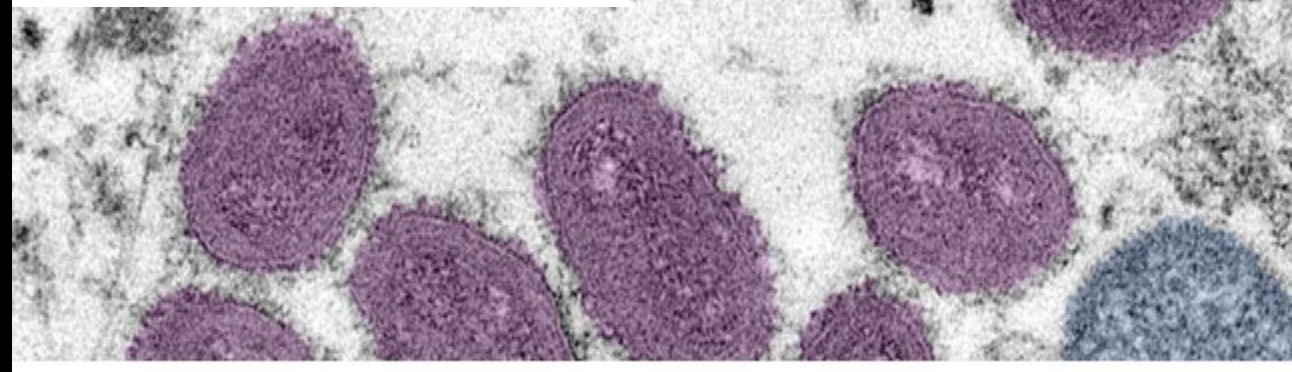
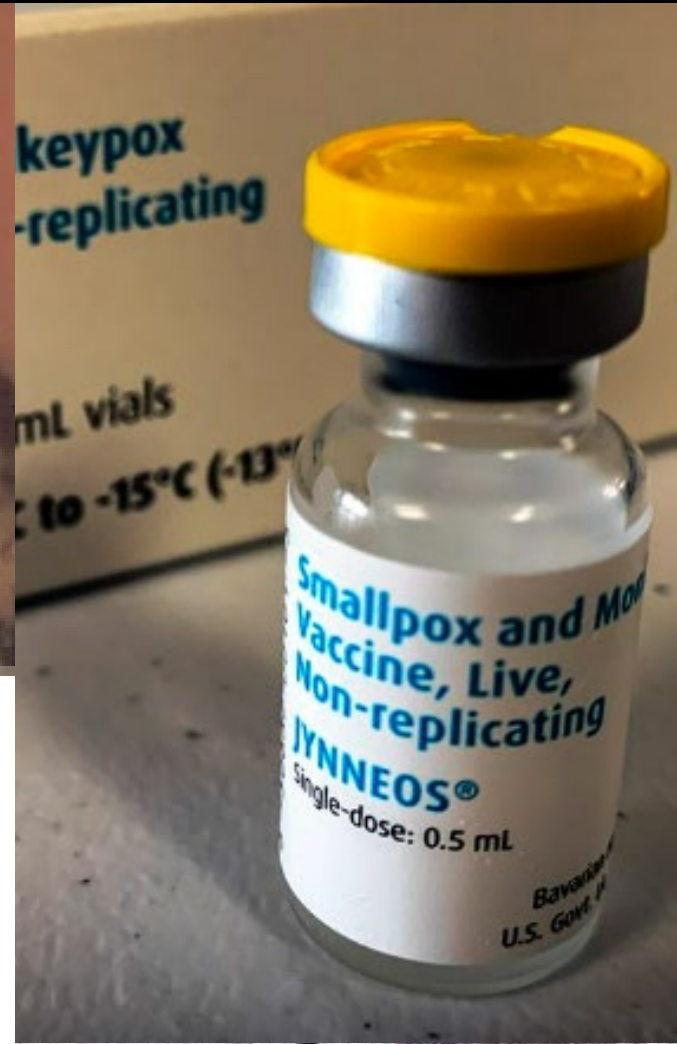


