

**From:** Hopkins, Brandi (DPH)  
**Sent:** Fri, 1 Jul 2022 16:00:42 +0000  
**To:** Poxvirus (CDC); Brown, Catherine (DPH); Osborne, Matthew A (DPH)  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP); Hughes, Christine (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: State Case counts

Excellent – thank you!!

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**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Friday, July 1, 2022 11:54 AM  
**To:** Hopkins, Brandi (DPH) <brandi.hopkins@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; Brown, Catherine (DPH) <catherine.brown@mass.gov>; Osborne, Matthew (DPH) <matthew.a.osborne@mass.gov>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <ige4@cdc.gov>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <bvp6@cdc.gov>  
**Subject:** RE: State Case counts

**CAUTION:** This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi all,

As of right now, we also have 23 cases.

Thanks!  
Grishma

CDC Monkeypox Call Center

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**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Friday, July 1, 2022 9:41 AM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>; Osborne, Matthew A (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

Also, just so we are all on the same page – we reported two pos cases last night (and received CaseIDs), so that # should be 23 cases for this afternoon. (If anything is different on your end please let me know!)

Thank you!  
Brandi

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**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Thursday, June 30, 2022 8:04 PM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@mass.gov](mailto:catherine.brown@mass.gov)>; Osborne, Matthew (DPH) <[matthew.a.osborne@mass.gov](mailto:matthew.a.osborne@mass.gov)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

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Hi Brandi,

Thank you for confirming that the information mirrors the data in Massachusetts. The two specimens that were labeled suspect on 6/27 was a data entry problem on our end. The way you reported them was correct. We apologize for this and appreciate your partnership!

All the best,  
Dallas Smith  
Monkeypox Call Center

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**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Thursday, June 30, 2022 6:26 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>; Osborne, Matthew A (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

Hi,

The updates in the spreadsheet are correct and attached. I'm curious why the two specimens that resulted positive on 6/27 were in your system as suspect. Did it have anything to do with how we reported them to you? Otherwise everything looks great and I think we are on the same page with 21 cases.

Thank you,

Brandi

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**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Thursday, June 30, 2022 3:26 PM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown,

Catherine (DPH) <[catherine.brown@mass.gov](mailto:catherine.brown@mass.gov)>; Osborne, Matthew (DPH) <[matthew.a.osborne@mass.gov](mailto:matthew.a.osborne@mass.gov)>

Cc: Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>

**Subject:** RE: State Case counts

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Good afternoon Brandi,

Thank you for getting back to us. We were able to review the list you provided. Unfortunately, due to the large volume of cases that came in between 12:30 pm and 2 pm today, we were not able to get this back to you before 2 pm. We have made a couple of notes on your sheet that we would like for you to review and confirm. Please let us know if you do not agree with what we have in our records. Once you do that, we will make any needed updates. We apologize that your CDC case counts again today will not reflect your MA case counts.

Thank you,  
CDC Monkeypox Call Center

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**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>

**Sent:** Thursday, June 30, 2022 12:37 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>; Osborne, Matthew A (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>

**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>

**Subject:** RE: State Case counts

These numbers don't appear correct to me. I have attached a linelist of CDC CaseIDs, we have 21. (I removed two that were out of state residents.)

Thanks,  
Brandi

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**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Sent:** Thursday, June 30, 2022 10:24 AM

**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@mass.gov](mailto:catherine.brown@mass.gov)>; Osborne, Matthew (DPH) <[matthew.a.osborne@mass.gov](mailto:matthew.a.osborne@mass.gov)>

**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>

**Subject:** RE: State Case counts



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Good morning Katie and Brandi,

Thank you again for bringing your case count concerns to our attention. We apologize for the miscommunication around this issue and hope to prevent future discrepancies between what we both have in our records.

On Tuesday June 28, 2022, we reported out 13 cases for Massachusetts instead of the 15 cases you had in your records. It appears from our email records that we received CDC case ID (b)(6) at 4:46 pm on Tuesday and CDC case ID (b)(6) at 5:29 pm on Tuesday. By the time we receive Brandi's email at 7:34 pm, both cases had been entered into our records. This brought the total probable or confirmed Massachusetts cases received to 15, which was provided in an email to Brandi at 8:36 pm.

On Wednesday June 29, 2022, we reported out 15 cases for Massachusetts instead of the 18 cases you had in your records. According to our email records, we received CDC case ID (b)(6) at 3:14 pm on Wednesday, CDC case ID (b)(6) at 7:20 pm on Wednesday, CDC case ID (b)(6) at 9:26 pm on Wednesday, and CDC case ID (b)(6) at 9:31 pm on Wednesday.

As of this morning, our CDC records show 19 probable or confirmed Massachusetts cases (where MA is listed as state of residence, and accordingly counted on our case map). There is an additional case that is a resident of another state that was reported to CDC by Massachusetts. **Are our case counts this morning the same as what you all have? If not, please let us know so that we can address any discrepancies.**

It appears that we are having a misunderstanding of when cases are reported and received. From our end, the cases reported to CDC on Tuesday June 28, 2022 and Wednesday June 29, 2020 did not arrive at CDC until after our 2 pm cut off each day. We believe this is why our case counts lagged behind what you all had listed in your Massachusetts records by a day.

As a way to prevent confusion moving forward, we would like to offer a couple of options to double check our case counts with each other.

1. **Confirmation emails:** When we log a probable case in our system, we respond to each state with an email that indicates whether a probable case is going to be reported at 5pm EDT today, tomorrow, or the next business day (if the following day is a weekend or holiday). Please use the day and time provided in those emails for when the case will be included in the national case counts instead of the time when you send your email. As you can understand, there can sometimes be delays between when an email is received and when a case is logged, especially if it is close to 2 pm.
2. **Share line-listed cases:** Another option we would like to offer you is a periodic review of all of your cases. If you are able to provide a line-listing of all of your cases, we can go line by line comparing what we have at CDC with what you have.

We hope this email was able to shine some light on the areas of miscommunication and provide some steps we can take moving forward to prevent these concerns again in the future. Please let us know if



you have other ideas you would like to share or any additional questions or concerns we did not address.

Thank you,  
CDC Monkeypox Call Center

Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>

**Sent:** Wednesday, June 29, 2022 8:49 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>; Osborne, Matthew (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>; Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>

**Subject:** Fw: State Case counts

Good evening-

I know you all are working hard but you have now been behind in posting the case counts that we have reported to you for 2 days in a row. Yesterday, Tuesday, you confirmed that you had a case count of 15 for us (Massachusetts) but only recorded 13 on the website (although we reported the 2 additional cases before 2 PM). Tonight, the website only includes a case count of 15 although we reported an additional 3 cases to you today and your case count should be 18.

I am sure this seems persnickety to you but we have been trying to point to the CDC site for counts in order to avoid having to create our own report which will clearly have different numbers on it. Perhaps it is time to consider posting updated numbers only twice per week and checking with jurisdictions to ensure that you are posting the most accurate numbers?

Please let us know if there is a better way to provide case counts to you to simplify the process for you all and ensure accuracy.

[@Rao, Agam K. \(CDC/DDID/NCEZID/DHCPP\)](#) - you know how to reach me if I can help.

Please know that I truly appreciate all you are doing and I know that we are all over-stretched and tired. We are too.

Katie

Catherine M. Brown, DVM, MSc, MPH  
State Epidemiologist and State Public Health Veterinarian  
Massachusetts Department of Public Health  
State Public Health Laboratory  
305 South St.  
Jamaica Plain, MA 02130  
617-983-6804

Fax: 617-983-6840  
[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)

---

**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Tuesday, June 28, 2022 9:00 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

Hi Sancta,

Thank you for the response. 15 sounds correct to me. (We actually have 18, but 3 were reported out this evening and likely not yet reported to CDC.) The website states 13 cases as of 2 pm, but our latest two cases were reported last night so I was questioning why they didn't appear on the website today.

We will be sure to notify you prior to 2pm tomorrow of the additional 3 cases that resulted today.

Thanks,  
Brandi

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Tuesday, June 28, 2022 8:36 PM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

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Good evening Brandi Hopkins,

Thank you for sending us your concerns about the Massachusetts case counts. CDC updates the national case counts for probable and confirmed monkeypox cases on weekdays after 5 pm. If you submit cases to CDC after 2 pm, they will not be included in the case counts until the following business day.

For Massachusetts, we have 15 probable/confirmed cases in our records as of 8 pm tonight. There are also 2 suspect cases in our records, but these are not included in the case counts. How many cases do you all have listed locally as probable/confirmed?

Calling or emailing CDC through the EOC or [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) is the best way to let us know about your potential cases and to receive a CDC case ID. If you have any cases that you would like to report to us, we can include them in tomorrow's counts if we receive them before 2 pm. Please let us know if you have any additional questions or concerns.

Thank you,  
Sancta St. Cyr  
CDC Monkeypox Call Center

---

**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>

**Sent:** Tuesday, June 28, 2022 7:34 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Subject:** State Case counts

Hi,

I am looking at this website <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>, which lists MA as having 13 cases. How frequently is this updated as our numbers are actually slightly higher (and we have CDC CaseIDs for all of them)? Is there another way we should be reporting numbers other than emailing this email address with pos case info and obtaining CDC CaseIDs?

