



SAN JUAN COUNTY WASHINGTON

Department of Health and Community Services

Hot Topic 58: Diseases in the Headlines: Monkeypox virus (MPV) and Polio

COVID-19 is not the only disease making national headlines, so we thought it was a good time to bring back our Hot Topic series. There is a lot of information to sift through out there, so we've done our best to compile everything you need to know about Monkeypox (MPV or Orthopoxvirus) and Polio. Health and Community Services (HCS) also created a [webpage](#) where we will keep the most up-to-date information and resources for MPV.

What is Monkeypox virus or MPV or Orthopoxvirus?

MPV is a rare viral disease. It occurs in rodents and non-human primates in central and West Africa. Infection can spread from animals to humans and then from one person to another. The threat of MPV to the general US population remains **low**.

While MPV is disproportionately impacting the LGBTQ+ community, anyone can get it, regardless of sexual orientation or gender identity. Anyone who has close, personal, and often skin-to-skin contact with an individual who has an infectious MPV rash can be infected. According to the CDC, the incubation period of MPV is 3 to 17 days – during this time, a person does not have symptoms and may feel fine. The actual illness typically lasts two to four weeks.

What happens if I get MPV?

Most people recover in two to four weeks, but the disease can be serious for immunocompromised people, children, or pregnant people. There have been no reported deaths in the US during the current outbreak of MPV.

As noted above, the incubation period (time from contracting the disease to the development of symptoms) for MPV is usually 7 to 14 days but can range from 3 to 17 days. MPV symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash one to four days later. People with MPV get a rash that can be located on or near the genital area and can also be in other areas, including the hands, feet, chest, face, or mouth. The rash will go through several stages (including scabs) before healing. Initially, the rash can look like pimples or blisters and may be painful or itchy. Other symptoms of MPV can include fever, chills, swollen lymph nodes, exhaustion, muscle aches and backache, headache, and respiratory symptoms (sore throat, nasal congestion, or cough). Sometimes people have flu-like symptoms before the rash. Some people get a rash first, followed by other symptoms. Others only experience a rash. MPV can spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed.

People who may have symptoms of MPV should contact their healthcare provider. Before the visit, please notify your healthcare provider if you have recently had close contact with a person with a suspected MPV rash or a confirmed MPV diagnosis. This will allow the provider to prepare for the visit to prevent a possible exposure to someone who might be at high risk of serious complications.

Give it to me straight – what are my chances of getting MPV?

The possibility of exposure to MPV in San Juan County remains **low** currently. Cases by county are being tracked by the Washington State Department of Health [here](#). As of the time of this Hot Topic’s release there have been no cases reported in SJC. However, if you travel off island and/or participate in a high-risk activities, this may increase your risk of exposure to MPV.

To prevent yourself from exposure here are some steps you can take:

- Avoid close, skin-to-skin contact with people who have a rash that looks like MPV;
- Avoid contact with materials (e.g., bedding or clothing) that a person with MPV has used;
- Wash your hands often with soap and water – before eating or touching your face and after you use the bathroom; and
- Be mindful of settings and activities (including intimate contact) that can spread MPV and work to minimize your exposure to those settings and activities.

MPV is not COVID-19. It is far less likely to be spread in the air. It is mostly spread through close, skin-to-skin contact with a symptomatic individual. Brief interactions that do not involve physical contact and healthcare interactions conducted using appropriate protective equipment are not high risk.

MPV can be transmitted from person to person by:

- Direct contact with the skin or body fluids of an infected person (including sexual contact);
- Contact with virus-contaminated objects (such as bedding or clothing); and/or
- Respiratory droplets during direct and prolonged face-to-face contact.

People who get MPV are contagious as soon as they develop symptoms and continue to be contagious until the scabs fall off the healed rash. A person with MPV should isolate from others until that time.

Anyone who has been in close contact with someone who has MPV is at risk. So far, the majority of cases have been reported in men; particularly men who report having sex with men and, particularly with new partners or multiple partners during their exposure period. However, anyone who participates in high-risk contact activities with a person who has MPV can become infected, regardless of sexual orientation or gender identity.

How do I know if I’m a close contact?

Close contacts for MPV are those who have:

- Had contact with someone who had a rash that looks like MPV or someone who was diagnosed with confirmed or probable MPV (this could include close contact with the clothing, bedding, or towels used by the person who has MPV);
- Had skin-to-skin contact with someone in a social network experiencing MPV activity; or
- Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, or powders).

I think I might have MPV or I think I might have been exposed to MPV. What should I do now?

