

MPV (Monkeypox): Frequently Asked Questions

Based on 6/28 Provincetown Public Forum

On Tuesday, June 28th, Provincetown officials held an online public forum to address concerns surrounding MPV, formerly referred to as monkeypox. Three speakers from the Massachusetts Department of Public Health (MA DPH), Bureau of Infectious Disease and Laboratory Sciences, included Kevin Cranston, Director and Assistant Commissioner of MA DPH, Dr. Larry Madoff, Medical Director, and Doctor Catherine Brown, State Epidemiologist. The forum was moderated by Senator Julian Cyr, with health officials from Provincetown and Barnstable County in attendance as well. The forum was open to the public.

Below are a list of questions that were discussed during the forum. As the much-anticipated 4th of July weekend approaches, free of COVID-19 restrictions and promising fun and festivities for all, health officials want to ensure that the public is well informed about health risks related to MPV.

**The information presented in this article are based on our current knowledge and understanding of MPV. As research progresses, some of the information may be updated or changed. Further, this information is intended for non-healthcare settings only.*

Have we had any known cases of MPV in Barnstable County?

From a public health perspective, given all the case data that is available globally, within the United States and state-wide, we must presume that MPV is present, especially in areas with large gay and bi-sexual populations. Right now, Massachusetts case numbers are extremely low, to the point where assigning case counts to specific communities would present the risk of invading the privacy of affected individuals. Moving forward, it is unlikely that the state will release community specific MPV case counts for this reason.

What makes MPV transmission different from COVID-19 transmission?

In most cases MPV is most easily transmitted via skin-to-skin contact with lesions or lesion material, and/or prolonged (three or more hours within six feet) face-to-face contact (although patients can be contagious with the onset of pre-rash symptoms such as fever, body aches, malaise, headache, etc). It is currently believed that non-symptomatic individuals cannot spread the virus. Even known close contacts do not need to quarantine unless they begin to exhibit symptoms.

Why are gay/bisexual men at higher risk for contracting MPV?

Gay/bisexual men are not at higher risk for contracting MPV. It's important to dismantle stigmatizing information and understand that *anyone* is at risk for contracting MPV if they engage in certain behaviors. These may include certain travel patterns/habits, sexual behavior, participation in large-scale social events with geographically diverse crowds, etc. In a recent meeting with health officials from the Massachusetts Department of Public Health, Kevin Cranston, Director of Bureau of Infectious Disease and Laboratory Sciences pointed out that "viruses take advantage of the ecosystems that we make available to them". In other words, health-seeking behavior in any community or population can prevent and mitigate MPV transmission.

Is MPV a sexually transmitted infection (STI)?

MPV is transmitted upon skin to skin contact with lesions or lesion material, rashes, and sores. In rare cases the virus can be transmitted after prolonged (three or more hours within six feet) face-to-face contact with an infected individual. Any kind of close contact, including but not limited to sexual intimacy, can transmit the virus.

Can other rashes or infections be confused for MPV?

Yes. MPV can present similarly to herpes, syphilis, molluscum contagiosum (another common pox virus), chicken pox, acne, or even poison ivy. Therefore, there should be a high index of suspicion for any type of rash, even if the patient does not experience pre-rash symptoms (such as fever, headache, body aches, or general malaise/fatigue).

Is MPV even serious? It's just an annoying rash, right?

There is a spectrum of symptoms and presentations of MPV. It depends on the individual. While there have been very few hospitalizations and zero deaths from MPV world-wide, the rash can be extremely painful, especially in anal and perianal areas. In many cases, pain management is required. Further, the lesions can leave permanent scars. Another important consideration is the quarantine/isolation period for symptomatic individuals. People who have active MPV are contagious until the lesions dry up, the scabs fall off, and healthy new pink skin is formed. They must therefore quarantine until fully recovered, which can sometimes take up to a month.

It is possible, although rare, to get severely ill from MPV, especially for those who are immunocompromised or have comorbidities.

What are some harm reducing strategies for avoiding exposure to MPV?