Thank you,

**Brandi Hopkins, MPH**

Epidemiologist, Zoonotic and Vector-borne Disease Coordinator

Massachusetts Department of Public Health

Division of Epidemiology

Bureau of Infectious Disease and Laboratory Sciences

305 South St, Jamaica Plain, MA 02130

(main #): 617-983-6800

(mobile) : 781-375-5363



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**From:** Hopkins, Brandi (DPH)  
**Sent:** Thu, 30 Jun 2022 16:37:28 +0000  
**To:** Poxvirus (CDC); Brown, Catherine (DPH); Osborne, Matthew A (DPH)  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP); Hughes, Christine (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: State Case counts  
**Attachments:** CDC MPX linelist 6.30.22.xlsx

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Katie

Catherine M. Brown, DVM, MSc, MPH  
State Epidemiologist and State Public Health Veterinarian  
Massachusetts Department of Public Health  
State Public Health Laboratory  
305 South St.  
Jamaica Plain, MA 02130  
617-983-6804  
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[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)

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Thank you,  
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CDC Monkeypox Call Center

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**Subject:** State Case counts

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Thank you,

**Brandi Hopkins, MPH**  
Epidemiologist, Zoonotic and Vector-borne Disease Coordinator  
Massachusetts Department of Public Health  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
305 South St, Jamaica Plain, MA 02130  
(main #): 617-983-6800  
(mobile) : 781-375-5363



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Date Presumptive Positive	CDC Case #
5/17/2022	(b)(6)
6/11/2022	
6/11/2022	
6/13/2022	
6/14/2022	
6/15/2022	
6/16/2022	
6/16/2022	
6/21/2022	
6/21/2022	
6/22/2022	
6/22/2022	
6/25/2022	
6/27/2022	
6/27/2022	
6/28/2022	
6/28/2022	
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6/29/2022	
6/29/2022	
6/29/2022	



**From:** Hopkins, Brandi (DPH)  
**Sent:** Thu, 30 Jun 2022 22:25:45 +0000  
**To:** Poxvirus (CDC); Brown, Catherine (DPH); Osborne, Matthew A (DPH)  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP); Hughes, Christine (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: State Case counts  
**Attachments:** Copy of Copy of CDC MPX linelist 6.30.22.xlsx

Hi,

The updates in the spreadsheet are correct and attached. I'm curious why the two specimens that resulted positive on 6/27 were in your system as suspect. Did it have anything to do with how we reported them to you? Otherwise everything looks great and I think we are on the same page with 21 cases.

Thank you,

Brandi

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Thursday, June 30, 2022 3:26 PM  
**To:** Hopkins, Brandi (DPH) <brandi.hopkins@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; Brown, Catherine (DPH) <catherine.brown@mass.gov>; Osborne, Matthew (DPH) <matthew.a.osborne@mass.gov>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <ige4@cdc.gov>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <bvp6@cdc.gov>  
**Subject:** RE: State Case counts

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Good afternoon Brandi,

Thank you for getting back to us. We were able to review the list you provided. Unfortunately, due to the large volume of cases that came in between 12:30 pm and 2 pm today, we were not able to get this back to you before 2 pm. We have made a couple of notes on your sheet that we would like for you to review and confirm. Please let us know if you do not agree with what we have in our records. Once you do that, we will make any needed updates. We apologize that your CDC case counts again today will not reflect your MA case counts.

Thank you,  
CDC Monkeypox Call Center

---

**From:** Hopkins, Brandi (DPH) <brandi.hopkins@state.ma.us>  
**Sent:** Thursday, June 30, 2022 12:37 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>; Osborne, Matthew A (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

These numbers don't appear correct to me. I have attached a linelist of CDC CaseIDs, we have 21. (I removed two that were out of state residents.)

Thanks,  
Brandi

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Thursday, June 30, 2022 10:24 AM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@mass.gov](mailto:catherine.brown@mass.gov)>; Osborne, Matthew (DPH) <[matthew.a.osborne@mass.gov](mailto:matthew.a.osborne@mass.gov)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

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Good morning Katie and Brandi,  
Thank you again for bringing your case count concerns to our attention. We apologize for the miscommunication around this issue and hope to prevent future discrepancies between what we both have in our records.

On Tuesday June 28, 2022, we reported out 13 cases for Massachusetts instead of the 15 cases you had in your records. It appears from our email records that we received CDC case ID (b)(6) 4:46 pm on Tuesday and CDC case ID (b)(6) at 5:29 pm on Tuesday. By the time we receive Brandi's email at 7:34 pm, both cases had been entered into our records. This brought the total probable or confirmed Massachusetts cases received to 15, which was provided in an email to Brandi at 8:36 pm.

On Wednesday June 29, 2022, we reported out 15 cases for Massachusetts instead of the 18 cases you had in your records. According to our email records, we received CDC case ID (b)(6) 3:14 pm on Wednesday, CDC case ID (b)(6) at 7:20 pm on Wednesday, CDC case ID (b)(6) at 9:26 pm on Wednesday, and CDC case ID (b)(6) at 9:31 pm on Wednesday.

As of this morning, our CDC records show 19 probable or confirmed Massachusetts cases (where MA is listed as state of residence, and accordingly counted on our case map). There is an additional case that is a resident of another state that was reported to CDC by Massachusetts. **Are our case counts this morning the same as what you all have? If not, please let us know so that we can address any discrepancies.**



It appears that we are having a misunderstanding of when cases are reported and received. From our end, the cases reported to CDC on Tuesday June 28, 2022 and Wednesday June 29, 2022 did not arrive at CDC until after our 2 pm cut off each day. We believe this is why our case counts lagged behind what you all had listed in your Massachusetts records by a day.

As a way to prevent confusion moving forward, we would like to offer a couple of options to double check our case counts with each other.

1. **Confirmation emails:** When we log a probable case in our system, we respond to each state with an email that indicates whether a probable case is going to be reported at 5pm EDT today, tomorrow, or the next business day (if the following day is a weekend or holiday). Please use the day and time provided in those emails for when the case will be included in the national case counts instead of the time when you send your email. As you can understand, there can sometimes be delays between when an email is received and when a case is logged, especially if it is close to 2 pm.
2. **Share line-listed cases:** Another option we would like to offer you is a periodic review of all of your cases. If you are able to provide a line-listing of all of your cases, we can go line by line comparing what we have at CDC with what you have.

We hope this email was able to shine some light on the areas of miscommunication and provide some steps we can take moving forward to prevent these concerns again in the future. Please let us know if you have other ideas you would like to share or any additional questions or concerns we did not address.

Thank you,  
CDC Monkeypox Call Center

Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>

**Sent:** Wednesday, June 29, 2022 8:49 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>; Osborne, Matthew (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>; Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>

**Subject:** Fw: State Case counts

Good evening-

I know you all are working hard but you have now been behind in posting the case counts that we have reported to you for 2 days in a row. Yesterday, Tuesday, you confirmed that you had a case count of 15 for us (Massachusetts) but only recorded 13 on the website (although we reported the 2 additional cases before 2 PM). Tonight, the website only includes a case count of 15 although we reported an additional 3 cases to you today and your case count should be 18.

I am sure this seems persnickety to you but we have been trying to point to the CDC site for counts in order to avoid having to create our own report which will clearly have different



numbers on it. Perhaps it is time to consider posting updated numbers only twice per week and checking with jurisdictions to ensure that you are posting the most accurate numbers?

Please let us know if there is a better way to provide case counts to you to simplify the process for you all and ensure accuracy.

[@Rao, Agam K. \(CDC/DDID/NCEZID/DHCPP\)](#) - you know how to reach me if I can help.

Please know that I truly appreciate all you are doing and I know that we are all over-stretched and tired. We are too.

Katie

Catherine M. Brown, DVM, MSc, MPH  
State Epidemiologist and State Public Health Veterinarian  
Massachusetts Department of Public Health  
State Public Health Laboratory  
305 South St.  
Jamaica Plain, MA 02130  
617-983-6804  
Fax: 617-983-6840  
[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)

---

**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Tuesday, June 28, 2022 9:00 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

Hi Sancta,

Thank you for the response. 15 sounds correct to me. (We actually have 18, but 3 were reported out this evening and likely not yet reported to CDC.) The website states 13 cases as of 2 pm, but our latest two cases were reported last night so I was questioning why they didn't appear on the website today.

We will be sure to notify you prior to 2pm tomorrow of the additional 3 cases that resulted today.

Thanks,  
Brandi

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Tuesday, June 28, 2022 8:36 PM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

**CAUTION:** This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Good evening Brandi Hopkins,

Thank you for sending us your concerns about the Massachusetts case counts. CDC updates the national case counts for probable and confirmed monkeypox cases on weekdays after 5 pm. If you submit cases to CDC after 2 pm, they will not be included in the case counts until the following business day.

For Massachusetts, we have 15 probable/confirmed cases in our records as of 8 pm tonight. There are also 2 suspect cases in our records, but these are not included in the case counts. How many cases do you all have listed locally as probable/confirmed?

Calling or emailing CDC through the EOC or [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) is the best way to let us know about your potential cases and to receive a CDC case ID. If you have any cases that you would like to report to us, we can include them in tomorrow's counts if we receive them before 2 pm. Please let us know if you have any additional questions or concerns.

Thank you,  
Sancta St. Cyr  
CDC Monkeypox Call Center

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**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Tuesday, June 28, 2022 7:34 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** State Case counts

Hi,

I am looking at this website <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>, which lists MA as having 13 cases. How frequently is this updated as our numbers are actually slightly higher (and we have CDC CaseIDs for all of them)? Is there another way we should be reporting numbers other than emailing this email address with pos case info and obtaining CDC CaseIDs?

Thank you,

**Brandi Hopkins, MPH**  
Epidemiologist, Zoonotic and Vector-borne Disease Coordinator  
Massachusetts Department of Public Health  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
305 South St, Jamaica Plain, MA 02130  
(main #): 617-983-6800  
(mobile) : 781-375-5363



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Date Presumptive Positive	CDC Case #	on cdc list	classification	residence	notes	
5/17/2022	(b)(6)	y	confirmed	MA		
6/11/2022		y	confirmed	MA		
6/11/2022		y	confirmed	MA		
6/13/2022		y	confirmed	MA		
6/14/2022		y	confirmed	MA		
6/15/2022		y	confirmed	MA		
6/16/2022		y	confirmed	MA		
6/16/2022						duplicate to row 6 - correct
6/21/2022		y	confirmed	MA		
6/21/2022		y	confirmed	MA		
6/22/2022		y	probable	MA		
6/22/2022		y	probable	MA		
6/25/2022		y	probable	MA		
6/27/2022		y	probable	MA		was classified as suspect - <b>changed to probable</b> - correct
						was classified as suspect - <b>changed to probable</b> ; state of residence was unconfirmed - <b>changed to MA but please let us know if that is incorrect</b> - correct
6/27/2022		y	probable	MA		
6/28/2022		y	probable	MA		
6/28/2022		y	probable	MA		
6/28/2022		y	probable	MA		
6/29/2022		y	probable	MA		
6/29/2022	y	probable	MA			
6/29/2022	y	probable	MA			
6/28/2022	y	confirmed	MA		not on MA list, but on CDC list (MA resident tested in NYC) - correct	

**From:** Poxvirus (CDC)  
**Sent:** Thu, 30 Jun 2022 19:26:07 +0000  
**To:** Hopkins, Brandi (DPH); Poxvirus (CDC); Brown, Catherine (DPH); Osborne, Matthew A (DPH)  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP); Hughes, Christine (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: State Case counts  
**Attachments:** Copy of CDC MPX linelist 6.30.22.xlsx

Good afternoon Brandi,

Thank you for getting back to us. We were able to review the list you provided. Unfortunately, due to the large volume of cases that came in between 12:30 pm and 2 pm today, we were not able to get this back to you before 2 pm. We have made a couple of notes on your sheet that we would like for you to review and confirm. Please let us know if you do not agree with what we have in our records. Once you do that, we will make any needed updates. We apologize that your CDC case counts again today will not reflect your MA case counts.

