

**Office of the
Chief Medical
Health Officer**

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**MEDICAL HEALTH OFFICERS'
NEWSLETTER
No.342**

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AFTER HOURS ON CALL

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Monkeypox Update

Monkeypox outbreaks are occurring in many countries where transmission usually does not occur (non-endemic), including Canada with a case recently identified in BC.

Although Monkeypox has not been detected within the Island Health region, healthcare providers should be aware and consider Monkeypox based on clinical presentation and epidemiological risk factors and report to Communicable Disease Prevention & Control if Monkeypox is suspected.

Organism

Monkeypox virus, which is related to smallpox virus. There are two genetically distinct clades: West African clade and Congo Basin clade. The West African clade is more infectious but less virulent than the Congo Basin clade and has been detected in the current outbreaks.

Transmission

Current outbreaks are due to person-to-person spread and cases have been suspected of acquiring Monkeypox through close prolonged contact with known cases. Transmission is primarily through direct contact with lesions or prolonged face-to-face respiratory secretions.

Epidemiology

Currently, most known cases globally and in Canada are among adult men who identify as gay, bisexual, and other men who have sex with other men (gbMSM).

Clinical presentation:

- Incubation period: typically 5-14 days (range 5-21 days)
- Stage 1: flu-like symptoms (may be sub-clinical)
- Stage 2: rash, usually starts 1-3 days after fever, often starts on face or extremities and progresses from macule -> papule -> vesicle -> pustule which then crusts. Current outbreak cases report lesions in the mouth and on the genitals. Lesions can also involve the face, palms, soles of feet, and trunk. Lasts 2-4 weeks. Infectious until scab crusts have fallen off. Serious complications are rare.

Precautions

Droplet and contact precautions with airborne precautions where feasible. Aerosol transmission is not suspected as a primary mode of transmission but has been seen with smallpox.

Testing

Before sampling, consult with Island Health Medical Microbiologist On Call to ensure proper specimens are submitted for PCR testing and IPC measures adequate.

Reporting

Suspect cases: those with known contact with a case who have clinically compatible symptoms OR those who may fit the epidemiological profile (e.g. travel to an area with known cases) with clinically compatible symptoms where other diagnoses have been ruled out. Report all suspect cases to Island Health Communicable Disease Prevention & Control to facilitate case and contact management:

- South Island: 250-388-2225
- Central Island: 250-740-2615
- North Island: 250-331-8555
- Afterhours: 1-800-204-6166 (MHO on-call)

Other resources: <http://www.bccdc.ca/health-professionals/clinical-resources/monkeypox>