- Communicate clearly, honestly, and accurately. Have a conversation with any potential sexual partners. Do they have any unexplained rashes, sores, or lesions? Remember, MPV can present differently for different individuals, so the presence of even a minor rash should raise alarm when considering a potential partner.
- Consider altering certain behaviors. Feeling a bit under the weather? Thinking maybe you'll shake it off once you hit the party or night club? Think again! Be conscientious of your body and how you're feeling. Knowing MPV symptoms is essential to preventing spread.
- Turn on the lights and do a thorough self-examination before participating in sexual behavior. You may not realize that you or your partner have potential symptoms.

Can humans transmit MPV to their pets?

Per CDC, infected animals (especially rodents such as hamster, gerbils and guinea pigs) can spread MPV to people, and it is possible that people who are infected can spread MPV to animals through close contact, including petting, cuddling, hugging, kissing, licking, sharing sleeping areas, and sharing food. Therefore, people with MPV, or anyone who has had a suspected exposure, should avoid contact with domestic animals, to prevent spreading the virus.

For more information, please visit: [Pets in the Home | Monkeypox | Poxvirus | CDC](#)

I've heard there is a MPV vaccine available in the United States. Who is eligible to receive one? Are they distributed in Barnstable County?

There are two vaccines licensed by the U.S. Food and Drug Administration (FDA) that are available for preventing MPV infection – JYNNEOS (live, weakened vaccine administered in two injections under the skin—not muscle—four weeks apart) and ACAM2000 (live Vaccinia virus vaccine administered into the skin via multiple puncture technique). There is a limited supply of JYNNEOS and an ample supply of ACAM2000, although ACAM2000 vaccine should not be used in people who have certain health conditions, including a weakened immune system, skin conditions such as atopic dermatitis/eczema, or pregnancy.

According to the CDC, when properly administered before or after a recent exposure, vaccines can be an effective tool at protecting people against MPV. For more information regarding MPV vaccines, please visit: [Considerations for Monkeypox Vaccination | Monkeypox | Poxvirus | CDC](#).

Currently, Massachusetts has a limited supply of JYNNEOS vaccine with additional doses planned for distribution via the federal government. Officials are currently unsure of what the allocation of vaccines will look like here in Barnstable County and are awaiting further information from the Massachusetts Department of Public Health.

At this point in time, only healthcare providers, in conjunction with the Massachusetts Division of Epidemiology can determine, on a case-by-case basis, whether an individual is eligible to receive MPV vaccine.

As a resident or out-of-state visitor, what is the best course of action if I think I may be experiencing symptoms of MPV or suspect that I have been exposed?

Call your healthcare provider. They can evaluate whether you should seek urgent care and/or pursue MPV testing. Ideally, they will be able to perform a patient history and visual inspection of any lesions via telemedicine consultation to evaluate whether you should seek urgent care and/or pursue MPV testing.

If your provider determines that testing is warranted, they should contact the Massachusetts Division of Epidemiology at (617) 983-6800 with clinical information, including a complete exposure history. **NOTE: Patients are advised NOT to contact the Division of Epidemiology themselves; the line is for practitioners only. Unless you are a healthcare provider, you will be turned away.**

Where do I access care on Cape Cod if I live in another state or off-Cape?

Again, anyone who suspects they may have symptoms of MPV or were exposed to MPV should call their healthcare provider, regardless of their place of residency. Health resources in the Provincetown area are limited and can be overwhelmed, especially during the summer months. If your provider feels you should be seen for an urgent in-office visit, you may refer to the list of care centers below:

Urgent Care on Cape Cod

Outer Cape Health Center Provincetown

<https://www.outercape.org/locations/provincetown/>

Cape Cod Healthcare's Urgent Care Centers (located in Harwich, Hyannis, Osterville, Sandwich, and Falmouth)

<https://www.capecodhealth.org/medical-services/urgent-care/>

While you are awaiting further consultation, you should self-isolate if you are symptomatic. Remember, early symptoms of MPV include a range of symptoms with will vary to from person to person. If you don't feel well in any capacity, it's best to stay in until you have more information.