Dear Colleague,

CDC is closely tracking cases of monkeypox that have been reported since mid-May in the United States and many other countries without a history of monkeypox activity, including in Europe, the Americas, the Middle East, Australia, and some countries in Africa. As of August 1, 2022, more than 22,000 cases have been reported in 79 countries around the world, including >5000 cases in the United States. No deaths have been reported in the current outbreak in the United States. On July 23, the World Health Organization (WHO) declared monkeypox a Public Health Emergency of International Concern (PHEIC). This is WHO’s highest level of global alert, and the decision recognizes the potential threat this virus poses to countries around the world. CDC is supportive of this decision, as it can serve to move the international community to more quickly and effectively respond to and combat this virus. Evidence indicates that the virus is spreading mostly through close, intimate contact with someone who has monkeypox. While anyone can get monkeypox if they have close contact with someone who has monkeypox, regardless of gender identity or sexual orientation, most of those affected in the current global outbreaks are gay, bisexual, and other men who have sex with men. CDC is urging community-based organizations and public health partners to help us raise awareness about monkeypox. Below we have provided:

- Basic information on monkeypox
- Summary of what CDC is doing and questions we are trying to answer
- What partners can do
- Links to available resources

We can help to slow the spread of monkeypox if we all work together.

What we know:

Monkeypox is a disease caused by a virus (monkeypox virus) and is a zoonotic disease, meaning that it can spread from animals to people. It also spreads when a person has contact with someone with monkeypox or with materials (e.g., bedding, towels) that are contaminated with the virus.

Monkeypox can spread to anyone through:

- Direct contact with monkeypox rash, which may appear like blisters or pimples, or scabs on a person’s skin
- Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
• Contact with respiratory secretions during prolonged, face-to-face contact.

Monkeypox can also be spread during intimate contact, including:

• Oral, anal, and vaginal sex, or touching the genitals or anus of a person with monkeypox
• Hugging, massage, kissing or talking closely
• Touching fabrics, shared surfaces, and objects that were used by a person with monkeypox, such as bedding, towels, and sex toys

People with monkeypox may first develop a flu-like illness with fever, headache, muscle aches, exhaustion, or enlarged lymph nodes. A characteristic rash, which can appear like blisters or pimples, occurs a few days later. However, in recent cases, patients have developed localized rashes around the genitals or anus without having flu-like symptoms first. People usually develop monkeypox 5–13 days (and up to 17 days) after being exposed to the virus. The illness may last up to 2–4 weeks and usually resolves without specific treatment.

Monkeypox can be spread from the time symptoms start until the rash and all sores have healed and a fresh layer of skin has formed. Monkeypox symptoms can sometimes be confused with those associated with syphilis, herpes, chickenpox (varicella zoster virus), and molluscum contagiosum.

For more information on monkeypox, please visit U.S. Monkeypox 2022: Situation Summary | Monkeypox | Poxvirus | CDC

What CDC is doing
CDC is closely tracking all reported cases of infection due to monkeypox. We are working with state and local health officials to identify people who may have been in contact with people who have tested positive, so those contacts can monitor their health, be counseled on post-exposure vaccine prophylaxis, if indicated, and seek care if they develop symptoms.

CDC is also working with our partners to learn how long the virus has been circulating; how the virus was introduced into some of the current clusters of cases; the clinical course of illness; and whether the virus is being spread through contact with semen or vaginal fluids.

Many—though not all—of the reported cases have been among gay and bisexual men. Given this, CDC is focusing on identifying and using specific channels that will directly reach gay and bisexual men across racial, ethnic, socioeconomic, and geographic backgrounds. In addition to this focused messaging, CDC is also providing information to a wider audience about symptoms and the behaviors that can lead to the spread of monkeypox.

In June, CDC began distributing its orthopoxvirus test to five commercial laboratory companies – Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, Aegis Sciences, and Sonic Healthcare
USA – to increase monkeypox testing capacity and access. As of July 18, all five commercial laboratory companies in this expanded orthopoxvirus testing effort have begun testing. Combined with the existing capability of the facilities in the Laboratory Response Network, this brings the total U.S. testing capacity to at least 80,000 per week.