UCSF Health

GAC Update  
*UCSF Monkeypox Readiness*

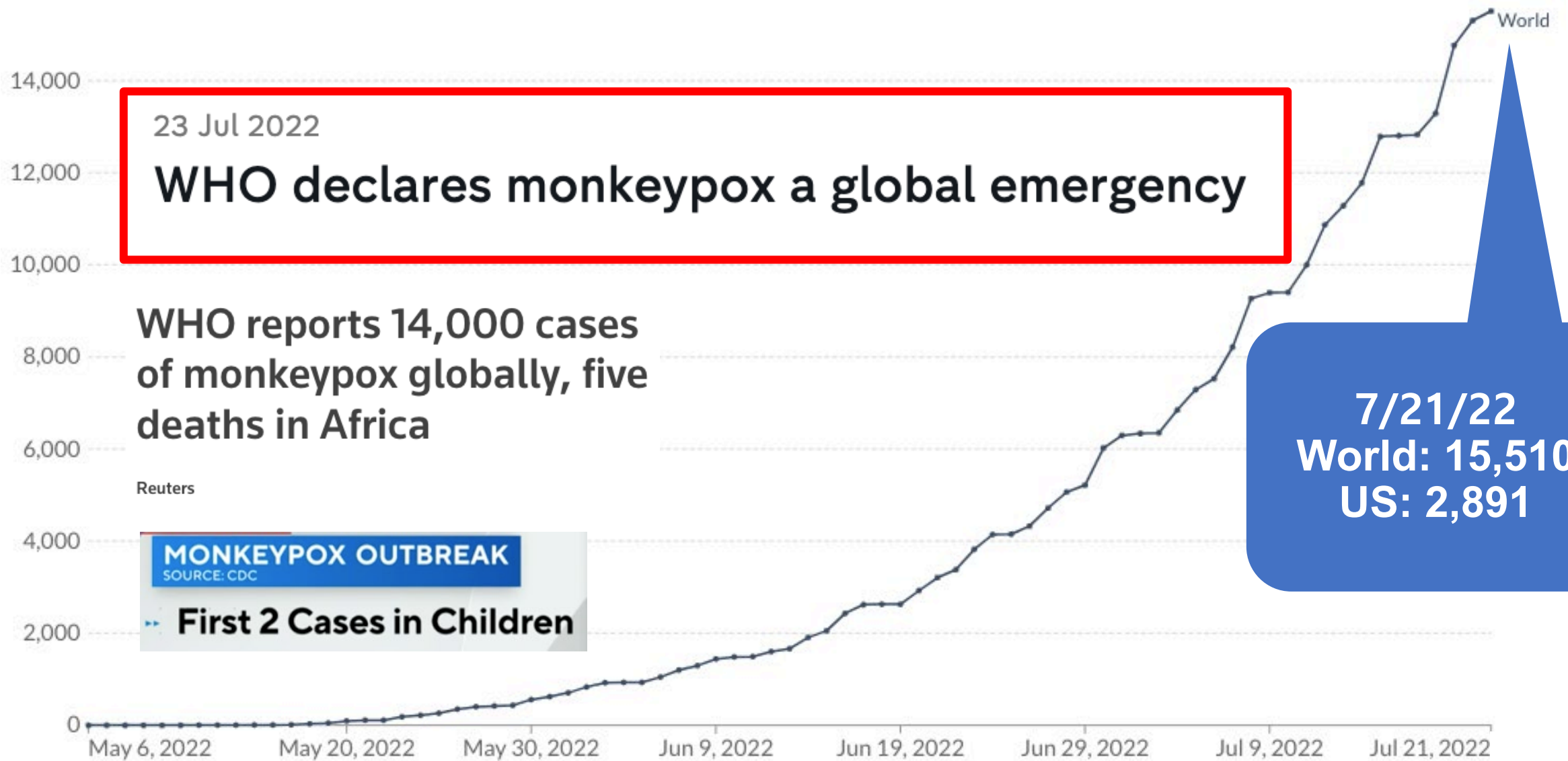
Thursday, July 28, 2022



# Overview

1. Epidemiology
2. Initial Evaluation
3. Testing
4. Treatment
5. Vaccine Update

# Epidemiology



OurWorldinData.org (cases: 7/23/2022)

# Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022

- **528 cases (4/27-6/24/2022)**
- **98% in gay or bisexual men**
- **95% presented with rash**
- **13% hospitalized**
- **5% treated with antiviral**



## San Francisco Confirmed & Probable Monkeypox Cases<sup>1</sup> (n=261)

Number of Cases



1. Includes confirmed and probable monkeypox cases per CDC case definition among San Francisco residents reported to SFDPH as of 7/27/2022

2. Episode date is the earliest of the following dates (if available): onset date, diagnosis date, date of death, laboratory specimen collection date, or date report received.

# Confirmed and probable monkeypox cases among SF residents: as of 7/27/22

Total cumulative cases: 261						
Age Groups	Count	%	Race/Ethnicity	Count	%	% of SF Population
0-17	0	0.0%	American Indian/Alaska Native	0	0.0%	0.2%
18-24	5	1.9%	Asian	26	10.0%	33.9%
25-34	74	28.4%	Black/African-American	10	3.8%	5.0%
35-44	114	43.7%	Hispanic or Latinx, all races	70	26.8%	15.3%
45-54	52	19.9%	Native Hawaiian/Pacific Islander	0	0.0%	0.3%
55-64	12	4.6%	White	123	47.1%	40.7%
65+	<5	<1.9%	Other/Multi	16	6.1%	4.7%
			Unknown	16	6.1%	

