



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

2022 Health Advisory 6: CDC Advisory Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022

- See the [linked HAN \(https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_466.pdf\)](https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_466.pdf) from the Centers for Disease Control and Prevention (CDC): Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022
- Monkeypox is an uncommon zoonotic viral disease endemic to Central and West Africa.
- People diagnosed with monkeypox outside of Africa rarely have been reported and typically are associated with travel to the continent or exposure to an infected animal.
- Since May 14, 2022, multiple people diagnosed with monkeypox have been reported in several countries that don't normally have monkeypox, including the United Kingdom, Spain, Portugal and Canada.
- On May 18, 2022, a case of monkeypox was confirmed in a resident of Massachusetts following travel to Canada.
- On May 19, 2022, the New York City (NYC) Health Department began investigating two NYC residents for possible monkeypox infection.. Preliminary testing at NYC Public Health Lab ruled out one of the cases. The other was positive for orthopox virus and had an illness consistent with monkeypox. The patient is isolating and contact investigation is underway.
- At this time, the source of infection for the recent cases outside of Africa has not been established.
- Regardless of gender or sex of sex partner(s), providers should be on alert for patients who have rash illnesses consistent with monkeypox, regardless of whether they have travel or specific risk factors for monkeypox.
- Clinicians suspecting monkeypox infection should strictly adhere to infection control practices and immediately contact their local health department (LHD) to coordinate testing.
- Testing for monkeypox can be performed at NYSDOH Wadsworth Center and the NYC Public Health Laboratory.

May 20, 2022

Dear Colleagues,

Please see the [linked HAN \(https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_466.pdf\)](https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_466.pdf) from the Centers for Disease Control and Prevention (CDC): Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022. Below is a summary on when and how to report suspect cases to the NYC Department of Health (or the New York State Department of Health for non-NYC residents), and respective testing guidance should testing be recommended upon consultation.

REPORTING

Healthcare providers must immediately report suspect cases of monkeypox to their local health department (LHD). Reporting should be to the county where the patient resides.



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

New York City residents suspected of monkeypox infection should be reported to the NYC Health Department Provider Access Line (PAL) at 866-692-3641. Outside of New York City, contact information is available at: https://www.health.ny.gov/contact/contact_information.

If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

TESTING

Testing for monkeypox is available at NYSDOH Wadsworth Center Biodefense Laboratory and the New York City Public Health Laboratory. Specimen collection and submission must be coordinated with the local health department and/or NYSDOH. Within NYC, coordination must be done in consultation with the NYC Health Department.

Specimen Collection

	<i>FOR SPECIMENS COLLECTED FROM NYS RESIDENTS AND TESTED AT THE NYSDOH WADSWORTH CENTER</i>	<i>FOR SPECIMENS COLLECTED FROM NYC RESIDENTS AND TESTED AT THE NYC PUBLIC HEALTH LABORATORY</i>
Specimen Types	1. Dry Swab (two for each lesion) 2. Lesion Cap	1. Dry Swab ONLY (two for each lesion)
Collection	Two separate dry swabs (either polyester, nylon, or Dacron) should be used to collect infected cells from the base of the open lesion (do NOT use viral transport media). Place each swab in an individual sterile container (conical tube or urine cup). Sterile 1.5 to 2mL plastic screw cap tube for each lesion caps	Two separate dry swabs (either polyester, nylon, or Dacron) should be used to collect infected cells from the base of the open lesion (do NOT use viral transport media). Place each swab in an individual sterile container (conical tube or urine cup).
Storage and transport	Refrigerate (2–8°C) or freeze (-20C or below) specimens within an hour of collection.	Refrigerate (2–8°C) or freeze (-20C or below) specimens within an hour of collection.
Submission information	A Wadsworth Center Infectious Disease Request Form must accompany all samples; Remote Order Entry on the Health Commerce System is preferred. Label all tubes and swab holders with the patient’s name, unique identifier, date of collection, source of specimen (vesicle/pustule), collection site, and name of person collecting the specimen.	A New York City Public Health Test Requisition (available upon request) must accompany each sample/collection site. Label all tubes and swab holders with the patient’s name, unique identifier, date of collection, source of specimen (vesicle/pustule), collection site, and name of person collecting the specimen.
Shipping Address	Dr. Christina Egan DAI 3021, Biodefense Laboratory,	Dr. Scott Hughes



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

	Wadsworth Center, NYS Dept. of Health 120 New Scotland Avenue Albany, NY 12208	New York City Public Health Lab Biothreat Response Unit 455 1 st Avenue New York, NY 10016
Questions	Call the Wadsworth Center Biodefense Laboratory at 518-474-4177 (business hours) or the duty officer 866-881-2809 (after hours).	Call the NYC Biothreat Response Laboratory at 212-671-5834 (business hours) or Poison Control at 212-764-7667; ask for PHL duty officer (after hours).

Specimen Collection

To collect vesicular and pustular material:

1. Sanitize the patient’s skin with an alcohol wipe and allow skin to dry.
2. For the lesion caps (NYS ONLY), use a sterile disposable scalpel, remove the lesion cap and transfer it to a dry, 1.5- to 2-mL sterile screw-capped tube. Label the tube with the patient’s name and date of birth.
3. For the each of the two dry swabs collected from each lesion (NYC and NYS) label a swab holder and remove swab from the outer sheath. Collect cells from the lesion base by gently but firmly rolling the dry swab back and forth across the base of an uncapped lesion. Return each swab to the outer sheath or to a sterile container and cap firmly. Depending on the swab used, the end of the applicator may have to be cut and placed into a screw-capped tube with an O-ring.
4. Repeat this process on different lesions.
5. After specimen collection is completed all protective materials worn by the specimen collector (gloves, mask, gown, etc.) and all used sample collection materials (alcohol wipes, holders, etc.) must be placed in red biohazard bags and autoclaved or incinerated prior to disposal. Needles, blades, etc. used to open vesicles should be disposed of in an appropriate sharps container. **Thorough hand-washing using soap** should be done immediately after specimen collection and following removal of personal protective equipment.
6. Other sample types such as serum and whole blood may also be requested.

Please note: Monkeypox virus can be cultivated in several cell culture types routinely used by the viral testing laboratory. Although laboratories should not attempt to isolate this virus, if you become aware that your laboratory has isolated monkeypox using cell culture, you should **immediately** contact the Wadsworth Center or the NYC PHL.

INFECTION CONTROL GUIDELINES

A combination of [Standard, Contact, and Droplet Precautions](#) should be applied in all healthcare settings when a patient presents with fever and vesicular/pustular rash. In addition, because of the theoretical risk of airborne transmission of monkeypox virus, **Airborne Precautions (i.e., caring for a patient in a negative-pressure airborne infection isolation room (AIIR)) should be applied whenever possible.** If a patient presenting for care at a hospital or other health care facility is suspected of having monkeypox, infection control personnel should be notified immediately.



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

For more information on infection prevention and control of monkeypox, please visit the CDC website for this situation at <https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html> or the monkeypox main information page at <https://www.cdc.gov/poxvirus/monkeypox/index.html>.