



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Ashwin Vasan, MD, PhD  
*Commissioner*

## 2022 Health Advisory #13: Update on Monkeypox in New York City

- The number of people in New York City (NYC) diagnosed with monkeypox continues to increase with [461 cases](#) reported as of July 15, 2022; nationally, the [CDC](#) reports nearly 2,000 cases. There are likely many more unreported cases.
- Close, prolonged physical contact including sexual or intimate contact with a person with monkeypox is associated with an increased risk of transmission of the virus among recent cases. While anyone can get monkeypox, almost all of the reported cases are among gay, bisexual, and other men who have sex with men (MSM).
- Testing for monkeypox is now available through [LabCorp](#), [Mayo Clinic Laboratories](#), [Aegis Science](#), and [Sonic Healthcare](#). Providers should submit specimens through commercial laboratories, if possible; however, testing will continue to be available at the NYC Public Health Laboratory with prior approval.
- Providers are responsible for providing test results to patients. The NYC Department of Health and Mental Hygiene (Health Department) cannot give results to patients.
- Clinical presentation of recent cases has been atypical with shorter incubation periods, absence of prodromal symptoms, and fewer or scattered lesions.
- Most individuals with monkeypox have had a self-limited disease course, managed with supportive care. [Antiviral treatment with tecovirimat](#) should be considered for people with severe infection, illness complication, or risk factors for progression to severe infection.
- The JYNNEOS™ vaccine is available through the Health Department for use as expanded postexposure prophylaxis, however supply is very limited.
- Visit the [Health Department](#) and [Centers for Disease Control and Prevention](#) (CDC) websites for more information about monkeypox.

July 18, 2022

Dear Colleagues,

There is increasing community transmission of monkeypox virus in New York City (NYC) and elsewhere. Gay, bisexual, and other men who have sex with men (MSM) and who have multiple or anonymous sexual partners are at highest risk for infection. This advisory includes updated information on monkeypox including cases in NYC, testing, treatment, and vaccination.

### Epidemiologic Update

As of July 15, 2022, 461 people in NYC have tested positive for orthopoxvirus, presumed to be monkeypox. There are likely many more undiagnosed cases. Among cases with available data and where data is not unknown, all are men (97.9%) or transgender, gender nonconforming, and nonbinary (TGNCNB) (2.1%) and, of those interviewed, almost all (99.0%) are men who have sex with men (MSM); however, anyone, no matter their age, gender, nationality, sexual orientation, or any other factor, is susceptible. Most cases reside in Manhattan (60.4%), followed by Brooklyn (17.9%), Queens (11.3%), Bronx (10.1%) and Staten Island (0.3%), with a median age of 35 years (range 20 to 69 years). Among cases where race and ethnicity are available, the majority are White (46.5%), followed by

Hispanic/Latino (30.0%), Black/African American (17.5%) and Asian/Pacific Islander (6.0%). In reviewing these data, it is important to keep in mind that case detection is impacted by access to care.

### **Clinical Information**

In the current global outbreak, close, prolonged physical contact including sexual or intimate contact with a person with monkeypox is associated with an increased risk of monkeypox transmission. It is not yet known if people who do not have symptoms can transmit the virus. Atypical features of some cases include a shortened incubation period of 2 to 5 days, the absence of a prodrome, and the presence of only a few, scattered lesions or groups of lesions, often most prominent in the anogenital area. The lesions may involve both skin and mucous membranes. Even with less severe illness, oral, anogenital, or rectal lesions can be very itchy and painful, to the point of interfering with eating, urination, and defecation. Information on transmission and clinical presentation including photos of monkeypox lesions are available on the Centers for Disease Control and Prevention (CDC)'s [Clinical Recognition](#) and [Clinician FAQs](#) pages.

### **Testing**

Consider monkeypox for any patient with a characteristic lesion (deep-seated, well-circumscribed and with central umbilication), or any patient with risk factors and new clinically compatible lesions. The lesions associated with monkeypox characteristically evolve from macules, papules, vesicles, and then pustules, which eventually form scabs that dry and fall off.

Commercial laboratory testing is now available through [LabCorp](#), [Mayo Clinic Laboratories](#), [Aegis Science](#) and [Sonic Healthcare](#). Refer to their websites for lab-specific specimen collection and submission criteria, which may differ among laboratories. Testing offered by [Quest Diagnostics](#) has not yet been approved by the [NY Clinical Laboratory Evaluation Program](#) and therefore Quest cannot yet accept specimens collected from New York State residents. Providers should submit specimens through commercial laboratories if possible; however, testing will continue to be available at the NYC Public Health Laboratory (PHL) with prior approval by calling the Provider Access Line at 866-692-3641. See [Monkeypox Testing at the NYC Public Health Lab](#) on the [PHL website](#) for detailed instructions on specimen collection, storage, ordering and transport.

