



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

June 3, 2022

Medical Advisory: Probable Case of Monkeypox Identified in Hawaii

- **Monkeypox is transmitted through close prolonged contact (e.g., household contacts, sexual partners)**
- **Nationally, many of the monkeypox cases identified in the current outbreak have been among men who have sex with men**
- **Monkeypox rash may appear similar to sexually transmitted rash illnesses**
- **Clinicians should report suspect cases immediately to the Hawaii Department of Health to coordinate diagnostic testing through the State Laboratories Division and to assess need for treatment of the case or post-exposure prophylaxis of contacts**
- **Treatment and post-exposure prophylaxis can be accessed from the Centers for Disease Control and Prevention (CDC) by request of the Department of Health**

Dear Healthcare Provider:

The State Laboratories Division has verified presence of orthopoxvirus by real-time PCR testing of skin lesion specimens from a Hawaii resident with rash illness and history of travel to the U.S. mainland. This case meets the CDC probable [case definition](#) for the ongoing multinational monkeypox outbreak. Confirmatory testing for monkeypox is anticipated to be performed at the CDC next week. The case is currently hospitalized in stable condition. Contacts have been identified and are being monitored.

While monkeypox is not as easily transmitted from person to person as respiratory pathogens like influenza or COVID-19, human-to-human transmission can occur through large respiratory droplets and by direct contact with body fluids or lesion material. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Indirect contact with lesion material through fomites has also been documented. Nationally, the CDC has reported that many of the outbreak cases have been among gay, bisexual, and other men who have sex with men. However, anyone who has been in close contact with someone with monkeypox is at risk.

Healthcare providers should be alert for patients who have rash illnesses consistent with monkeypox, especially in those with a recent travel history to areas reporting monkeypox cases and regardless of gender or sexual orientation. A high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with other men and who present with lesions in the genital/perianal area or contact with a suspected or confirmed case. Clinical evaluation for sexually transmitted diseases, varicella, or other infectious causes of rash illness should also be pursued as indicated based on history and exam.

The typical monkeypox lesions are deep-seated and well-circumscribed, often with central umbilication. Lesions progress through specific sequential stages – macules, papules, vesicles, pustules, and scabs. Lesions can occur on palms and soles, and when generalized, the rash is very similar to smallpox including a centrifugal distribution. Historically, the rash has been preceded by a prodrome including fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred. Some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of subjective fever and other prodromal symptoms.

A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, crusts have separated, and a fresh layer of healthy skin has formed underneath.

Clinicians should report any suspect cases of monkeypox immediately to HDOH at the numbers listed below. If indicated, HDOH will arrange testing for orthopoxvirus at the State Laboratories Division for specimens collected from suspected cases. Confirmatory monkeypox virus-specific testing must be performed at CDC. Clinicians should collect multiple specimens for preliminary and confirmatory testing as follows:

- 1) More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
- 2) Vigorously swab or brush each lesion with two separate sterile dry polyester or Dacron swabs.
- 3) Break off end of applicator of each swab into a 1.5 or 2 mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
- 4) Refrigerate samples immediately after collection and consult with HDOH regarding further specimen storage and transport instructions.

For further information on monkeypox, including infection control and treatment, please visit the CDC website: [2022 Monkeypox: Information for Healthcare Professionals](#).

Report any clinically suspected cases of monkeypox **immediately**:

Oahu (Disease Reporting Line).....(808) 586-4586
Maui District Health Office.....(808) 984-8213
Kauai District Health Office.....(808) 241-3563
Big Island District Health Office (Hilo).....(808) 933-0912
Big Island District Health Office (Kona)(808) 322-4877
After hours on Oahu(808) 600-3625
After hours on neighbor islands(800) 360-2575 (toll free)

We appreciate your vigilance and assistance in identifying cases of monkeypox.

Sincerely,



Sarah K. Kemble, M.D.
State Epidemiologist