Thank you,  
CDC Monkeypox Call Center

---

**From:** Hopkins, Brandi (DPH) <brandi.hopkins@state.ma.us>  
**Sent:** Thursday, June 30, 2022 12:37 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Osborne, Matthew A (DPH) <matthew.a.osborne@state.ma.us>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <ige4@cdc.gov>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <bvp6@cdc.gov>  
**Subject:** RE: State Case counts

These numbers don't appear correct to me. I have attached a linelist of CDC CaseIDs, we have 21. (I removed two that were out of state residents.)

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---

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**Sent:** Thursday, June 30, 2022 10:24 AM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; Brown, Catherine (DPH) <[catherine.brown@mass.gov](mailto:catherine.brown@mass.gov)>; Osborne, Matthew (DPH) <[matthew.a.osborne@mass.gov](mailto:matthew.a.osborne@mass.gov)>  
**Cc:** Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>; Hughes, Christine (CDC/DDID/NCEZID/DHCPP) <[bvp6@cdc.gov](mailto:bvp6@cdc.gov)>  
**Subject:** RE: State Case counts

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Good morning Katie and Brandi,

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1. **Confirmation emails:** When we log a probable case in our system, we respond to each state with an email that indicates whether a probable case is going to be reported at 5pm EDT today, tomorrow, or the next business day (if the following day is a weekend or holiday). Please use the day and time provided in those emails for when the case will be included in the national case counts instead of the time when you send your email. As you can understand, there can sometimes be delays between when an email is received and when a case is logged, especially if it is close to 2 pm.
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Thank you,



CDC Monkeypox Call Center

Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>

**Sent:** Wednesday, June 29, 2022 8:49 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>; Osborne, Matthew (DPH) <[matthew.a.osborne@state.ma.us](mailto:matthew.a.osborne@state.ma.us)>; Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <[ige4@cdc.gov](mailto:ige4@cdc.gov)>

**Subject:** Fw: State Case counts

Good evening-

I know you all are working hard but you have now been behind in posting the case counts that we have reported to you for 2 days in a row. Yesterday, Tuesday, you confirmed that you had a case count of 15 for us (Massachusetts) but only recorded 13 on the website (although we reported the 2 additional cases before 2 PM). Tonight, the website only includes a case count of 15 although we reported an additional 3 cases to you today and your case count should be 18.

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Please let us know if there is a better way to provide case counts to you to simplify the process for you all and ensure accuracy.

[@Rao, Agam K. \(CDC/DDID/NCEZID/DHCPP\)](mailto:@Rao,Agam.K.(CDC/DDID/NCEZID/DHCPP)) - you know how to reach me if I can help.

Please know that I truly appreciate all you are doing and I know that we are all over-stretched and tired. We are too.

Katie

Catherine M. Brown, DVM, MSc, MPH  
State Epidemiologist and State Public Health Veterinarian  
Massachusetts Department of Public Health  
State Public Health Laboratory  
305 South St.  
Jamaica Plain, MA 02130  
617-983-6804  
Fax: 617-983-6840  
[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)

---

**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Tuesday, June 28, 2022 9:00 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

Hi Sancta,

Thank you for the response. 15 sounds correct to me. (We actually have 18, but 3 were reported out this evening and likely not yet reported to CDC.) The website states 13 cases as of 2 pm, but our latest two cases were reported last night so I was questioning why they didn't appear on the website today.

We will be sure to notify you prior to 2pm tomorrow of the additional 3 cases that resulted today.

Thanks,  
Brandi

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Tuesday, June 28, 2022 8:36 PM  
**To:** Hopkins, Brandi (DPH) <[brandi.hopkins@mass.gov](mailto:brandi.hopkins@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: State Case counts

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Good evening Brandi Hopkins,

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For Massachusetts, we have 15 probable/confirmed cases in our records as of 8 pm tonight. There are also 2 suspect cases in our records, but these are not included in the case counts. How many cases do you all have listed locally as probable/confirmed?

Calling or emailing CDC through the EOC or [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) is the best way to let us know about your potential cases and to receive a CDC case ID. If you have any cases that you would like to report to us, we can include them in tomorrow's counts if we receive them before 2 pm. Please let us know if you have any additional questions or concerns.

Thank you,  
Sancta St. Cyr  
CDC Monkeypox Call Center

---

**From:** Hopkins, Brandi (DPH) <[brandi.hopkins@state.ma.us](mailto:brandi.hopkins@state.ma.us)>  
**Sent:** Tuesday, June 28, 2022 7:34 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Subject:** State Case counts

Hi,

I am looking at this website <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>, which lists MA as having 13 cases. How frequently is this updated as our numbers are actually slightly higher (and we have CDC CaseIDs for all of them)? Is there another way we should be reporting numbers other than emailing this email address with pos case info and obtaining CDC CaseIDs?

Thank you,

**Brandi Hopkins, MPH**

Epidemiologist, Zoonotic and Vector-borne Disease Coordinator

Massachusetts Department of Public Health

Division of Epidemiology

Bureau of Infectious Disease and Laboratory Sciences

305 South St, Jamaica Plain, MA 02130

(main #): 617-983-6800

(mobile) : 781-375-5363



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Date Presumptive Positive	CDC Case #	on cdc list	classification	residence	notes	
5/17/2022	(b)(6)	y	confirmed	MA		
6/11/2022		y	confirmed	MA		
6/11/2022		y	confirmed	MA		
6/13/2022		y	confirmed	MA		
6/14/2022		y	confirmed	MA		
6/15/2022		y	confirmed	MA		
6/16/2022		y	confirmed	MA		
6/16/2022						duplicate to row 6
6/21/2022		y	confirmed	MA		
6/21/2022		y	confirmed	MA		
6/22/2022		y	probable	MA		
6/22/2022		y	probable	MA		
6/25/2022		y	probable	MA		
6/27/2022		y	probable	MA	was classified as suspect - <b>changed to probable</b>	
6/27/2022		y	probable	unknown (MA?)	was classified as suspect - <b>changed to probable</b> ; state of residence was unconfirmed - <b>changed to MA but please let us know if that is incorrect</b>	
6/28/2022		y	probable	MA		
6/28/2022		y	probable	MA		
6/28/2022		y	probable	MA		
6/29/2022		y	probable	MA		
6/29/2022		y	probable	MA		
6/29/2022	y	probable	MA			
6/28/2022	y	confirmed	MA	not on MA list, but on CDC list (MA resident tested in NYC)		

**From:** Stanek, Danielle R  
**Sent:** Wed, 8 Jun 2022 01:10:14 +0000  
**To:** Poxvirus (CDC)  
**Subject:** Re: TPoxx IND

Thank you for the time tracking down an answer and the follow up!

Sincerely,

Danielle

Danielle Stanek, DVM, DACVPM

State Public Health Veterinarian

Florida Department of Health

850-245-4117 work

850-294-1087 cell

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Sent:** Tuesday, June 7, 2022 9:08:41 PM

**To:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** RE: TPoxx IND

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hi Danielle,

I wanted to follow up on this. After consulting our lab SMEs, I wanted to inform you that we cannot accept blood for the TPOXX PK at this time. We were informed by the laboratory that we previously used that they do not have a CLIA certificate and cannot report out results if they will be used for patient care decisions. We are currently working to find an alternative.

Appreciate your patience with this response.

Thanks!

Kiara

CDC MonkeyPox Call Center

---

**From:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>

**Sent:** Tuesday, June 7, 2022 5:07 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** TPoxx IND

See Attachment 4 page 96

## **Laboratory Specimen Preparation, Handling, and Shipping\***

### **I. VIRAL BLOOD AND LESION SAMPLES TO CDC:**

Collect blood and/or lesion samples, vesicular or scab material, for orthopoxvirus testing on the following

days:

- Within 24 hours prior to first dose of tecovirimat
- During tecovirimat treatment, lesion sampling will be performed based on patient's clinical progression
- Day 14 of tecovirimat treatment
- Every 7 days thereafter if tecovirimat treatment continues beyond 14 days
- Upon discharge (for inpatients); 7 and 30 days after last dose of tecovirimat (for outpatients)

Target volume of whole blood per time point:

- Patients ≤ 10 kg: 1.2 mL of whole blood
- Patients 11–20 kg: 2.5 mL of whole blood
- Patients > 20 kg: 5 mL of whole blood

As the transmission of orthopoxviruses can occur through contact with contaminated needles, blood, and blood

products, appropriate blood and secretion precautions will be employed by all personnel in the drawing of blood

and shipping and handling of all specimens for this protocol, as currently recommended by CDC and the National

Institutes of Health.

Viral lesion samples should be collected according to CDC guidelines

(<https://www.cdc.gov/smallpox/labpersonnel/specimen-collection/specimen-collection-procedures.html>)

and anti-virus immunoglobulin samples and

EDTA blood should be shipped refrigerated (with cold packs) at 4°C (as per CDC guidelines) to:

Centers for Disease Control and Prevention

Attn: STAT Lab / Poxvirus Program

1600 Clifton Road NE, MS G-12

Atlanta, GA 30333

Phone: 404.639.4129

Additional instructions/guidelines, including precautions when handling specimens and information on shipping, can

be found on CDC's website: <https://www.cdc.gov/smallpox/lab-personnel/specimen-collection/packtransport.html>.