# Confirmed and probable monkeypox cases among SF residents: as of 7/27/22

Gender	Count	%	Sexual Orientation	Count	%
Female	0	0.0%	Heterosexual/ Straight	<5	<1.9%
Male	254	97.3%	Gay, Lesbian, or Same-Gender Loving	216	82.8%
Trans Female	0	0.0%	Bisexual	7	2.7%
Trans Male	<5	<1.9%	Other	<5	<1.9%
Other	<5	<1.9%	Unsure	<5	<1.9%
Unknown	0	0.0%	Unknown/ Declined	33	12.6%



# How to isolate?

- **If exposed: monitor symptoms for 21 days**

- **If suspected or confirmed diagnosed for Monkeypox:  
(Isolate until rash is crusted, the scabs all fall off, and  
new skin is visible: 2-4 weeks)**
  - **Cover the area of rash**
  - **Avoid skin-to-skin or close contact with others**
  - **Wear a well-fitted mask**
  - **Don't share bedding or clothing**

# Initial Evaluation

# UCSF patient evaluation for MPX testing/treatment

*No single access point for patients needing testing/treatment*

## *Primary Care*

- Should be sites of initial evaluation and testing for most patients

## *Screening/Acute Care Clinic (SACC)*

- For patients requiring care when evaluation by patient's UCSF or outside PCP, or covering PCP, is not available.

## ED

- Should be used only when primary care/urgent care not available

## *Specialty clinics*

- Can be sites of initial evaluation and testing

# Testing

# Who to test ?

## Characteristic Monkeypox rash



## Risk factor for Monkeypox

**AND**

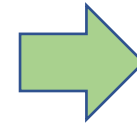
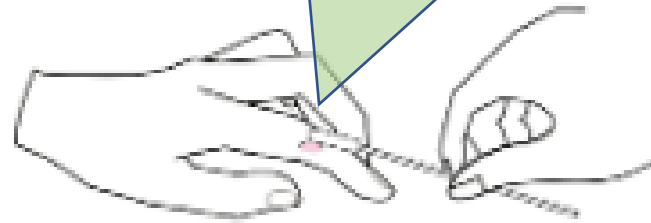
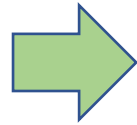
- (1) Unexplained rash or**
- (2) Clinical presentation c/w Monkeypox**

# How to collect a specimen



**Characteristic  
Monkeypox  
rash**

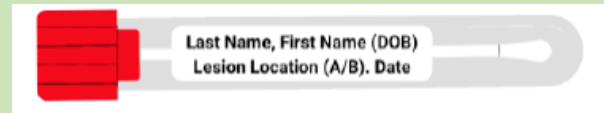
**Vigorously swab**



**Dry swab into tube  
with viral transport  
medium (VTM)**



**2 lesions x 2 swabs = Total 4 samples  
(Name, DOB, L arm # 1)**



# Testing - SFDPH pre-approval is no longer required

- **Obtain a swab of skin lesions for orthopoxvirus PCR testing**
  - Sent to Quest
  - Confirmation testing to CDC
- **Place Order**
  - ‘Microbiology-Test Not Listed (special send out) P319’
  - Specify monkeypox
- **Complete SFDPH form:**
  - “Confidential Morbidity Report” (CMR)
- **Send completed form with specimens**
  - To UCSF Clinical Microbiology

# Treatment



# Who should get treated?

**A positive test in not required to initiate treatment**

- 1. Severe infection**
- 2. Illness complication**
- 3. High risk group  
(Immunocompromised, Pregnant,  
Age <8 years old)**



