  - MPX will be sent to providers from the Strategic National Stockpile (SNS)
  - Providers must **ADD INVENTORY** to manage Monkeypox vaccines in SDIIS
    - Unlike COVID, which comes into inventory via vaccine order or vaccine transfer and **RECEIVE SHIPMENT**
  - Click **INVENTORY**
  - The **EDIT INVENTORY** screen will appear
  - Click **ADD INVENTORY**
South Dakota Immunization Information System (SDIIS)

Monkeypox Vaccine (MPX)
- JYNNEOS inventory management system (SDIIS)
- Report number of full vaccine vials to DOH each week
- Provider choice whether to maintain the number of vials as your inventory count, or 5x your count to indicate number of doses

For facilities using bi-directional interface to report vaccinations:
- Use RECONCILE to update weekly inventory counts
- Use UNACCOUNTABLE (-): Indicate in NOTES how many vials used and how many doses administered to get CURRENT VOLUME to the correct number

For facilities manually entering vaccinations and pulling from inventory:
- Use GIVE VACCINE when entering doses into patient records. DOSAGE VOLUME must be 1.
- If managing number of vials in inventory, RECONCILE inventory with BONUS DOSES (+) to get CURRENT VOLUME to the correct number
Monkeypox Vaccine (MPX)

- Documenting vaccination in SDIIS
- Currently, MPX supply is limited to sites in Sioux Falls and Rapid City
- Most providers will not need to enter MPX vaccination into SDIIS
- However, if a patient presents for other care into your facility, and they have historical evidence of MPX vaccine from another state, please enter their historical vaccination into SDIIS using the ADD HISTORY function.
South Dakota Immunization Information System (SDIIS)

Monkeypox Vaccine (MPX)

- JYNNEOS inventory management in SDIIS

- Report vaccine wastage in SDIIS

- Click RECONCILE
  - Select TYPE WASTED (-): Indicate in NOTES how many vials/doses were not used or must be discarded to get CURRENT VOLUME to the correct number
  - May not always get five 0.1 mL doses from a vial

Contact Brett Oakland with questions
- Brett.Oakland@state.sd.us
- 605.367.4902
Antiviral Medication Update
Tecovirimat (TPOXX)

- Tecovirimat is available as an oral capsule (200 mg) and injection for intravenous (IV) administration.

- There is no need for a CDC consultation if a patient reaches out to the State UNLESS there is a special circumstance. If a clinical consultant is needed state/clinician can reach out to eocevent477@cdc.gov, and if the case includes pediatric involvement include CDC regulatory affairs (regaffairs@cdc.gov).

- TPOXX oral is available for order through HPOP. However, the IV TPOXX will continue to be ordered through the CDC (eocevent477@cdc.gov) because of limited availability.
The needed information is below which can be sent to the inbox at eocevent477@cdc.gov to initiate the request.

- 1. Shipping address for TECOVIRIMAT:

- 2. Receiving POC #1 at shipping address (name, email, 24/7 monitored phone #):

- 3. Receiving POC #2 at shipping address (name, email, 24/7 monitored phone #):

- 4. Jurisdiction HD POC (name, email, 24/7 monitored phone #):

- 5. Number of bottles of PO tecovirimat (1 full course = 2 bottles for people weighing 40–120kg, for other weight, see IND protocol page 6):
6. If IV is requested, please specify number of days of therapy (for many patients, 14 vials [=7 days] of IV tecovirimat will be enough and the patient can be converted to PO tecovirimat; if the clinical picture does not improve after 7 days, additional IV doses can be ordered):

7. Days/times the shipping address location is/is not available to receive a shipment:

Treatment with TPOXX can begin upon receipt of the medication and after obtaining informed consent. No pre-registration is required for clinicians or facilities.

Forms requested under the EA-IND must be returned to the CDC within 7 days of initiation of treatment.
## TPOXX Oral Dosage for Pediatric Patients Weighing at Least 13 kg and Adults

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>Dosage (Number of Capsules)</th>
<th>Drug Food Preparation for Patients Who Cannot Swallow Capsules</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 kg to less than 25kg</td>
<td>200 mg (1 capsules) every 12 hours</td>
<td>Carefully open the required number of capsules and mix contents of capsules(s) of TPOXX with 30ml of liquid (e.g., milk, chocolate milk) or soft food (e.g., apple sauce, yogurt). The entire mixture should be administered within 30 minutes of its preparation.</td>
</tr>
<tr>
<td>25 kg to less than 40kg</td>
<td>400 mg (2 capsules) every 12 hours</td>
<td></td>
</tr>
<tr>
<td>40 kg to less than 120kg</td>
<td>600 mg (3 capsules) every 12 hours</td>
<td></td>
</tr>
<tr>
<td>120 kg and above</td>
<td>600 mg (3 capsules) every 8 hours</td>
<td></td>
</tr>
</tbody>
</table>
TPOXX Oral Dosage for Pediatric Patients Weighing at Least 13 kg and Adults – Cont.

**Required Forms:**

1. **Informed Consent Form** [English](#) | [Spanish](#): Obtain prior to treatment.
   - Alternative **Short Form Consent** and **Written Summary** that can be used to obtain informed consent.
2. **Patient Intake Form**: Baseline assessment
3. FDA Form: One signed 1572 per facility suffices for all TPOXX treatments administered under the EA-IND at the same facility.
4. **Serious Adverse Events**: Per FDA requirement, report life-threatening or serious adverse events associated with TPOXX by completing a [PDF MedWatch Form](#) and returning it to CDC via email or uploading to [ShareFile](#) within 72 hours of awareness or sooner, if possible. The PDF MedWatch Form can also be downloaded from [the FDA website](#). (Note: The MedWatch Form can only be viewed on the Adobe desktop app. Please save or download the form for viewing.)
On-going Communication
Communications

- SD-HAN: sdhan.sd.gov
- Epi Listserv
- Lab Listserv
- HAI Listserv

CDC Health Alerts

- **HAN 466**: Monkeypox Virus Infection
- **HAN 468**: Monkeypox Update Case-finding Guidance
- **HAN 471**: Monkeypox Clinician Update on Testing and Treatment
- **HAN 472**: Monkeypox Update on Population Clinical Considerations
Helpful Sources of Information

South Dakota:

CDC:
https://www.cdc.gov/poxvirus/monkeypox/index.html
Questions?

Follow-up after the webinar

605-773-3737