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
WHO declares monkeypox a global emergency

WHO reports 14,000 cases of monkeypox globally, five deaths in Africa

7/21/22
World: 15,510
US: 2,891
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

Thornhill JP, NEJM 2022
San Francisco Confirmed & Probable Monkeypox Cases\(^1\) (n=261)

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

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Count</th>
<th>%</th>
<th>Race/Ethnicity</th>
<th>Count</th>
<th>%</th>
<th>% of SF Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>0</td>
<td>0.0%</td>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>18-24</td>
<td>5</td>
<td>1.9%</td>
<td>Asian</td>
<td>26</td>
<td>10.0%</td>
<td>33.9%</td>
</tr>
<tr>
<td>25-34</td>
<td>74</td>
<td>28.4%</td>
<td>Black/African-American</td>
<td>10</td>
<td>3.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>35-44</td>
<td>114</td>
<td>43.7%</td>
<td>Hispanic or Latinx, all races</td>
<td>70</td>
<td>26.8%</td>
<td>15.3%</td>
</tr>
<tr>
<td>45-54</td>
<td>52</td>
<td>19.9%</td>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>55-64</td>
<td>12</td>
<td>4.6%</td>
<td>White</td>
<td>123</td>
<td>47.1%</td>
<td>40.7%</td>
</tr>
<tr>
<td>65+</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
<td>Other/Multi</td>
<td>16</td>
<td>6.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
<td>16</td>
<td>6.1%</td>
<td></td>
</tr>
</tbody>
</table>
Confirmed and probable monkeypox cases among SF residents: as of 7/27/22

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>%</th>
<th>Sexual Orientation</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0</td>
<td>0.0%</td>
<td>Heterosexual/Straight</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
</tr>
<tr>
<td>Male</td>
<td>254</td>
<td>97.3%</td>
<td>Gay, Lesbian, or Same-Gender Loving</td>
<td>216</td>
<td>82.8%</td>
</tr>
<tr>
<td>Trans Female</td>
<td>0</td>
<td>0.0%</td>
<td>Bisexual</td>
<td>7</td>
<td>2.7%</td>
</tr>
<tr>
<td>Trans Male</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
<td>Other</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
<td>Unsure</td>
<td>&lt;5</td>
<td>&lt;1.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0.0%</td>
<td>Unknown/Declined</td>
<td>33</td>
<td>12.6%</td>
</tr>
</tbody>
</table>
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*

<table>
<thead>
<tr>
<th>Access Point</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td>• Should be sites of initial evaluation and testing for most patients</td>
</tr>
<tr>
<td><strong>Screening/Acute Care Clinic (SACC)</strong></td>
<td>• For patients requiring care when evaluation by patient’s UCSF or outside PCP, or covering PCP, is not available.</td>
</tr>
<tr>
<td><strong>ED</strong></td>
<td>• Should be used only when primary care/urgent care not available</td>
</tr>
<tr>
<td><strong>Specialty clinics</strong></td>
<td>• Can be sites of initial evaluation and testing</td>
</tr>
</tbody>
</table>
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

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

Dry swab into tube with viral transport medium (VTM)
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

Invest. Pharmacy
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 2nd dose
- UCSF OHS received 30 separate, dedicated doses for UCSF MPX researchers, etc.

https://www.fda.gov/vaccines-blood-biologics/lynneos
https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html
Monkeypox Vaccination Update (2/2)

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!