**From:** Poxvirus (CDC)  
**Sent:** Wed, 27 Jul 2022 00:33:37 +0000  
**To:** Foote, Mary (CDC health.nyc.gov)  
**Cc:** chungd@mskcc.org; guitaudt@mskcc.org; MPX therapeutics; ICS-CHEFO-Logs; ICS-CHEFO-Chief; seos@mskcc.org; John.Morley@health.ny.gov; Heslin, Eugene P (HEALTH); Ethier, Shannon (CDC health.nyc.gov); Matthew Silverstein; Poxvirus (CDC)  
**Subject:** Re: TPOXX order - Memorial Sloan Kettering

Hello Dr. Foote,

My supervisor has confirmed that NYC is indeed a special case - no need to place orders through the state of New York. I apologize for the confusion! I have forwarded your TPOXX request to our Clinical specialists for processing.

Thanks again for your patience,

Lori Verbrugge

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Tuesday, July 26, 2022 8:04 PM  
**To:** Foote, Mary (CDC health.nyc.gov) <mfootemd@health.nyc.gov>  
**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org <seos@mskcc.org>; John.Morley@health.ny.gov <John.Morley@health.ny.gov>; Heslin, Eugene P (HEALTH) <Eugene.Heslin@health.ny.gov>; Ethier, Shannon (CDC health.nyc.gov) <shannon.ethier@health.ny.gov>; Matthew Silverstein <msilverstein@health.nyc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Re: TPOXX order - Memorial Sloan Kettering

Hello Dr. Foote,

It is possible that I have erred. Most jurisdictions request antivirals through their state health department, but it is certainly possible that NYC is a special case given your size. I've asked for clarification from my supervisor, and you should hear back from her tomorrow.

Thanks for your patience and understanding.

Lori Verbrugge

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

**From:** Mary Foote M.D. <mfootemd@health.nyc.gov>  
**Sent:** Tuesday, July 26, 2022 8:00 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org <seos@mskcc.org>; John.Morley@health.ny.gov <John.Morley@health.ny.gov>; Heslin, Eugene P (HEALTH) <Eugene.Heslin@health.ny.gov>; Ethier, Shannon (CDC health.ny.gov) <shannon.ethier@health.ny.gov>; Matthew Silverstein <msilverstein@health.nyc.gov>  
**Subject:** RE: TPOXX order - Memorial Sloan Kettering

Hello CDC colleagues, we are copying NYS colleagues for awareness but to clarify, NYC DOHMH has been responsible for ordering Tpoxx for our own facilities.  
Best,  
Mary

---

**From:** Matthew Silverstein <msilverstein@health.nyc.gov>  
**Sent:** Tuesday, July 26, 2022 7:00 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** chungd@mskcc.org; guitaudt@mskcc.org; Mary Foote M.D. <mfootemd@health.nyc.gov>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org; John.Morley@health.ny.gov; Heslin, Eugene P (HEALTH) <Eugene.Heslin@health.ny.gov>; Shannon.Ethier@health.ny.gov  
**Subject:** Re: TPOXX order - Memorial Sloan Kettering

copying NYS on this

### **Matthew Silverstein**

Manager, Health Policy & New Initiatives  
Bureau of Equitable Health Systems | NYCDOHMH  
C: (646) 965-0149  
E: [msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov)

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Tuesday, July 26, 2022 5:44 PM  
**To:** Matthew Silverstein <msilverstein@health.nyc.gov>  
**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; Mary Foote M.D. <mfootemd@health.nyc.gov>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org <seos@mskcc.org>; Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** [EXTERNAL] Re: TPOXX order - Memorial Sloan Kettering

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Hello Matthew,

Thank you for contacting CDC. Please route all requests for TPOXX through your State health department.

Regards,

Lori Verbrugge  
CDC Monkeypox Call Center

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**Controlled Unclassified Information**

---

**From:** Matthew Silverstein <[msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov)>  
**Sent:** Tuesday, July 26, 2022 4:31 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Cc:** [chungd@mskcc.org](mailto:chungd@mskcc.org) <[chungd@mskcc.org](mailto:chungd@mskcc.org)>; [guitaudt@mskcc.org](mailto:guitaudt@mskcc.org) <[guitaudt@mskcc.org](mailto:guitaudt@mskcc.org)>; Foote, Mary (CDC health.nyc.gov) <[mfootemd@health.nyc.gov](mailto:mfootemd@health.nyc.gov)>; MPX therapeutics <[MPXtherapeutics@health.nyc.gov](mailto:MPXtherapeutics@health.nyc.gov)>; ICS-CHEFO-Logs <[ICS-CHEFO-Logs@health.nyc.gov](mailto:ICS-CHEFO-Logs@health.nyc.gov)>; ICS-CHEFO-Chief <[ICS-CHEFO-Chief@health.nyc.gov](mailto:ICS-CHEFO-Chief@health.nyc.gov)>; [seos@mskcc.org](mailto:seos@mskcc.org) <[seos@mskcc.org](mailto:seos@mskcc.org)>  
**Subject:** TPOXX order - Memorial Sloan Kettering

Hello,

We would like to place the following order to preposition TPOXX at MSK. Please let me know if you need any additional information.

1. Shipping address for TECOVIRIMAT:

Memorial Sloan Kettering Cancer Center  
Department of Pharmacy  
1275 York Ave, ATTN: Pharmacy/AB07  
New York, NY 10065

2. Receiving POC #1 at shipping address (name, email, 24/7 monitored phone #):

Daniel Chung ([chungd@mskcc.org](mailto:chungd@mskcc.org))  
212-639-2752

3. Receiving POC #2 at shipping address (name, email, 24/7 monitored phone #):

Tami Guitaud ([guitaudt@mskcc.org](mailto:guitaudt@mskcc.org))



212-639-2730

4. State HD POC (name, email, 24/7 monitored phone #):  
Mary Foote; [MPXtherapeutics@health.nyc.gov](mailto:MPXtherapeutics@health.nyc.gov); 917-992-8241  
Matthew Silverstein; [msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov); 646-965-0149
5. The number of PO courses requested (1 course = 2 bottles):
  - o If IV is requested, please specify the number of vials (1 vial = 1 dose):  
  
20 PO courses (40 bottles)  
56 vials IV
6. Days/times the shipping address location is/is not available to receive a shipment:  
Saturday and Sunday – All day  
Monday to Friday – after 10pm

**Matthew Silverstein**

Manager, Health Policy & New Initiatives  
Bureau of Equitable Health Systems | NYCDOHMH  
C: (646) 965-0149  
E: [msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov)

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Sent from the New York City Department of Health & Mental Hygiene. This email and any files transmitted with it may contain confidential information and are intended solely for the use of the individual or entity to whom they are addressed. This footnote also confirms that this email message has been swept for the presence of computer viruses.

**From:** Ethier, Shannon M (HEALTH)  
**Sent:** Tue, 26 Jul 2022 23:31:25 +0000  
**To:** Heslin, Eugene P (HEALTH); Poxvirus (CDC); msilverstein@health.nyc.gov  
**Cc:** Foote, Mary (CDC health.nyc.gov); Morley, John (HEALTH)  
**Subject:** Re: TPOXX order - Memorial Sloan Kettering

I am unclear also—NYCDOHMH has been able to place their own orders for facilities in their jurisdiction previously. Is this now a state responsibility?

Get [Outlook for iOS](#)

**From:** Heslin, Eugene P (HEALTH) <Eugene.Heslin@health.ny.gov>  
**Sent:** Tuesday, July 26, 2022 7:29:24 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; msilverstein@health.nyc.gov <msilverstein@health.nyc.gov>  
**Cc:** Mary Foote M.D. <mfootemd@health.nyc.gov>; Morley, John (HEALTH) <John.Morley@health.ny.gov>; Ethier, Shannon M (HEALTH) <Shannon.Ethier@health.ny.gov>  
**Subject:** Re: TPOXX order - Memorial Sloan Kettering

Taking the others off: what is going on? This is catching me very much offguard.

Eugene P Heslin MD

First Deputy Commissioner

New York State Department of Health

Empire State Plaza

Coming Tower, Albany, NY 12237

(518) 473-0458 Eugene.Heslin@health.ny.gov

FOR INTERNAL USE ONLY

INTER AND INTRA AGENCY COMMUNICATION

FOR DISCUSSION PURPOSES ONLY

**From:** Matthew Silverstein <msilverstein@health.nyc.gov>

**Sent:** Tuesday, July 26, 2022 6:59:31 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; Mary Foote

M.D. <mfootemd@health.nyc.gov>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-

Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>;

seos@mskcc.org <seos@mskcc.org>; Morley, John (HEALTH) <John.Morley@health.ny.gov>; Heslin,

Eugene P (HEALTH) <Eugene.Heslin@health.ny.gov>; Ethier, Shannon M (HEALTH)

<Shannon.Ethier@health.ny.gov>

**Subject:** Re: TPOXX order - Memorial Sloan Kettering

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copying NYS on this

**Matthew Silverstein**

Manager, Health Policy & New Initiatives

Bureau of Equitable Health Systems | NYCDOHMH

C: (646) 965-0149

E: msilverstein@health.nyc.gov

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Sent:** Tuesday, July 26, 2022 5:44 PM

**To:** Matthew Silverstein <msilverstein@health.nyc.gov>

**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; Mary Foote M.D. <mfootemd@health.nyc.gov>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org <seos@mskcc.org>; Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** [EXTERNAL] Re: TPOXX order - Memorial Sloan Kettering

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Hello Matthew,

Thank you for contacting CDC. Please route all requests for TPOXX through your State health department.

Regards,

Lori Verbrugge

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

**From:** Matthew Silverstein <msilverstein@health.nyc.gov>

**Sent:** Tuesday, July 26, 2022 4:31 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Cc:** chungd@mskcc.org <chungd@mskcc.org>; guitaudt@mskcc.org <guitaudt@mskcc.org>; Foote, Mary (CDC health.nyc.gov) <mfootemd@health.nyc.gov>; MPX therapeutics <MPXtherapeutics@health.nyc.gov>; ICS-CHEFO-Logs <ICS-CHEFO-Logs@health.nyc.gov>; ICS-CHEFO-Chief <ICS-CHEFO-Chief@health.nyc.gov>; seos@mskcc.org <seos@mskcc.org>

**Subject:** TPOXX order - Memorial Sloan Kettering

Hello,

We would like to place the following order to preposition TPOXX at MSK. Please let me know if you need any additional information.

