

Dear colleagues,

Monkeypox testing is now commercially available in Maricopa County. In response to the current [U.S monkeypox outbreak](#), the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) have recently expanded monkeypox testing capacity to five commercial laboratory companies to make testing more convenient and accessible for patients and healthcare providers. Details on which commercial laboratories offer monkeypox testing can be found in the [HHS press release](#). Please contact your laboratory provider to determine if monkeypox testing is available. MCDPH urges providers to be alert for patients who have rash illnesses [consistent with monkeypox](#) and to consider commercial testing.

Providers who suspect monkeypox in a patient should ensure infection control precautions (see below) are implemented while testing is in process and call MCDPH at 602-506-3747 to report the suspect case.

Situational background:

As of July 6th, there are 605 confirmed cases of monkeypox/orthopoxvirus in the U.S and 1 confirmed case of West African monkeypox in Maricopa County ([link](#)). Maricopa County Department of Public Health (MCDPH) continues to investigate provider-reported suspect cases in coordination with state and federal partners.

A person infected with monkeypox may start showing symptoms as early as 4 days and up to 21 days from their last exposure. Prodrome typically appears 1 to 3 days before the rash, which often begins on the face and spreads to other areas of the body. Notably in this outbreak, many cases are presenting with an initial rash in their genital and/or perianal areas without a prodrome. Lesions tend to be well circumscribed, deep seated, and often develop umbilication. A person is considered contagious from the prodrome until the lesion scabs have fallen off. Person-to-person transmission of monkeypox occurs primarily by direct contact with someone who has an active rash or other symptoms.

Infection control guidance:

- PPE used by healthcare personnel who enter the patient's room should include:
 - Gown
 - Gloves
 - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
 - NIOSH-approved particulate respirator equipped with N95 filters or higher
- For Outpatient management
 - Suspect patients should be asked to self-isolate in their home while testing is pending.
 - Patients should wear a mask if they must be around others in their homes if close, face-to-face contact is likely.
- For Inpatient management

- Place the patient in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.
- Intubation, extubation, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

For additional information, please see:

- [Monkeypox Clinical Recognition](#)
- [Preparation and Collection of Specimens for Monkeypox](#)
- [CDC Infection Prevention and Control of Monkeypox in Healthcare Settings](#)
- [CDC Updated Visual Examples of Monkeypox Rash Graphics](#)

Thank you for your ongoing partnership.

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