

**Communicable Disease Epidemiology
and Immunization Section**

401 5th Avenue, Suite 1250
Seattle, WA 98104

206-296-4774 Fax 206-296-4803

TTY Relay: 711

www.kingcounty.gov/health

Health Advisory: Second Probable Monkeypox Case in King County and Updated Case-Finding Guidance – 17 June 2022

Action Requested

- **Report suspected cases of monkeypox immediately to Public Health – Seattle & King County (PHSKC) at 206-296-4774**
- **Be aware that the clinical presentations of confirmed cases in the U.S. to date differ from the classic presentation of monkeypox in prior outbreaks**
 - While classic monkeypox has been characterized by a prodrome including fever, headache, malaise, and lymphadenopathy prior to vesiculo-pustular rash onset, patients in this outbreak have not always experienced these symptoms prior to rash, if at all
 - All patients diagnosed with monkeypox in the U.S. have experienced a rash or enanthem, however, the lesions have sometimes been small, in low numbers, and in different stages of progression on a specific anatomic site (e.g., vesicles and pustules existing side-by-side)
 - Patients in this outbreak have often presented with rashes beginning in mucosal areas (e.g. genital, perianal, oral mucosa) and lesions have been both scattered or localized to a specific body site, rather than the typical diffuse rash beginning with the face seen in the classic presentation of monkeypox
 - Some patients have presented with symptoms of anorectal pain, tenesmus, and rectal bleeding, with visible perianal lesions found upon further examination
 - The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis, and diagnosis of an STI does not exclude monkeypox, as a concurrent infection may be present
 - The current [CDC case definition](#) notes that any person presenting with a new characteristic rash without an alternative diagnosis that can fully explain the illness, or that meets epidemiologic criteria with a high clinical suspicion for monkeypox, should be evaluated as a suspect case
- **Collect specimens from at least two lesions for testing at Washington State Public Health Laboratory (WAPHL)/CDC and coordinate through PHSKC at 206-296-4774**
 - Send separate swabs from at least 2 lesions in individual vials, preferably 3 or more swabs
 - In addition to dry swabs, CDC can now accept lesion swabs in viral transport media and lesion crusts. These two specimen types must be received by CDC within 7 days of collection.
 - Refer to CDC's [specimen collection webpage](#) for the most up-to-date guidance

- Clinicians should consider collecting case information using the Washington Department of Health [Suspect Monkeypox Intake Form](#). This information will help aid PHSKC in determining whether to move forward with testing.
- **Specimens should now be shipped Category B, once approved by PHSKC**
 - DOT has [amended guidance](#) to allow [Category B shipment](#) of suspect Monkeypox specimens. All diagnostic samples approved for testing at WAPHL Laboratory are now able to be packaged and shipped as “UN 3373 Biological Substance, Category B”.
 - Each specimen should be appropriately labeled and accompanied by a completed [WAPHL Bioterrorism Laboratory Requisition Form](#)
 - Information on acceptable specimen types, storage conditions, and the accompanying submission requisition can be located on the [WAPHL Lab Test menu](#)

Background

On June 15, a second probable case of monkeypox was identified in King County by WAPHL. The case had international travel to a country where monkeypox cases have recently been reported. As of today, PHSKC has not identified any high-risk exposures in King County; however, investigators will continue to follow up for identification of any potential intermediate or low risk exposures.

As of June 16, in the U.S. there are 100 cases of monkeypox across 21 states and the District of Columbia. Globally, since May 14, 2022, over 2,000 cases have been identified across 37 countries in which monkeypox is not normally found. This is an evolving investigation and public health authorities will continue to provide timely updates as information becomes available.

Resources

[Updated Case-finding Guidance: Monkeypox Outbreak – United States, 2022](#)

[Case Definitions for Use in the 2022 Monkeypox Response](#)

[Monkeypox: Information for Healthcare Professionals](#)

[Clinical Recognition of Monkeypox](#)

[CDC Exposure Criteria](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)