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Memorial Sloan Kettering Cancer Center  
Department of Pharmacy  
1275 York Ave, ATTN: Pharmacy/AB07  
New York, NY 10065

2. Receiving POC #1 at shipping address (name, email, 24/7 monitored phone #):



Daniel Chung ([chungd@mskcc.org](mailto:chungd@mskcc.org))  
212-639-2752

3. Receiving POC #2 at shipping address (name, email, 24/7 monitored phone #):

Tami Guitaud ([guitaudt@mskcc.org](mailto:guitaudt@mskcc.org))  
212-639-2730

4. State HD POC (name, email, 24/7 monitored phone #):

Mary Foote; [MPXtherapeutics@health.nyc.gov](mailto:MPXtherapeutics@health.nyc.gov); 917-992-8241  
Matthew Silverstein; [msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov); 646-965-0149

5. The number of PO courses requested (1 course = 2 bottles):

- o If IV is requested, please specify the number of vials (1 vial = 1 dose):

20 PO courses (40 bottles)  
56 vials IV

6. Days/times the shipping address location is/is not available to receive a shipment:

Saturday and Sunday – All day  
Monday to Friday – after 10pm

**Matthew Silverstein**

Manager, Health Policy & New Initiatives  
Bureau of Equitable Health Systems | NYCDOHMH  
C: (646) 965-0149  
E: [msilverstein@health.nyc.gov](mailto:msilverstein@health.nyc.gov)

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**From:** Harbi, Khalil  
**Sent:** Wed, 13 Jul 2022 00:41:25 +0000  
**To:** Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team; Ricketts, Erin K  
**Subject:** RE: [External] CDC confirmation of probable monkeypox case (b)(6)  
(b)(6)  
**Attachments:** NC\_New\_Monkeypox\_Cases\_12JUL2022.xlsx

Thanks, Juanita. Attached is the requested information for new NC probable monkeypox cases.  
Khalil

**Khalil Harbi, MSPH**  
Public Health Epidemiologist  
Influenza Surveillance Coordinator  
Communicable Disease Branch, Division of Public Health  
North Carolina Department of Health and Human Services

Direct: 919-737-3707  
[Khalil.harbi@dhhs.nc.gov](mailto:Khalil.harbi@dhhs.nc.gov)



---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Tuesday, July 12, 2022 10:16 AM  
**To:** Harbi, Khalil <khalil.harbi@dhhs.nc.gov>  
**Cc:** Poxvirus (CDC) <Poxvirus@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>  
**Subject:** [External] CDC confirmation of probable monkeypox case 103491813, 103491629, 103491628, 103491627

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Dear Khalil,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **today at 5pm EDT.**

### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

***A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.***

### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter [***STATE Case ID***] in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address



Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. [CDC can receive partial case data](#). Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Juanita Rocha

CDC Monkeypox Call Center

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**NCDESS ID LRN ID Age Gender State Notes**

(b)(6)

NC LabCorp  
NC SLPH  
NC SLPH  
NC SLPH



**From:** Holmes, Wendy  
**Sent:** Mon, 1 Aug 2022 15:55:08 +0000  
**To:** Poxvirus (CDC); PHPR.SNS  
**Cc:** Davis, Timothy; Goodwin, Dawn (CDC dhhs.nc.gov); Krepps, William; Leggett, Ashley P; Meadows, Beth  
**Subject:** RE: [External] Re: NC VAC Form Questions  
**Categories:** answered

Thank you.

**Wendy Holmes**

Senior Immunization Advisor  
Division of Public Health, Immunization Branch  
[NC Department of Health and Human Services](#)

Office: 919-707-5551  
Mobile: 919-218-2016  
Fax: 919-870-4824  
[wendy.holmes@dhhs.nc.gov](mailto:wendy.holmes@dhhs.nc.gov)  
5601 Six Forks Road, Building Two  
1917 Mail Service Center  
Raleigh, NC 27699-1917

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**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Thursday, July 28, 2022 9:37 AM  
**To:** Holmes, Wendy <wendy.holmes@dhhs.nc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; PHPR.SNS <phpr.sns@dhhs.nc.gov>  
**Cc:** Davis, Timothy <tim.davis@dhhs.nc.gov>; Goodwin, Dawn M <dawn.goodwin@dhhs.nc.gov>; Krepps, William <william.krepps@dhhs.nc.gov>; Leggett, Ashley P <ashley.leggett@dhhs.nc.gov>; Meadows, Beth <beth.meadows@dhhs.nc.gov>  
**Subject:** RE: [External] Re: NC VAC Form Questions

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Wendy,

Please see response from our SMEs:

We appreciate and thank North Carolina as you have signed the MPX addendum/amendment to the COVID-19 vaccine data DUA. CDC requests jurisdictions to report MPX vaccine administrations through their IISs to CDC using the same data flows that they now use for COVID-19 vaccination data. CDC is working to develop the data flows for MPX vaccine data.

Thanks,

Christan Stager  
CDC Monkeypox Call Center

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**From:** Holmes, Wendy <[wendy.holmes@dhhs.nc.gov](mailto:wendy.holmes@dhhs.nc.gov)>  
**Sent:** Wednesday, July 27, 2022 11:23 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; PHPR.SNS <[phpr.sns@dhhs.nc.gov](mailto:phpr.sns@dhhs.nc.gov)>  
**Cc:** Davis, Timothy <[tim.davis@dhhs.nc.gov](mailto:tim.davis@dhhs.nc.gov)>; Goodwin, Dawn (CDC dhhs.nc.gov) <[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>; Krepps, William <[william.krepps@dhhs.nc.gov](mailto:william.krepps@dhhs.nc.gov)>; Leggett, Ashley P <[ashley.leggett@dhhs.nc.gov](mailto:ashley.leggett@dhhs.nc.gov)>; Meadows, Beth <[beth.meadows@dhhs.nc.gov](mailto:beth.meadows@dhhs.nc.gov)>  
**Subject:** RE: [External] Re: NC VAC Form Questions

Bionca,

Thanks for responding. What instructions should NC provide to agencies using the form; is there another reporting method administering providers should use for reporting?

**Wendy Holmes**

Senior Immunization Advisor  
Division of Public Health, Immunization Branch  
[NC Department of Health and Human Services](#)

Office: 919-707-5551  
Mobile: 919-218-2016  
Fax: 919-870-4824  
[wendy.holmes@dhhs.nc.gov](mailto:wendy.holmes@dhhs.nc.gov)  
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**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Wednesday, July 27, 2022 8:05 PM  
**To:** PHPR.SNS <[phpr.sns@dhhs.nc.gov](mailto:phpr.sns@dhhs.nc.gov)>  
**Cc:** Davis, Timothy <[tim.davis@dhhs.nc.gov](mailto:tim.davis@dhhs.nc.gov)>; Goodwin, Dawn M <[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>;

Krepps, William <[william.krepps@dhhs.nc.gov](mailto:william.krepps@dhhs.nc.gov)>; Leggett, Ashley P <[ashley.leggett@dhhs.nc.gov](mailto:ashley.leggett@dhhs.nc.gov)>;  
Meadows, Beth <[beth.meadows@dhhs.nc.gov](mailto:beth.meadows@dhhs.nc.gov)>; Holmes, Wendy <[wendy.holmes@dhhs.nc.gov](mailto:wendy.holmes@dhhs.nc.gov)>  
**Subject:** [External] Re: NC VAC Form Questions

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Hi Ashley,

We apologize for this late response.

Thank you for your inquiry regarding the JYNNEOS Vaccine Accountability Form. With the national monkeypox vaccine strategy for expanded vaccination with allocation-based deployment, the vaccine-administration data reporting is also being transitioned. Therefore, the JYNNEOS Vaccine Accountability Form is being discontinued. It no longer needs to be completed and returned to CDC. Jurisdictions/organizations can discontinue completing the JYNNEOS Vaccine Accountability Form immediately. We appreciate your compliance with returning the accountability form while it was in use. Please follow your state and local or territorial jurisdiction guidance regarding vaccine data reporting.

thanks,

Bionca

CDC Monkeypox Call Center

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**From:** PHPR.SNS <[phpr.sns@dhhs.nc.gov](mailto:phpr.sns@dhhs.nc.gov)>

**Sent:** Wednesday, July 13, 2022 2:16 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Davis, Timothy <[tim.davis@dhhs.nc.gov](mailto:tim.davis@dhhs.nc.gov)>; Goodwin, Dawn (CDC dhhs.nc.gov)

<[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>; Krepps, William <[william.krepps@dhhs.nc.gov](mailto:william.krepps@dhhs.nc.gov)>; Leggett, Ashley P

<[ashley.leggett@dhhs.nc.gov](mailto:ashley.leggett@dhhs.nc.gov)>; Meadows, Beth <[beth.meadows@dhhs.nc.gov](mailto:beth.meadows@dhhs.nc.gov)>; Holmes, Wendy (CDC dhhs.nc.gov) <[wendy.holmes@dhhs.nc.gov](mailto:wendy.holmes@dhhs.nc.gov)>

**Subject:** NC VAC Form Questions



Hello,

Our Immunization Branch Staff have some questions about the VAC form. Their questions are below. As always, we appreciate your assistance.

1. How do providers receive this form (e.g. CDC emails LHD vaccine contact directly, form comes with the vaccine shipment, etc.)? Is state MCM responsible for distribution of the blank form to administering providers and collecting forms weekly for CDC reporting?
2. Is PHI information (e.g. name) required? Is recipient PHI required for vaccine administration reporting to CDC? Top section of the form includes instructions to ask the recipient if they are willing to participate in a CDC survey using their PHI. (Please ask if the vaccinees agree to providing CDC their name and contact information for receiving vaccine survey(s).) Is this section optional or required for reporting?
3. If NC is not legally allowed to share information in the form to CDC, should LHDs record the information, but hold the form internally?
4. Could NC report aggregate data from NCIR as opposed to each site submitting the accountability form? NCIR does not collect the below information and cannot collect d/t legal reasons.

Indicated Use		Occupational Risk Groups		Non-occupational Risk Groups	
PEP	PrEP	Healthcare Worker/ Responder	Laboratory Worker	Contact of Confirmed MPX Case	Other

Not a question, but a comment from Immunization Branch: We need to give the LHDs guidance on this as soon as possible, especially if we do not want them to submit (following the instructions on the form).