Anyone who develops a rash and thinks they may have had close, skin-to-skin contact with someone who could have MPV in the last 21 days should talk to a medical provider and find out if they should be

tested. You may also qualify for a MPV vaccine. Ask your medical provider or call the HCS office to speak with a public health nurse and find out if you should get the MPV vaccine. Ideally, you should receive the vaccine within four days of exposure to MPV. If has been more than four days, however, getting the vaccine before 14 days past exposure may lessen the severity of the illness.

It's confirmed. I have MPV, what should I do?

Those who test positive need to isolate for as long as they still have any rashes. Those with MPV rashes should also avoid skin-to-skin and sexual contact with others while they have a rash that is not fully healed.

Currently there is no specific treatment approved by the FDA for treatment of MPV. However, antivirals developed for use in patients with smallpox may prove beneficial against MPV. If you are a confirmed or probable MPV patient, you can discuss treatment options with your medical provider.

How do I get the MPV vaccine?

Vaccine for MPV is currently limited to: (1) those who have been directly exposed; (2) are close contacts of those who have been diagnosed; (3) are a probable case of MPV; and/or (4) certain high-risk individuals. Speak with a health care provider to find out if you are considered a high-risk individual and should receive the MPV vaccine.

Vaccines are in scarce supply in SJC. SJC is prioritizing the available vaccines for people at highest risk. Vaccination supply is currently prioritized for people who are at the highest risk. Vaccination is not currently recommended for members of the general public or are not at high risk of recent exposure to MPV. The vaccine priority criteria may evolve with changes in the outbreak and vaccine supply.

I heard MPV was a sexually transmitted disease, is that true?

This is categorically untrue. MPV is spread through skin-to-skin contact, both sexual and non-sexual.

Now let's talk about Polio...

Is the polio virus back?

You may have seen that the polio virus was discovered in several New York counties' wastewater systems or that one case of polio infection in New York resulted in a young, unvaccinated adult being paralyzed. Although this is tragic and worth concern, polio is a disease that is vaccine-preventable. Most adults have been vaccinated against the polio virus and are fully protected against polio paralysis. However, even if you've been vaccinated, you can still spread polio virus and possibly get flu-like symptoms.

If you can't remember if you were vaccinated or can't find records, you should get vaccinated. Insured adults should contact their health care provider to schedule a vaccine appointment. If your child has not yet been vaccinated against polio, you can call our office or check out our [Vaccines For Children page](#) to see when our next vaccine clinic is on your island. If you are over the age of 18 years, have not had the polio vaccine, and are considered un- or under-insured, please contact our office to inquire about getting a polio vaccine.

First COVID, now all this... Will it ever end?

We understand the frustration and fatigue. Our island community has demonstrated incredible resilience. It doesn't make these times any less challenging, but we know that we have a community that will prevail and support each other. Disease is part of the human condition, but we have the latest tools and strategies to help us mitigate the worst effects of infectious diseases (like COVID-19, MPV, and polio).

Our public health staff are doing everything they can to help MPV (or any other communicable disease) from spreading through our community. We are working to: quickly identify cases through testing and to help people know when to self-isolate; we are interviewing cases to identify close contacts and are getting high-risk contacts vaccinated as soon as possible; we are educating our community on the actions that individuals and groups can take to prevent and reduce harm; and we are providing resources to help people make decisions to protect themselves, including how to recognize the signs and symptoms of MPV and what to do if they need to get tested. Just as we have done with COVID-19.

Prevention is key. It is important to ensure that individuals with symptoms are isolating. We are asking the public to avoid skin-to-skin contact if they have a suspicious rash and are encouraging anyone who thinks they may have had close contact with someone who has or could have MPV in the last 21 days to talk to a medical provider and inquire about testing. There are ample testing resources available in the United States.

Where can I learn more?

HCS just launched an information page about MPV and it will be updated regularly as new information becomes available. You can check out [our page MPV here](#).

Washingtonians can now call 1-833-829-HELP for the latest information on MPV. Through an ongoing partnership with Washington 211, call takers will answer questions about MPV risk factors, vaccine information, testing, and treatment from 6 am to 10 pm Mon, and 6 am to 6 pm Tues through Sun and [observed state holidays](#). In addition to calling 1-833-829-HELP, callers can continue to dial 1-800-525-0127 and press # to be transferred to a Washington 211 specialist. Language assistance is available in 240 languages. Call takers will not be able to schedule vaccine appointments.

If you think you might have been exposed, please reach out to your medical provider ASAP. If you do not have a medical home, you can call the MPV hotline at 833-829-HELP or HCS at 360-378-4474 and ask to speak with one of our nurses.