



OFFICE OF THE CHIEF PUBLIC HEALTH OFFICER

15 June 2022

ALERT: UPDATED MONKEYPOX INFORMATION and Algorithm

Background:

Regarding Monkeypox Emerging Situation in Canada: The Public Health Agency of Canada (PHAC) is investigating cases of monkeypox (MPX) in Canada, following potential exposure and contacts of a case of monkeypox recently identified in the United States (U.S.)

As of June 14, 2022, there are 112 cases of monkeypox in Canada. 98 confirmed cases of monkeypox in Quebec, 9 confirmed cases in Ontario, 4 confirmed cases in Alberta and 1 confirmed case in British Columbia. The Agency is working actively with public health partners to investigate reports of suspect cases of monkeypox in Canada. PHAC's National Microbiology Laboratory (NML) is conducting testing to confirm or rule out a diagnosis of monkeypox for these individuals.

There is ongoing planning with provinces and territories to provide access to approved vaccines in Canada that, if required, can be used in managing monkeypox in their jurisdiction. A small amount of vaccine has been allocated to NWT but has not yet been received. For more information, refer to National Advisory Committee on Immunization (NACI) [Interim guidance on the use of Imvamune® in the context of monkeypox outbreaks in Canada](#)

The MPX situation in Canada is evolving quickly. For up-to-date information, refer to [PHAC's Monkeypox: Outbreak update](#) webpage.

Response:

The CPHO is asking all HCP's in the NWT to be vigilant in recognition, reporting and prompt investigation of patients with any suspect presentation of monkeypox, a DNA orthopox viral disease characterized by acute febrile illness and evolving rash (maculopapular -vesicopustular). HCP's should encourage patients with symptoms to isolate and call ahead unless symptoms are severe. Protocols should be developed to swab people safely. This is to prevent infectious patients from coming into contact with vulnerable populations such as pregnant women and children.

Any suspect, probable or confirmed case **MUST IMMEDIATELY** be reported to the Office of the Chief Public Health Officer via the reporting line at (867)920-8646 and submission of the [required Preliminary Monkeypox Case reporting form](#). The OCPHO, along with national and territorial public health, will assist in public health management of cases and contacts as the situation emerges. The CPHO has developed an [NWT Monkeypox algorithm](#) to support public health management of cases.

A **suspect case** of Monkeypox may include a person of any age who presents with one or more of the following:

1. An unexplained^[1] acute rash^[2] AND has at least one of the following signs or symptoms:
 - Headache
 - Acute onset of fever (>38.5°C),
 - Lymphadenopathy (swollen lymph nodes)
 - Myalgia (muscle and body aches)
 - Back pain
 - Asthenia (profound weakness)
2. An unexplained^[1] acute genital, perianal or oral lesion(s)

^[1] **Common causes of acute rash** can include Varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, hand-foot-and-mouth disease

^[2] **Acute rash**

Monkeypox illness includes a progressively developing rash that usually starts on the face and then spreads elsewhere on the body. The rash can affect the mucous membranes in the mouth, tongue, and genitalia. The rash can also affect the palms of hands and soles of the feet. The rash can last for 2 - 4 weeks and progresses through the following stages before falling off:

- Macules
- Papules
- Vesicles
- Pustules
- Scabs

N.B. It is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.

A **probable case** of Monkeypox may include a person of any age who presents with an unexplained^[1] acute rash or lesion(s)^[2]

AND

Has one or more of the following:

1. Has an epidemiological link to a probable or confirmed monkeypox case in the 21 days before symptom onset, such as
 - face-to-face exposure, including health workers without appropriate personal protective equipment (PPE)
 - Direct physical contact, including sexual contact; or contact with contaminated materials such as clothing or bedding
2. Reported travel history to or residence in a location where monkeypox is reported in the 21 days before symptom onset. ^[3]

[3] Reported travel history includes regional, national, or international travel in the 21 days before symptom onset to any area where monkeypox may be reported.