Thanks,

Ashley Ward Peluso; PharmD, MSCR  
Pharmacist, Cities Readiness Initiative Region  
Division of Public Health, Epidemiology Section  
[Public Health Preparedness and Response Branch](#)  
[NC Department of Health and Human Services](#)

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[ashley.wardpeluso@dhhs.nc.gov](mailto:ashley.wardpeluso@dhhs.nc.gov)

**1-888-820-0520 PPHR 24/7 On-Call**

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**From:** Goodwin, Dawn M  
**Sent:** Thu, 9 Jun 2022 19:39:38 +0000  
**To:** Poxvirus (CDC)  
**Subject:** RE: [External] RE: Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments

Thanks!

Dawn Goodwin, Pharm.D., R.Ph.  
Central Regional Pharmacist  
Division of Public Health, [Public Health Preparedness and Response Branch](#)  
[NC Department of Health and Human Services](#)

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[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)

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**NC DHHS COVID-19 Therapeutics Support: [Therapeutics.COVID19@dhhs.nc.gov](mailto:Therapeutics.COVID19@dhhs.nc.gov)**

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1902 Mail Service Center  
Raleigh, NC 27699-1900



North Carolina  
Public Health

<http://epi.publichealth.nc.gov/phpr/>

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Thursday, June 9, 2022 3:37 PM  
**To:** Goodwin, Dawn M <dawn.goodwin@dhhs.nc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** RE: [External] RE: Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments

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Hi Dawn,

You can include it in the email request that's sent to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). It will get included in the subsequent triage process for response.

Thanks,



Kiara

---

**From:** Goodwin, Dawn M <[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>  
**Sent:** Thursday, June 9, 2022 3:34 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: [External] RE: Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments

Thank you. Can you please direct me how to submit the Jynneos form and if there is a form for ACAM 2000? We are not making a request. We are providing guidance to our lead CRI county.

Dawn

Dawn Goodwin, Pharm.D., R.Ph.  
Central Regional Pharmacist  
Division of Public Health, [Public Health Preparedness and Response Branch](#)  
[NC Department of Health and Human Services](#)

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[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)

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North Carolina  
Public Health

<http://epi.publichealth.nc.gov/phpr/>

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Thursday, June 9, 2022 3:32 PM  
**To:** Goodwin, Dawn M <[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** [External] RE: Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments

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Hi Dawn,

Thank you for this inquiry. State health departments can request PrEP and PEP by emailing this inbox with their request. Requests for antivirals can also be sent to this inbox. It's important to note that requests for antivirals should be related to a probable or confirmed case of monkeypox. The corresponding CDC ID associated with the patient for which the antivirals are being requested should be included in the email.

If you would like to place a request, please reply to this email with the number of doses needed.

Thanks,  
Kiara McNamara, DNP  
CDC MonkeyPox Call Center

---

**From:** Goodwin, Dawn M <[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)>  
**Sent:** Thursday, June 9, 2022 2:40 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments  
**Importance:** High

Good afternoon,

The state has received several calls from Mecklenburg County Health Department (MCHD) re: monkeypox, obtaining vaccine, how events will proceed when there is an actual case. Could you please provide me with guidance on the following:

- Processes for requesting PEP vaccine, PREP vaccine, Tecovirimat, and VIGIV?
- In addition, please review the attached Jynneos Request form and provide guidance on how to submit it after completion.
  - Is there a similar form for ACAM 2000? If so, please provide along with submission guidance.

**The state has scheduled a pre-emptive call with MCHD today at 4pm, so this matter is time-sensitive.**

Thanks so much for your help.

Dawn

Dawn Goodwin, Pharm.D., R.Ph.  
Central Regional Pharmacist  
Division of Public Health, [Public Health Preparedness and Response Branch](#)  
[NC Department of Health and Human Services](#)

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[dawn.goodwin@dhhs.nc.gov](mailto:dawn.goodwin@dhhs.nc.gov)

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**From:** Trail, Lorri  
**Sent:** Thu, 28 Jul 2022 17:21:09 +0000  
**To:** Poxvirus (CDC)  
**Subject:** RE: [External] RE: Use of JYNNEOS in Younger than 18 years of age

Thank you for the prompt reply!

**Lorri Trail, RN**  
Regional Nurse Consultant  
Division of Public Health, Immunization Branch  
North Carolina Department of Health and Human Services

Mobile: 919-588-9802  
[lorri.trail@dhhs.nc.gov](mailto:lorri.trail@dhhs.nc.gov)

5601 Six Forks Road, Bldg. 2  
1917 Mail Service Center  
Raleigh, NC 27699-1917

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Thursday, July 28, 2022 1:05 PM  
**To:** Trail, Lorri <lorri.trail@dhhs.nc.gov>  
**Cc:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** [External] RE: Use of JYNNEOS in Younger than 18 years of age

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Lorri,

Please contact your state epi to assist with this process. They should already be familiar with how to request use of JYNNEOS in pediatrics. If they are unable to help, they can email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) for assistance.

Thanks,

Christan Stager  
CDC Monkeypox Call Center

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**From:** Trail, Lorri <[lorri.trail@dhhs.nc.gov](mailto:lorri.trail@dhhs.nc.gov)>  
**Sent:** Thursday, July 28, 2022 12:41 PM  
**To:** NIPINFO (CDC) <[NIPINFO@cdc.gov](mailto:NIPINFO@cdc.gov)>  
**Subject:** Use of JYNNEOS in Younger than 18 years of age

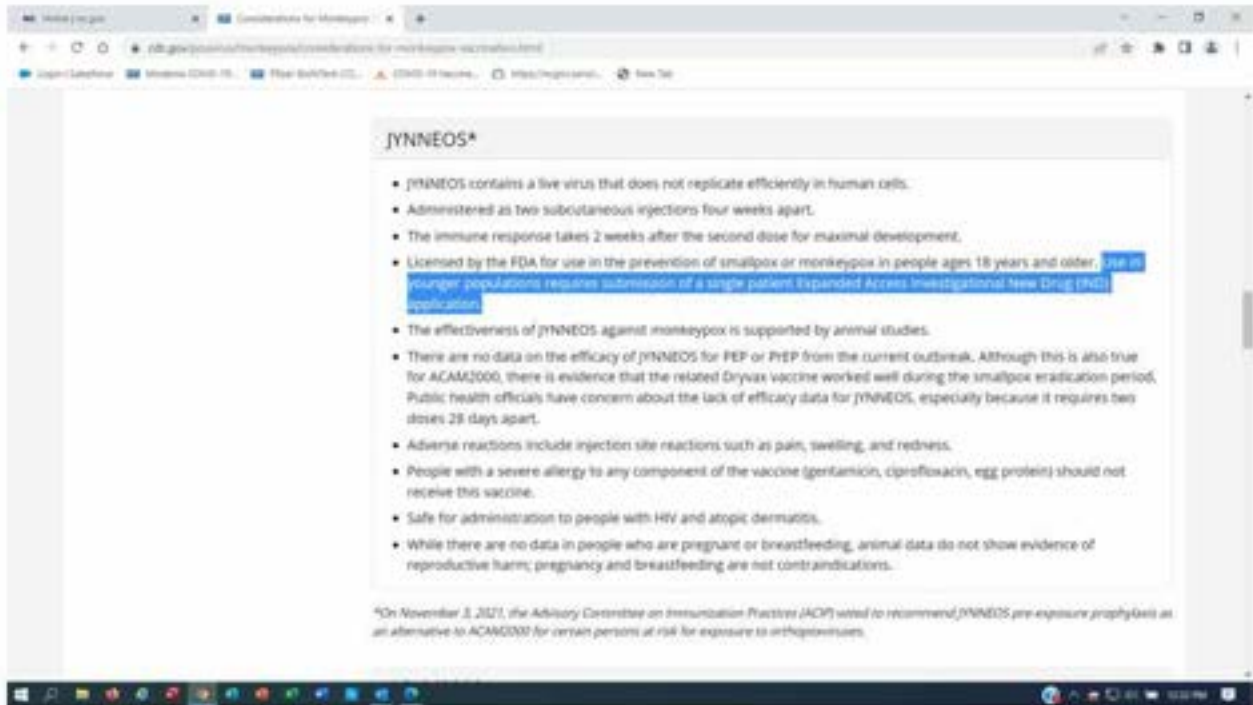
Hello,

I received a phone call from a LHD about use of JYNNEOS vaccine in a male younger than 18 years of age in a high risk group. The screenshot below says it requires an Expanded Access Investigational New Drug application, however, I am not able to locate how to proceed with the application process. When I did a search, I was taken to the antiviral drug instead of the vaccine.

Would you please advise if JYNNEOS can be used in someone at high risk younger than 18 years of age (17 year old male) and the application process?

Thank you.

Kindest regards,  
Lorri



**Lorri Trail, RN**  
Regional Nurse Consultant  
Division of Public Health, Immunization Branch  
North Carolina Department of Health and Human Services

Mobile: 919-588-9802  
[lorri.trail@dhhs.nc.gov](mailto:lorri.trail@dhhs.nc.gov)

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**From:** Moore, Zack  
**Sent:** Thu, 28 Jul 2022 18:49:04 +0000  
**To:** CDC IMS 2022 Multi-National MPX Informatics; Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL); Wilson, Erica (CDC dhhs.nc.gov); Combs, Brian (CDC dhhs.nc.gov)  
**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC); Poxvirus (CDC); Ricketts, Erin K  
**Subject:** RE: [External] Urgent Issue: [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation  
**Categories:** Needs review - was in Junk folder

Is there any way to get the number corrected sooner on your site? This is generating confusion and lots of questions here.

**Zack Moore, MD, MPH**

State Epidemiologist and Epidemiology Section Chief  
Division of Public Health, Epidemiology Section  
[NC Department of Health and Human Services](#)

Office: 919-546-1725  
Mobile: 919-703-5126  
Fax: 919-733-0490  
[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)

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**From:** Ricketts, Erin K <erin.ricketts@dhhs.nc.gov>  
**Sent:** Thursday, July 28, 2022 11:37 AM  
**To:** CDC IMS 2022 Multi-National MPX Informatics <eocevent570@cdc.gov>; Moore, Zack <zack.moore@dhhs.nc.gov>; Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <qwq7@cdc.gov>; Wilson, Erica F <erica.wilson@dhhs.nc.gov>; Combs, Brian <brian.combs@dhhs.nc.gov>  
**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <eocevent375@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** RE: [External] Urgent Issue: [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation

Thank you so much!

