



**DCengage**

HealthHIV.org

# Monkeypox and Harm Reduction

## Handout

**Inaugural DC Engage  
Harm Reduction Conference**  
AUGUST 25, 2022

DC HEALTH  
GOVERNMENT OF THE DISTRICT OF COLUMBIA

## Monkeypox

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DC Health Updates

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STD/TB Control Division Chief

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**Agenda**

- ▶ Epidemiology Updates
- ▶ Public Health Recommendations
- ▶ Monkeypox Considerations for Harm Reduction Providers
- ▶ Medical Countermeasures for Monkeypox infection
- ▶ Criteria for Monkeypox PrEP, PEP, and Antiviral Treatments

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**Public Health Emergency of International Concern**



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### HHS Declares Monkeypox a Public Health Emergency

- On August 4, 2022, the U.S. Department of Health and Human Services (HHS) declared a public health emergency (PHE) in response to the current monkeypox outbreak

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### CDC 2022 U.S. Map & Case Count

Data as of August 18, 2022: 14,115 total confirmed monkeypox/orthopox virus cases

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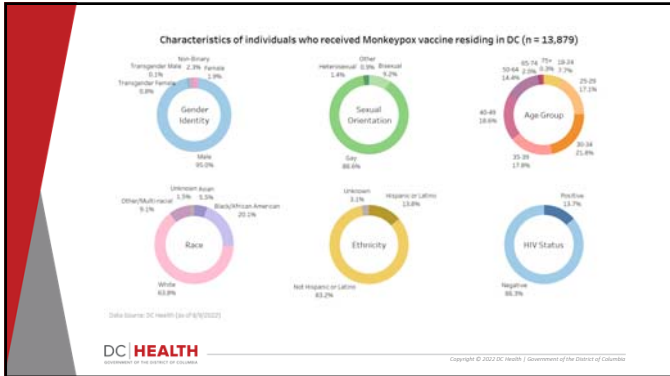
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**Public Health Recommendations**

CDC released updated isolation recommendations on 8/2/2022

- While symptomatic with a fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, remain isolated in the home and away from others
  - This includes avoiding close or physical contact with other people and animals.
  - Cover the lesions, wear a well-fitting mask and avoid public transportation
- While a rash persists but in the absence of a fever or respiratory symptoms
  - Cover all parts of the rash with clothing, gloves, and/or bandages.
  - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
- Until all signs and symptoms of monkeypox illness have fully resolve
  - Do not share items that have been worn or handled with other people or animals.
  - Laundry or disinfect items that have been worn or handled and contaminated that have been touched by a lesion
  - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
  - 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.

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**Monkeypox Considerations for Harm Reduction Providers**

- Persons who smoke or inject drugs could be at higher risk for monkeypox
- Persons living with HIV who have monkeypox can be at higher risk for progression to serious disease
- Diagnosis of monkeypox can be more difficult in persons living with HIV
- Persons in harm reduction and/or recovery programs may find it difficult/impossible to adhere to recommended isolation guidelines

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### Medical Countermeasures

Important caveats

- o Developed for treatment of other viruses
- o Most are not FDA approved for monkeypox treatment or prevention; use is authorized under Expanded Access Investigational New Drug (EAIN) protocols
- o Limited data
- o Limited experience

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**Medical Countermeasures**



**JYNNEOS**  
ACAM2000



**Tecovirimat (TPOXX)**  
Cidofovir  
Brincidofovir



**Vaccinia immune globulin**

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**Medical Countermeasures: JYNNEOS Vaccine**

- Live, *non-replicating* vaccine
- Licensed by FDA in 2019 for prevention of smallpox and monkeypox disease in adults at least 18 years old
  - o PrEP or PEP
- Administered as subcutaneous injection in 2 doses at least 4 weeks apart

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**Medical Countermeasures: JYNNEOS Vaccine**

**Efficacy**

- o Animal data, immunogenicity studies support efficacy as PrEP
- o Very limited evidence for efficacy as PEP

**Safety and side effects**

- o Safe for use in immunocompromised, atopic dermatitis
- o Safety not established in pregnancy, breastfeeding, pediatrics; use might still be considered

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**Medical Countermeasures: Tecovirimat (TPOXX)**

Antiviral medication developed to treat smallpox

Approved for treatment of smallpox in adults and children weighing at least 3kg

- o Oral capsule approved by FDA in 2018
- o IV formulation approved by FDA in May 2022

CDC holds EA-IND allowing its use for other orthopoxviruses in adults and children

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**Medical Countermeasures: Tecovirimat (TPOXX)**

Efficacy to treat monkeypox infection

- o Animal studies suggest mortality benefit
- o Case reports in humans suggest possible benefit on duration of illness, viral shedding

Efficacy as PEP uncertain

Safety and side effects

- o IV formulation contraindicated for creatinine clearance <30mL/min
- o Minor side effects in healthy subjects (headache, nausea, abdominal pain)
- o Not studied in pregnancy, breastfeeding, pediatrics

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**Who Should Get Monkeypox PrEP?**

- 1. Clinical laboratory personnel who perform testing to diagnose orthopoxviruses, including those who use polymerase chain reaction (PCR) assays for diagnosis of orthopoxviruses, including *Monkeypox virus*
- 2. Research laboratory workers who directly handle cultures or animals contaminated or infected with orthopoxviruses that infect humans, including *Monkeypox virus*, *replication-competent Vaccinia virus*, or *recombinant Vaccinia viruses derived from replication-competent Vaccinia virus strains*
- 3. Certain healthcare and public health response team members designated by public health authorities to be vaccinated for preparedness purposes

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**Considerations for Monkeypox PEP**

- Classify exposure using risk assessment tools
- Consider individual factors, e.g. risk for severe disease
- Provide reassurance when appropriate:
  - Primary mode of transmission is through prolonged, close contact with someone with lesions
- Facilitate prompt access to PEP when indicated:
  - Greatest efficacy when given within 4 days of exposure

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**Considerations for Monkeypox Treatment**

- Persons with severe disease
- Persons at high risk of severe disease, including
  - People with immunocompromising conditions
  - Children, particularly those under 8 years of age
  - People who are pregnant or breastfeeding
  - People with a history of atopic dermatitis or exfoliative skin conditions
  - People with one or more complications
- People with aberrant infections, including accidental implantation in eyes, mouth, or other anatomical areas where monkeypox lesions might constitute a special hazard, including genital and perianal areas
- Empiric treatment may be appropriate in some cases
- Benefit is likely greatest when antiviral treatment is started early in illness

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