Monkeypox: A Challenging Case and Overview

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Patient information

• 33 y/o M with PMH HIV (last CD4 >200), anal condyloma and multiple STIs who presented to ED with rectal pain x 3 days, worse with BM, associated with b/l groin pain.

• Denied associated fevers/chills, rash, penile discharge, hematochezia
Social History

• Sexually active with men without consistent condom usage, including receptive anal intercourse
Medications

Biktarvy 1 tab PO daily
Physical Exam

Vitals: T 37.6, BP 138/92, HR 78, RR 19, SpO2 99%
General: alert, not ill appearing
HEENT: oral mucosa moist
GU: No discharge or lesions
Rectal: + anal tenderness; prior condylomas that were removed noted w/scarring
Skin: warm, dry, no rash
Lymph: tender b/l inguinal lymphadenopathy
Initial Work-Up/Management

- CBC, CMP at baseline
- CT a/p: mild wall thickening of the rectum consistent with proctitis; enlarged inguinal lymph nodes
- RPR, gonorrhea/chlamydia rectal PCRs sent
- Empirically treated for GC/chlamydia (IM CTX, PO doxycycline)
- Discharged home
Subsequent Course

• Chlamydia PCR positive
• RPR positive 1:256 → called to return to ED for treatment 1 day later
• Seen in colorectal clinic 2 days later for persistent symptoms
  • No rash noted
  • Ulcers seen around the anus → concern for HSV
Two days later...

• Presented to different ED with persistent rectal pain + new pustular rash x1 day
  • Pustules/vesicles on face, back, extremities including feet, anorectal region
• Isolated/tested for MPX → DETECTED
Monkeypox Background

- Discovered in monkeys in 1958
- First diagnosed in humans in 1970 in Central Africa
- Sporadic outbreaks since 2003 outside of Africa, all with links to travel or imported animals
- Transmission:
  - Animal-to-human
  - Human-to-human: contact (direct > indirect) > droplets > ?aerosol
- Incubation period: 5-21 days
Monkeypox: Current Outbreak

U.S. Monkeypox Case Trends Reported to CDC

https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html
Monkeypox: Current Outbreak

• Varying clinical presentations
  • Prodrome common but not universal
  • Presenting symptom may be proctitis or pharyngitis
  • Rash: GU/rectal vs disseminated, sometimes multiple stages, not always following previously-described progression, often not "deep-seated"

• Local transmission

• Majority presenting to care MSM

• Majority do not need hospitalization, but symptoms can be debilitating
**Table 3. Diagnosis and Clinical Characteristics of Monkeypox in the Case Series.**

<table>
<thead>
<tr>
<th>Reported clinical features — no. (%)</th>
<th></th>
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<tbody>
<tr>
<td>Rash or skin lesions</td>
<td>500 (95)</td>
</tr>
<tr>
<td>Fever</td>
<td>330 (62)</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>295 (56)</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>113 (21)</td>
</tr>
<tr>
<td>Headache</td>
<td>145 (27)</td>
</tr>
<tr>
<td>Lethargy or exhaustion</td>
<td>216 (41)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>165 (31)</td>
</tr>
<tr>
<td>Low mood</td>
<td>54 (10)</td>
</tr>
<tr>
<td>Proctitis or anorectal pain</td>
<td>75 (14)</td>
</tr>
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</table>

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<thead>
<tr>
<th>Site of skin lesions — no. (%)‡</th>
<th></th>
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<tbody>
<tr>
<td>Anogenital area</td>
<td>383 (73)</td>
</tr>
<tr>
<td>Face</td>
<td>134 (25)</td>
</tr>
<tr>
<td>Trunk or limbs</td>
<td>292 (55)</td>
</tr>
<tr>
<td>Palms or soles</td>
<td>51 (10)</td>
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</table>

<table>
<thead>
<tr>
<th>No. of skin lesions — no. (%)</th>
<th></th>
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<tbody>
<tr>
<td>&lt;5</td>
<td>207 (39)</td>
</tr>
<tr>
<td>5–10</td>
<td>131 (25)</td>
</tr>
<tr>
<td>11–20</td>
<td>112 (21)</td>
</tr>
<tr>
<td>&gt;20</td>
<td>56 (11)</td>
</tr>
<tr>
<td>No lesions or missing data</td>
<td>22 (4)</td>
</tr>
</tbody>
</table>
Monkeypox: Epi Considerations

Standard precautions:

<table>
<thead>
<tr>
<th>IV.B.2.</th>
<th>Gloves</th>
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<tr>
<td>IV.B.2.a.</td>
<td>Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur</td>
</tr>
</tbody>
</table>

Monkeypox PUI:

Personal Protective Equipment (PPE)

PPE used by healthcare personnel who enter the patient’s room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher
References