We appreciate your work on this. I know this system has been messy.

**Erin Ricketts, MD**

Epidemic Intelligence Service Officer  
Communicable Disease Branch, Division of Public Health  
North Carolina Department of Health and Human Services

Office: 919-608-6527

Fax: 919-715-4699

[Erin.ricketts@dhhs.nc.gov](mailto:Erin.ricketts@dhhs.nc.gov)

---

**From:** CDC IMS 2022 Multi-National MPX Informatics <[eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)>

**Sent:** Thursday, July 28, 2022 11:12 AM

**To:** Moore, Zack <[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)>; Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <[qwq7@cdc.gov](mailto:qwq7@cdc.gov)>; Ricketts, Erin K <[erin.ricketts@dhhs.nc.gov](mailto:erin.ricketts@dhhs.nc.gov)>; Wilson, Erica F <[erica.wilson@dhhs.nc.gov](mailto:erica.wilson@dhhs.nc.gov)>; Combs, Brian <[brian.combs@dhhs.nc.gov](mailto:brian.combs@dhhs.nc.gov)>

**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <[eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Subject:** Re: [External] Urgent Issue: [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation

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Good morning all,

We've found the issue on our end which made the cases off. The case count for the NC has been fixed for the vaccine allocation. The accurate count will also be changed on the website this evening. Sorry for the panic and confusion this morning!

Thank you!

Jonathan

Informatics Team | [eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)

2022 Multi-National Monkeypox Outbreak Response

US Centers for Disease Control and Prevention

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**From:** Moore, Zack <[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)>  
**Sent:** Thursday, July 28, 2022 9:48 AM  
**To:** Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <[qwq7@cdc.gov](mailto:qwq7@cdc.gov)>; Ricketts, Erin K <[erin.ricketts@dhhs.nc.gov](mailto:erin.ricketts@dhhs.nc.gov)>; Wilson, Erica (CDC dhhs.nc.gov) <[erica.wilson@dhhs.nc.gov](mailto:erica.wilson@dhhs.nc.gov)>; Combs, Brian (CDC dhhs.nc.gov) <[brian.combs@dhhs.nc.gov](mailto:brian.combs@dhhs.nc.gov)>  
**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <[eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; CDC IMS 2022 Multi-National MPX Informatics <[eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)>  
**Subject:** RE: [External] Urgent Issue: [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation

Thanks. I know phase 3 decisions are being/have been made based on these numbers, which I why I'm seeking a fast resolution.

**Zack Moore, MD, MPH**  
State Epidemiologist and Epidemiology Section Chief  
Division of Public Health, Epidemiology Section  
[NC Department of Health and Human Services](#)

Office: 919-546-1725  
Mobile: 919-703-5126  
Fax: 919-733-0490  
[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)

225 North McDowell Street  
Raleigh, NC 27603  
1902 Mail Service Center  
Raleigh, NC 27699-1902

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).

[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#) | [LinkedIn](#)

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**From:** Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <[qwq7@cdc.gov](mailto:qwq7@cdc.gov)>  
**Sent:** Thursday, July 28, 2022 9:09 AM  
**To:** Moore, Zack <[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)>; Ricketts, Erin K <[erin.ricketts@dhhs.nc.gov](mailto:erin.ricketts@dhhs.nc.gov)>; Wilson, Erica F <[erica.wilson@dhhs.nc.gov](mailto:erica.wilson@dhhs.nc.gov)>; Combs, Brian <[brian.combs@dhhs.nc.gov](mailto:brian.combs@dhhs.nc.gov)>  
**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <[eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)>; Silk, Benjamin J. (CDC/DDID/NCIRD/DVD) <[ekj8@cdc.gov](mailto:ekj8@cdc.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; CDC IMS 2022 Multi-National MPX Informatics <[eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)>  
**Subject:** [External] Urgent Issue: [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good morning, Dr. Moore,



Thank you for this notification.

I have looped in the poxvirus and informatics teams to assist with a timely response.

Thank you,

Jamilla

**Jamilla Green, DrPH, MPH, CPH**

Public Health Advisor

Team Lead, Regions 4 & 6

Health Department Liaison Officer (GA, NC, FL & KY)

State, Tribal, Local, and Territorial Support Task Force

2022 Multinational Monkeypox and COVID-19 Emergency Responses

Centers for Disease Control and Prevention

Phone: Cell (678) 575-8410

Personal inbox: [qwq7@cdc.gov](mailto:qwq7@cdc.gov)

Functional inbox: [eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)

---

**From:** Moore, Zack <[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)>

**Sent:** Thursday, July 28, 2022 8:41 AM

**To:** Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <[qwq7@cdc.gov](mailto:qwq7@cdc.gov)>; Ricketts, Erin K <[erin.ricketts@dhhs.nc.gov](mailto:erin.ricketts@dhhs.nc.gov)>; Wilson, Erica (CDC dhhs.nc.gov) <[erica.wilson@dhhs.nc.gov](mailto:erica.wilson@dhhs.nc.gov)>; Combs, Brian (CDC dhhs.nc.gov) <[brian.combs@dhhs.nc.gov](mailto:brian.combs@dhhs.nc.gov)>

**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <[eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)>; Silk, Benjamin J. (CDC/DDID/NCIRD/DVD) <[ekj8@cdc.gov](mailto:ekj8@cdc.gov)>

**Subject:** RE: [External] [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation

**Importance:** High

Urgent issue: NC number inexplicably dropped from 40 to 15.

- Why did this happen?
- **WILL THIS IMPACT OUR PHASE 3 ALLOCATION?**

A quick response would be appreciated. FYI we are up to 46 cases as of today.

**Zack Moore, MD, MPH**

State Epidemiologist and Epidemiology Section Chief

Division of Public Health, Epidemiology Section

[NC Department of Health and Human Services](#)

Office: 919-546-1725

Mobile: 919-703-5126

Fax: 919-733-0490

[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)

225 North McDowell Street  
Raleigh, NC 27603  
1902 Mail Service Center  
Raleigh, NC 27699-1902

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[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#) | [LinkedIn](#)

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**From:** Green, Jamilla (CDC/DDPHSIS/CPR/DSLRL) <[qwq7@cdc.gov](mailto:qwq7@cdc.gov)>  
**Sent:** Tuesday, July 26, 2022 10:26 AM  
**To:** Fleischauer, Aaron <[aaron.fleischauer@dhhs.nc.gov](mailto:aaron.fleischauer@dhhs.nc.gov)>; Moore, Zack <[zack.moore@dhhs.nc.gov](mailto:zack.moore@dhhs.nc.gov)>  
**Cc:** CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <[eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)>  
**Subject:** [External] [NC] Action Requested: Case Count Confirmation for Phase 3 MPOX vaccine allocation  
**Importance:** High

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Dear STLT Health Department Partners:

Thank you for your collaboration and partnership on the monkeypox emergency response. While the timeline is not yet final, we are pleased to share that the Phase 3 allocations will be coming very soon. To assure the greatest equity in allocation of the available vaccine doses in Phase 3, we anticipate that CDC will use case counts submitted to CDC by jurisdictions by Wednesday, July 27 at 2 pm EDT to determine the allocations.

- We would like you to continue to share data with CDC as routinely done by your jurisdiction.
- To minimize any discrepancies in numbers used for the allocations, please review CDC's [website](#) for the latest monkeypox case count to ensure our case counts are consistent with your jurisdiction's counts.
- We would encourage you to check your case counts against those reported on the CDC [website](#) by today (Tuesday, July 26) at 5 PM EDT to ensure that your numbers before that time are aligning with what is reflected on the CDC website. (Note: CDC's website is updated by 5pm EDT daily.)
- If you identify discrepancies between your system and the CDC Website, please email [eocevent570@cdc.gov](mailto:eocevent570@cdc.gov), [eocevent590@cdc.gov](mailto:eocevent590@cdc.gov), and me, your STLT Health Department Liaison Officer, and we will work with you to address the discrepancies.
- For additional questions, please contact me (Jamilla Green, [qwq@cdc.gov](mailto:qwq@cdc.gov)).

Thank you,

Jamilla

**Jamilla Green, DrPH, MPH, CPH**

Public Health Advisor

Team Lead, Regions 4 & 6

Health Department Liaison Officer (GA, NC, FL & KY)

State, Tribal, Local, and Territorial Support Task Force

2022 Multinational Monkeypox and COVID-19 Emergency Responses

Centers for Disease Control and Prevention

Phone: Cell (678) 575-8410

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Functional inbox: [eocevent375@cdc.gov](mailto:eocevent375@cdc.gov)

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**From:** Poxvirus (CDC)  
**Sent:** Thu, 30 Jun 2022 21:28:19 +0000  
**To:** Jacoboski, Juliana A (DPH); Poxvirus (CDC); Sandhu, Kayleigh (DPH)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** RE: : CDC confirmation of probable monkeypox case (b)(6)

Hi Juliana,

Thank you so much for providing this clinical information. We've updated our records. We appreciate your partnership!

All the best,  
Dallas Smith  
Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

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**From:** Jacoboski, Juliana A (DPH) <juliana.a.jacoboski2@state.ma.us>  
**Sent:** Thursday, June 30, 2022 5:11 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; Sandhu, Kayleigh (DPH) <kayleigh.sandhu@state.ma.us>  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>  
**Subject:** RE: : CDC confirmation of probable monkeypox case (b)(6)

Hi all,

I want to provide an update on the symptom development for case (b)(6) now that the case has been interviewed. 6/19: lesion on lip, 6/21 lymphadenopathy, 6/24 fever and lesions throughout the body (feet, wrists, neck, legs, back and chest), 6/29 cervical lymphadenopathy

Best,

**Juliana Jacoboski, MPH**

Epidemiologist, Division of Epidemiology & Immunization

Massachusetts Department of Public Health | Bureau of Infectious Disease and Laboratory Sciences

Email: [juliana.a.jacoboski@mass.gov](mailto:juliana.a.jacoboski@mass.gov)

**Epidemiology program (24/7) 617-983-6800**

Work mobile phone: 617-939-3988 | Confidential Fax: 617-983-6813

Pronouns: She/her/hers

This email and attachment is intended only for authorized individuals and may contain confidential information. If you have received this message in error and are not the intended recipient, please notify the sender by telephone or by separate email. Please do not press reply and immediately destroy all paper and electronic copies of this email.

