

Physician and Nurse Practitioner Update

5 July 2022

From the Office of the Chief Medical Health Officer

Update on Monkeypox in Vancouver

Although the number of monkeypox cases in B.C. remains low, there is now evidence of limited local transmission within Vancouver. While monkeypox does not spread easily between people, skin-to-skin contact, especially with lesions present, is the predominant mode of transmission. The early use of immunization in higher-risk groups, along with case and contact tracing efforts by Public Health, can reduce transmission and prevent severe illness.

Clinical presentation and testing

In the current situation, monkeypox should be suspected in the presence of compatible vesicular lesions presenting primarily in the inguinal or perianal regions. Features of monkeypox may overlap with sexually transmitted infections. A flu-like prodrome may or may not precede the rash by several days. Some cases have presented initially with proctitis.

Diagnosis is confirmed via PCR testing of lesion material such as roofs, crusts, or aspirate using dry swabs or swabs in Universal Transport Medium (UTM). BCCDC Microbiologist consultation is not required for lesion testing. Samples should be shipped refrigerated to the BC Centre for Disease Control (BCCDC) for monkeypox testing.

Universal precautions with a medical mask and eye protection are considered sufficient for the testing clinician in a community setting. Clients being tested should be instructed to limit their contact until lab results are obtained. All confirmed cases are being followed up by Public Health. More information for clinicians on presentation and testing is available at the BCCDC monkeypox resources site.

Imvamune[™] (smallpox/monkeypox vaccine) use for monkeypox prevention

At this time, vaccine is not available to the general public unless identified by Public Health as a close contact to a monkeypox case or as pre-exposure for identified higher-risk groups as outlined below. In line with other jurisdictions in Canada with local spread, vaccine is now available to higher-risk groups in Vancouver using community-based outreach and at select clinics. Online appointment booking is available on Jane App (https://vchcdimms.janeapp.com/) for asymptomatic clients who are transgender people or who self identify as belonging to the gay, bisexual and other men who have sex with other men community, as well as at least one of the criteria listed below:

- Have received a diagnosis of bacterial STI (i.e., chlamydia, gonorrhea, syphilis) in the past two months;
- Have had two or more sexual partners within the past 21 days;
- Have attended venues or other locations for sexual contact within the past 21 days (e.g., bath houses, sex clubs, park play) or may be planning to;
- Have had anonymous/casual sex in the past 21 days (e.g., using apps, online sites, formal/informal gatherings) or may be planning to;
- Engage in sex work or may be planning to, either as a worker or a client.

No ID or MSP number is required for those who identify as eligible for vaccination

Treatment is primarily supportive

Most individuals with monkeypox have mild symptoms and do not require any specific interventions other than supportive therapies (e.g., fever control, hydration support, treating secondary infections). Antivirals may be considered only for cases that are severe enough to potentially require hospitalization following consultation with an infectious disease specialist.

For more information

To stay up to date on resources and tools related to monkeypox, please visit our VCH website.

You can reach a Medical Health Officer at 604.675.3900 Toll free at 1.855.675.3900

For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893