



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

May 19, 2022

Dear Colleagues:

We are writing to make you aware of a global change in the epidemiology of Monkeypox so that you can ensure appropriate screening, infection prevention and notification processes are in place.

Background

Monkeypox is a disease caused by a virus in the orthopoxvirus genus, which also included variola/smallpox, and vaccinia/cowpox (used in the smallpox vaccine). The first cases of monkeypox in humans were identified in the Democratic Republic of Congo in 1970, and cases have since been seen in several other central and west African countries, including Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Liberia, Nigeria, Republic of the Congo, and Sierra Leone. Prior to 2022, there have been isolated cases of monkeypox in travelers from endemic areas detected in the U.S., Israel, Singapore, and the UK.

Current Situation

In May 2022, a cluster of monkeypox cases was reported in the UK; within this cluster, only one patient has reported travel to a monkeypox endemic country. The rest of the cases have no travel history and no known connections and presumably have been infected locally. Spain, Portugal and Sweden have also reported clusters of monkeypox cases without known travel or common exposures. On May 18, 2022, Massachusetts also reported a case with no identified travel to endemic countries.

Many of these newly reported cases are young men who identify as gay, bisexual, or men who have sex with men (MSM). This suggests that there may be undetected community transmission among sexual networks. Monkeypox has never been documented to be sexually transmitted but this is also being investigated.

MDH urges Maryland clinicians to follow the “Identify, Isolate and Inform” paradigm for possible monkeypox:

Identify - Monkeypox should be considered in the differential for patients presenting with skin lesions, even in the absence of known travel. Symptoms may include fever, headache, muscle aches, lymphadenopathy, and a rash that may concentrate on the face, hands, and feet. This disease presentation may resemble chickenpox, measles, and syphilis. Several of the most recent cases have first presented for care in STI clinics.

Isolate - Monkeypox is a zoonotic disease and may be transmitted from species of rodents to humans, but may also be transmitted from person to person. Person-to-person transmission is primarily through large respiratory droplets, but also through direct contact with body fluids or

skin lesions, including scabs. Indirect contact, such as exposure to contaminated linens and surfaces, has also been reported. It can be spread between people through direct contact with skin lesions or body fluids, or contaminated materials such as clothing or linens. **Patients suspected of having monkeypox should be isolated in a negative air pressure room as soon as possible.** If a negative air pressure room is unavailable, place patients in a private examination room. If neither option is feasible, then precautions should be taken to minimize exposure to surrounding persons. These precautions may include placing a surgical mask over the patient's nose and mouth—if tolerable to the patient—and covering any of the patient's exposed skin lesions with a sheet or gown.

Inform - The risk of transmission of monkeypox to the general public remains very low; however clinicians should remain alert to the clinical signs and symptoms in populations without travel. If you should suspect a case of monkeypox, **please call the Maryland Department of Health immediately at 410-767-6700 (business hours) or 410-795-7365 (after hours) to arrange for follow-up, including testing.**

More information about monkeypox is available from the CDC at:
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>

Thank you for your attention to this important public health issue. We will provide additional information as it becomes available.

Sincerely,

A handwritten signature in black ink, appearing to read "Jinlene Chan MD". The signature is written in a cursive style with a large, sweeping flourish at the end.

Jinlene Chan, MD, MPH, FAAP
Deputy Secretary, Public Health Services