Positive test results from commercial laboratories will be sent to the ordering provider and to the Health Department via the Electronic Clinical Laboratory Reporting System (ECLRS). Results of tests performed by PHL will be reported through the eOrder system and therefore are only available to the person who submitted the test order to eOrder. Providers are responsible for providing test results to patients; the Health Department cannot provide test results to patients. For facilities where test orders are placed by staff other than the patient's provider, have a protocol in place to ensure the provider receives the results for timely notification to the patient. Please let patients know that you will be following up with them directly with test results.

Advise patients waiting for test results to isolate at home, avoid contact with others, and monitor their symptoms. If the test result is **positive**, advise them to continue to follow the same precautions until all scabs have fallen off and a fresh layer of skin has formed. This can take two to four weeks from when the rashes or lesions first appear. See CDC [guidelines](#) for precautions that should be taken to decrease the risk of transmitting monkeypox to others.

### **Treatment**

Most individuals with monkeypox have had a self-limited disease course managed with supportive care. This includes medicines or other clinical interventions to control itching, nausea, vomiting, and pain. Proctitis can occur and though often manageable with appropriate supportive care, can progress to

become severe and debilitating which may require prescription medication. Assess the need for and offer appropriate pain management options for each patient; an abundant body of evidence indicates that Black, Latino and other patients of color are less likely to receive sufficient pain management compared to White patients.

Antiviral treatment with tecovirimat is available via an expanded access investigational new drug (EA-IND) protocol and should be considered for people with severe disease (e.g., sepsis, lesion location or type), illness complications or hospitalization, high risk for severe disease (e.g., severe immunocompromising conditions), risk of stricture or fistula, or significant active exfoliative dermatologic conditions. See the Health Department's [Interim Guidance for Treatment of Monkeypox](#) for detailed guidance regarding supportive treatment and tecovirimat. For information on ordering and prescribing tecovirimat, email [MPXtherapeutics@health.nyc.gov](mailto:MPXtherapeutics@health.nyc.gov). Additional guidance on tecovirimat is available from the [CDC](#).

### **Vaccination**

JYNNEOS™ vaccine is licensed by the U.S. Food and Drug Administration as a two-dose series for the prevention of monkeypox infection in people ages 18 and older. Vaccination is not indicated for people who have been previously diagnosed with monkeypox, or have active symptoms that may be due to monkeypox. The vaccine is currently available only through the Health Department.

Close contacts of someone with monkeypox identified by the Health Department through contact tracing will be offered vaccine for postexposure prophylaxis (PEP). Vaccination within 4 days of an exposure may reduce the chance of monkeypox disease, and vaccination within 5 to 14 days may reduce symptoms.

In addition, a limited amount of vaccine is available to people age 18 or older who may have been recently exposed. Eligibility is currently limited to gay, bisexual, or other men who have sex with men, and/or transgender, gender non-conforming, or gender non-binary who had multiple or anonymous sex partners in the last 14 days. Due to the rapid increase in cases and limited supply of vaccine, the Health Department has decided to prioritize first doses so that more people can receive some protection. This single-dose strategy is consistent with the monkeypox vaccine distribution strategy taken in the UK and Canada and based on the available scientific evidence. Remind patients that vaccination does not provide immediate protection. Once supply increases, the Health Department will communicate with people who received first dose about how to schedule a second dose appointment. The delay of the second dose should not affect the immune response to the second dose.

More information about eligibility, current supply, and how to get vaccinated can be found at [nyc.gov/monkeypox](https://nyc.gov/monkeypox).

### **Infection Control**

Secondary cases of monkeypox as a result of occupational exposure are exceedingly rare and have not been reported in the current outbreak. Precautions, such as the use of personal protective equipment are strongly recommended. CDC infection prevention and control recommendations for healthcare settings are available [here](#).

### **Counsel Patients on Prevention**

To reduce the chance of getting and transmitting monkeypox, advise patients not have sex or close physical contact with anyone who has new or unexpected lesions. Patients who develop new or unexpected lesions should be advised not to have sex or close physical contact with others and to avoid

clubs, parties or gatherings until the lesions have been evaluated. Refer patients to CDCs guidance: [Social Gatherings](#), [Safer Sex](#) and [Monkeypox](#) for additional information.

### **Support**

We acknowledge the hardships associated with caring for someone with a new disease that is time-consuming to diagnose. This is in addition to the ongoing COVID-19 pandemic and distressing news about current events. [NYC WELL](#) continues to be a resource for you, your patients, and all New Yorkers. NYC Well is the connection to free, confidential crisis counseling, mental health and substance use support, information and referrals. The help line is available 24 hours a day, 7 days a week by calling 888-NYC-WELL (888-692-9355), texting WELL to 65173, and [online chat](#).

With appreciation,

A handwritten signature in dark ink, appearing to read 'Celia Quinn', with a long, sweeping underline.

Celia Quinn, MD, MPH  
Deputy Commissioner, Division of Disease Control