CDC believes that making vaccines available now is one important strategy to mitigate the spread of monkeypox. On June 28, the federal government announced an enhanced nationwide strategy to vaccinate and protect people at risk for monkeypox, prioritize vaccines for areas with the highest numbers of cases, and provide guidance to state, tribal, local, and territorial health officials to aide their planning and response efforts. CDC and the Department of Health and Human Services (HHS) are working closely with partners to ensure there are enough doses available to vaccinate all people for whom vaccination is recommended.

Two smallpox vaccines licensed by the U.S. Food and Drug Administration (FDA) are available to prevent monkeypox in the United States: JYNNEOS, also known as Imvamune or Imvanex, and ACAM2000. Smallpox vaccines may provide protection against monkeypox because the viruses that cause smallpox and monkeypox are very similar. Only JYNNEOS is also FDA-approved for the prevention of monkeypox in people 18 and older. CDC and HHS have distributed more than 310,000 doses of the JYNNEOS vaccine from the Strategic National Stockpile to states and jurisdictions nationwide. To better understand the protective benefits and the risks associated with these vaccines in the current outbreak, CDC is collecting data on any side effects, infections of vaccinated people, and whether the way the person was infected makes any difference in how well the vaccine protects them.

For more information on monkeypox vaccination, please visit Considerations for Monkeypox Vaccination | Monkeypox | Poxvirus | CDC

In addition, CDC has simplified the process U.S. healthcare providers can use to request the antiviral drug tecovirimat (TPOXX) to treat patients with monkeypox. Forms and other documentation required for obtaining TPOXX can be submitted after clinicians receive the drug and begin patient treatment. In addition, earlier requirements to photograph lesions, collect specimens, and ship them to CDC are now optional. Healthcare providers can begin administering TPOXX as soon as they obtain informed consent from the patient. Additional modifications are being worked out with the FDA and will be announced soon.

**What You Can Do**
Helping people make the best-informed decisions to protect their health and the health of their community from monkeypox requires providing key prevention information to the public and working with partners and trusted messengers to ensure information reaches affected communities.
Partners can help by providing monkeypox information to different communities and through various channels while being careful to avoid marginalizing groups who may be at increased risk for monkeypox. Messages should be fact-based to help prevent stigmatizing populations most affected. While many of those affected in the current global outbreaks identify as gay or bisexual, it is important to emphasize that anyone, regardless of gender identity or sexual orientation, can develop and spread monkeypox.

Partners can also encourage U.S. healthcare providers to be alert for patients who have rash illnesses consistent with monkeypox, and provide technical assistance on specimen collection and infection control.

Lastly, our health department partners can help identify and monitor people who may have been in contact with individuals who have tested positive for monkeypox.

It will take a partnership between public health officials, healthcare providers, and the public to stop the spread of monkeypox.

Available Resources
CDC has developed multiple resources that public health partners can use to increase awareness of monkeypox including:

- Social Gatherings, Safer Sex, and Monkeypox (cdc.gov)
- Event Organizer Letter Template
- Videos | Monkeypox | Poxvirus | CDC
- Print Resources | Monkeypox | Poxvirus | CDC

CDC has also developed a document to help partners frame communication around monkeypox to increase awareness while reducing the chances of stigmatizing those who may contract the virus:

- Reducing Stigma in Monkeypox Communication and Community Engagement | Monkeypox | Poxvirus | CDC

CDC has additional resources available including a website with key information about monkeypox for the public, healthcare providers, health departments, and laboratory personnel:

- U.S. Monkeypox 2022: Situation Summary | Monkeypox | Poxvirus | CDC
- Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC
  o Case Definition† | Monkeypox | Poxvirus | CDC
  o Isolation and Prevention Practices for People with Monkeypox | Monkeypox | Poxvirus | CDC
• Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC
• Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC
• Clinician FAQs | Monkeypox | Poxvirus | CDC
• Information for Health Departments | Monkeypox | Poxvirus | CDC
• Information For Laboratory Personnel | Monkeypox | Poxvirus | CDC