# What is the treatment?

## Tecovirimat (TPOXX or ST 246)

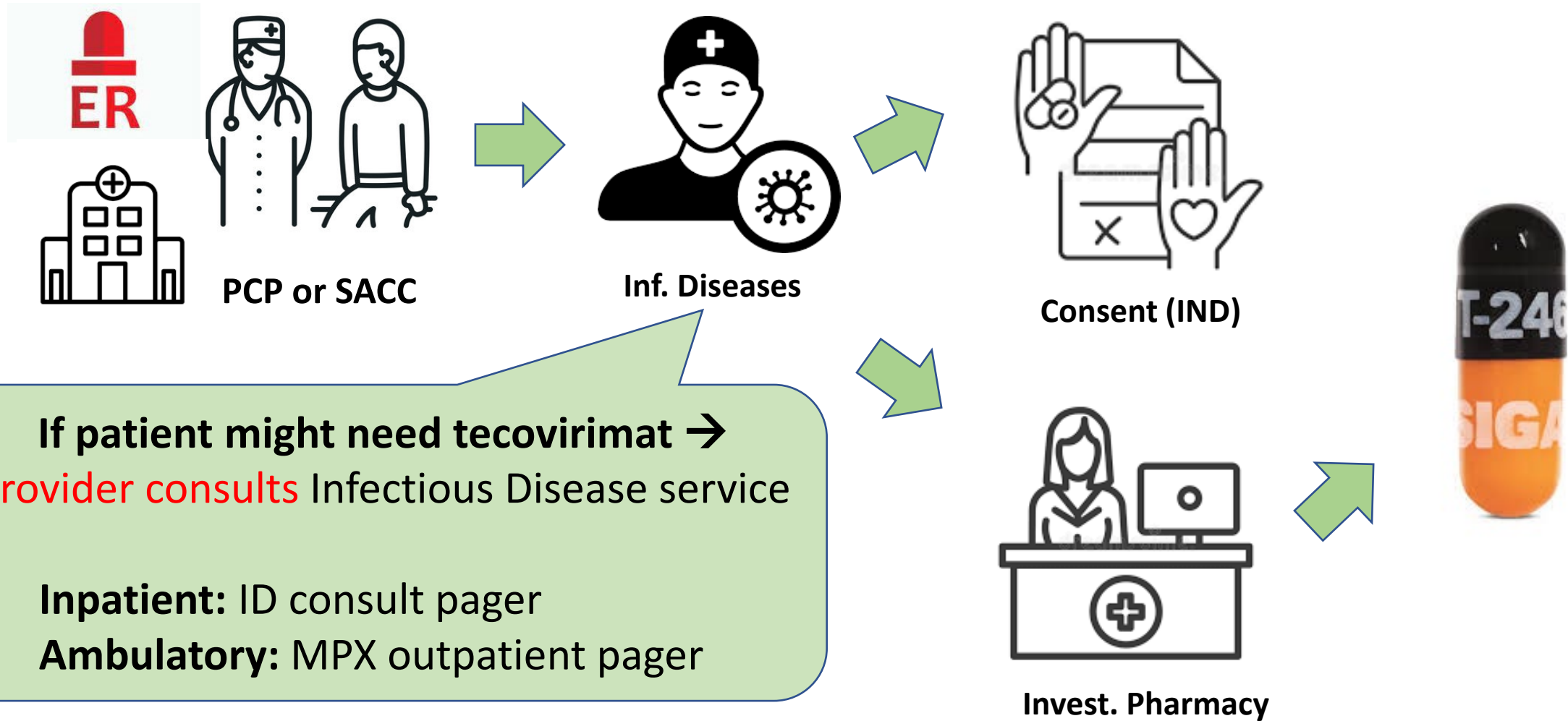
- FDA approved to treat smallpox (2018)
- May shorten duration of illness and viral shedding
- Used under EA-IND (CDC)



# What is the treatment?

- **Tecovirimat is an antiviral medication developed to treat smallpox**
  - It is also known as TPOXX or ST-246
  - Available in oral or IV formulation
- **CDC-held Expanded Access Investigational New Drug (EA-IND) protocol**
  - Allows use for non-smallpox orthopoxvirus infections (e.g., monkeypox)
- **Available from Strategic National Stockpile**
  - Provided to state and local health departments for distribution
- **UCSF has received a limited supply of tecovirimat**
  - From CDPH/SFDPH

# How do patients get tecovirimat at UCSF?



**If patient might need tecovirimat →**  
**Provider consults** Infectious Disease service

- **Inpatient:** ID consult pager
- **Ambulatory:** MPX outpatient pager

# Vaccinations

# Who needs Monkeypox vaccine ?

## JYNNEOS

- **Post Exposure Prophylaxis+++**: ideally within 4 days, but up to 14 days.
- 1) **Known contacts with Monkeypox (PEP)**
  - 2) **Presumed contact with high-risk group (+++)**



# Monkeypox Vaccination Update (1/2)

## Jynneos vaccine is FDA approved for monkeypox

- Attenuated, live, non-replicating smallpox and monkeypox vaccine
- Two-dose vaccine (28 days apart)
- FDA indication for age 18+; available to pediatric only via S-IND
- UCSF eligibility: **self-attestation** of meeting DPH eligibility requirements
- High demand: individuals coming from throughout California

## Extremely limited and uncertain Jynneos supply

- UCSF received 200 doses last week (administered 199 doses)
- 270 incoming doses per SFDPH announcement today; arrival date TBD
- Directed by DPH not to reserve supply for 2<sup>nd</sup> dose
- UCSF OHS received 30 separate, dedicated doses for UCSF MPX researchers, etc.

## UCSF went live with vaccinations Friday, July 22

- 199 vaccines administered to date (exhausted initial supply)
- Laurel Heights location only
- Phone & MyChart available for scheduling to support equity
- Vaccinating patients, staff and general public
- Monkeypox ongoing Saturday clinics contingent on supply



Thank you!