A **confirmed case** of Monkeypox includes a person who is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

Testing: The recommended specimen type for laboratory confirmation of monkeypox is skin lesion material, including swabs of lesion surface and/or exudate, roofs from more than one lesion, or lesion crusts. Swab the lesion vigorously, to ensure adequate viral DNA is collected. Both dry swabs and swabs placed in viral transport media (VTM) can be used.

Transmission: Person to person spread of monkeypox is uncommon. However, when spread does occur between people the mode of transmission is through close contact with an infected individual, such as through sexual contact and any direct contact with body fluids, respiratory droplets, or monkeypox sores (skin lesions), or by sharing clothing, bedding or common items that have been contaminated with the infected person's fluids or sores.

Public Health Measures for suspect, probable or confirmed cases include:

- **Isolation within the home (generally until skin lesions are dry and new skin has formed i.e. scabs are fully healed.)**
- **Limit contact with others and physical distancing is recommended. If unable to physical distance within the home, masks should be worn and strict hand hygiene and respiratory etiquette should be observed.**
- **Cover lesions, avoid sharing items such as utensils, bedding, towels, personal hygiene items including razors and toothbrushes, sexual aids/toys etc**
- **Frequently disinfect surfaces**
- **Practicing frequent respiratory and hand hygiene etiquette**

Public Health Measures for Contacts

At this time, any contacts of a suspect, probable or confirmed case of Monkeypox are asked to self-monitor for symptoms for 21 days post contact and immediately isolate and get tested if symptoms develop.

For further information, refer to PHAC's [Public health management of cases and contacts associated with monkeypox virus in Canada](#)

Infection Prevention Control guidance is Contact/Droplet precautions. Please see [NTHSSA IPAC Monkeypox guidance](#) for more details.

Also note that this information is for healthcare providers and is not to be shared with the public or posted on your websites or social media accounts.

Resources:

NWT Resources

- NWT Monkeypox Algorithm:
<https://www.hss.gov.nt.ca/professionals/en/nwt-monkeypox-algorithm>
- NWT Monkeypox Contact List
<https://www.hss.gov.nt.ca/professionals/en/monkeypox-contact-list-excel>

Public Health Agency of Canada

- Monkeypox: General:
<https://www.canada.ca/en/public-health/services/diseases/monkeypox.html>
- Monkeypox: For health professionals:
<https://www.canada.ca/en/public-health/services/diseases/monkeypox/health-professionals.html#a5>
- NACI Rapid Response - Interim guidance on the use of Imvamune® in the context of monkeypox outbreaks in Canada:
<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/guidance-ivmavune-monkeypox/guidance-ivmavune-monkeypox-en.pdf>
- Preliminary Monkeypox Case Report Form (PHAC):
<https://www.hss.gov.nt.ca/professionals/en/preliminary-monkeypox-case-report-form-phac>

UK Guidance

- Vaccine:
[Monkeypox vaccination - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/monkeypox-vaccination)
- Contact tracing:
[Monkeypox contact tracing guidance: classification of contacts and advice for vaccination and follow up \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103121/monkeypox-contact-tracing-guidance-classification-of-contacts-and-advice-for-vaccination-and-follow-up.pdf)

CDC Guidance

- Exposure guidance:
[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Foutbreak%2Fcurrent.html)
- Pre-exposure guidance:
https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Foutbreak%2Fcurrent.html
- Post-exposure guidance:
<https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html#exposure>

Product Monograph for IMVAMUNE®

- https://pdf.hres.ca/dpd_pm/00063755.PDF

CBC article (outlining some elements of QC's vaccination strategy):

- <https://www.cbc.ca/news/canada/montreal/monkeypox-vaccine-quebec-1.6466449>

Public Health Agency of Canada (PHAC) Media Lines

- On May 25, the PHAC [issued a statement](#) to provide an update to the evolving epidemiological investigation into [monkeypox](#) cases in Canada.
- On May 24, the Minister of Health [issued a statement](#) to reflect on the efforts underway to address the emergence of new monkeypox cases in Canada.

If you have questions or concerns, contact the Public Health and Communicable Disease Control Unit at the Reporting Line for the Office of the Chief Public Health Officer at 867-920-8646.

Sincerely,



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ACBOM, DTM&H, ABPM
Chief Public Health Officer