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Sent:** Wednesday, June 29, 2022 7:31 PM

**To:** Sandhu, Kayleigh (DPH) <[kayleigh.sandhu@mass.gov](mailto:kayleigh.sandhu@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Jacoboski, Juliana (DPH) <[Juliana.A.Jacoboski@mass.gov](mailto:Juliana.A.Jacoboski@mass.gov)>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <[nqu9@cdc.gov](mailto:nqu9@cdc.gov)>; CDC IMS 2022 Multi-National MPX Lab Team <[eoevent334@cdc.gov](mailto:eoevent334@cdc.gov)>

**Subject:** : CDC confirmation of probable monkeypox case (b)(6)

**CAUTION:** This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Dear Kayleigh,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Sexual orientation, state of residence
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)

- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please

(b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STAT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

## CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.



The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

#### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

#### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

**FOR MORE INFORMATION**

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** Sandhu, Kayleigh (DPH) <[kayleigh.sandhu@state.ma.us](mailto:kayleigh.sandhu@state.ma.us)>

**Sent:** Wednesday, June 29, 2022 7:20 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Jacoboski, Juliana A (DPH) <[juliana.a.jacoboski2@state.ma.us](mailto:juliana.a.jacoboski2@state.ma.us)>

**Subject:** Presumptive Positive Case Massachusetts

**Importance:** High

Hello,

Please see below for information on a presumptive positive case in MA, we are seeking a CDC CaselD.

Age: (b)(6)

Gender: (b)(6)

MSM: Yes

Date of symptom onset and date of rash onset if different: 6/17/2022 for rash on lip; fever and other symptoms on 6/24/2022

Thank you,

Kayleigh

Kayleigh Sandhu, MPH ([she](#), [her](#), [hers](#))

Epidemiologist II

Internship Program and Training Coordinator

Division of Epidemiology

Bureau of Infectious Disease and Laboratory Sciences

Massachusetts Department of Public Health

(617) 983-6800 | 7 (617) 983-6813



**From:** Poxvirus (CDC)  
**Sent:** Wed, 15 Jun 2022 21:37:58 +0000  
**To:** Newman, Alexandra (CDC health.ny.gov); Poxvirus (CDC)  
**Cc:** Lutterloh, Emily (CDC health.ny.gov); Backenson, Bryon (CDC health.ny.gov);  
Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Attachments:** Photo Release Form (5).pdf

Dear Andie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EST**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

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- Dry lesion swab specimens
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- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

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Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

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required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

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Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

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To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

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At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Kiara

CDC Monkeypox Call Center

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**From:** Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>  
**Sent:** Wednesday, June 15, 2022 5:12 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>  
**Subject:** Orhtopox positive case - NYS.

Good afternoon –

We are reporting a case of othopoxvirus from NYS (Not NYC). The PCR was positive today and reported back to us late this afternoon. The patient is a (b)(6) He had 4 sexual encounters prior to his onset of illness.

The patient is (b)(6) I am not sure if he would be a candidate for TPOXX. He is not ill enough to be hospitalized.

We have not identified anyone who would be a candidate for PEP with Jynneos.

Can we get a case number and the appropriate reporting forms?

Andie

Andie Newman, DVM, MPH, DACVPM  
State Public Health Veterinarian

**New York State Department of Health**  
Bureau of Communicable Disease Control  
Corning Tower Room 651  
Empire State Plaza  
Albany, NY 12237  
518-473-4439 (office)  
518-527-7361 (cell)  
866-881-2809 (after hours)  
518-474-7381 (fax)  
[alexandra.newman@health.ny.gov](mailto:alexandra.newman@health.ny.gov)  
<http://health.ny.gov>

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Wed, 13 Jul 2022 02:53:26 +0000  
**To:** Traphagen, Elizabeth (DPH)  
**Cc:** Brown, Catherine (DPH); Jacoboski, Juliana (DPH); Nguyen, Christine T (DPH); Vostok, Johanna (DPH); Haddad, Mia (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team; Poxvirus (CDC)  
**Subject:** CDC confirmation of 3 probable monkeypox cases (MA)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form.pdf

Dear Elizabeth,

Thank you for notifying us of these three OPX+ cases. These three individuals are now considered **probable monkeypox cases** (b)(6)

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These three cases will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### **CONFIRMATORY MONKEYPOX TESTING AT CDC**

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.



- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter the ***STATE Case ID*** in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. [CDC can receive partial case data](#). Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required

information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### **MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION**

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### **INFECTION PREVENTION & CONTROL**

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

#### **FOR MORE INFORMATION**

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Lori Verbrugge  
CDC Monkeypox Call Center

#### **Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

#### **Controlled Unclassified Information**

**From:** Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>

**Sent:** Tuesday, July 12, 2022 9:57 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Cc:** Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Jacoboski, Juliana (DPH) <juliana.a.jacoboski2@state.ma.us>; Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>;

Vostok, Johanna (DPH) <johanna.vostok@state.ma.us>; Haddad, Mia (DPH)

<mia.haddad2@state.ma.us>

**Subject:** SECURE: MA Presumptive Positive Cases 7/12/2022

**Mass.**Gov



**This is a secure, encrypted message.**

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message. **Open the attachment to read your message.**

On Mobile? Click here before 2022-07-26 21:57 EDT to read your message.

[Help?](#)

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes    No    Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White  
 African American or Black  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Multiple Races  
 Unknown Race  
 Other  
 Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

	Reason	Vaccine Date	Vaccine Manufacturer	Dose Number
Vaccine 1	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 2	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 3	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified



Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.



[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.



## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Thu, 23 Jun 2022 02:27:58 +0000  
**To:** Mann, Erin K (DPH)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team; Poxvirus (CDC)  
**Subject:** CDC confirmation of 3 probable monkeypox cases [CDC Case IDs (b)(6)]  
(b)(6)  
**Attachments:** Photo Release Form (1).pdf  
**Categories:** Julia

Hi Erin,

Thank you for notifying us of these OPX+ samples. These 3 individuals are now considered **probable monkeypox cases** [CDC Case IDs (b)(6)] See below for each corresponding ID in red:

**CASE 1 / CDC Case ID** (b)(6)

Age: (b)(6)  
Gender: (b)(6)  
MSM: Yes  
Date of symptom onset and date of rash onset if different: ~6/13/22

**CASE 2 / CDC Case ID** (b)(6)

Age: (b)(6)  
Gender: (b)(6)  
MSM: Yes  
Date of symptom onset/rash onset: ~6/16/2022

**CASE 3 / CDC Case ID** (b)(6)

Age: (b)(6)  
Gender: (b)(6)  
MSM: Yes  
Date of symptom onset/rash onset: 6/18/2022

Please let us know if this individual is **not** a resident of your state and notify us what their state of residence is or if they are a non-resident international traveler; otherwise, we will assume this individual is a resident of your state for reporting purposes. If you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If the individual is a resident of another state/territory, please notify that state/territory via your current reporting mechanisms and let them know we will be communicating about this case. Regardless, this case will be included in CDC case counts: **tomorrow at 5pm EDT**. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

**CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: sexual orientation, state of residence

- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***

- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in each respective "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week** for each case.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

#### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

#### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.



State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Julia

CDC Monkeypox Call Center

### Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

### Controlled Unclassified Information

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**From:** Mann, Erin K (DPH) <erin.k.mann@state.ma.us>

**Sent:** Wednesday, June 22, 2022 10:12 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** Re: Confidential: Presumptive Positive Cases of Monkeypox in MA

Yes, I'm aware. Thank you!

Get [Outlook for iOS](#)

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Wednesday, June 22, 2022 10:10:41 PM  
**To:** Mann, Erin (DPH) <[Erin.K.Mann@mass.gov](mailto:Erin.K.Mann@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Okay, thanks Erin, give me a moment to generate the IDs – these will be considered *probable* cases per our definition as they tested positive for orthopoxvirus at the state lab.

Julia  
CDC Monkeypox Call Center

---

**From:** Mann, Erin K (DPH) <[erin.k.mann@state.ma.us](mailto:erin.k.mann@state.ma.us)>  
**Sent:** Wednesday, June 22, 2022 10:07 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

Hi Julia,

Yes, I need CDC case IDs for these, they all tested positive at the MA State Public Health Lab this evening, which according to our lab, will be sent to CDC for confirmatory testing.

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Wednesday, June 22, 2022 10:04 PM  
**To:** Mann, Erin (DPH) <[Erin.K.Mann@mass.gov](mailto:Erin.K.Mann@mass.gov)>; Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Erin,

Just to clarify, do you need new CDC Case IDs for these 3 cases that meet our [‘suspect’ case definition](#) and you plan to send specimens for all 3 to the LRN for orthopoxvirus testing?

Thanks,

Julia  
CDC Monkeypox Call Center

---

**From:** Mann, Erin K (DPH) <[erin.k.mann@state.ma.us](mailto:erin.k.mann@state.ma.us)>  
**Sent:** Wednesday, June 22, 2022 9:12 PM

To: Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

Subject: Confidential: Presumptive Positive Cases of Monkeypox in MA

Hello,

Three new presumptive positive cases of monkeypox to report:

**CASE 1**

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: ~6/13/22

**CASE 2**

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset/rash onset: ~6/16/2022

**CASE 3**

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset/rash onset: 6/18/2022

**Erin Mann, MPH** | Epidemiologist  
Massachusetts Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
Division of Epidemiology  
305 South St. | Jamaica Plain, MA 02130  
(: (617) 983-6800 | 7: (617) 983-4305

## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Tue, 14 Jun 2022 23:53:45 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov)  
**Cc:** CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)  
**Subject:** CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]  
 (b)(6)  
**Attachments:** Photo Release Form.pdf  
**Categories:** Julia

Hi Danielle,

Thank you for notifying us of these 4 OPX+ samples. These 4 individuals are now considered **probable monkeypox cases** [ Case ID (b)(6) ]. See table below with corresponding Florida case ID's you provided me:

Florida ID	Age/Sex	CDC Case ID
ID	(b)(6)	
ID		
ID		
ID		

We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC. This case will be included in CDC case counts **tomorrow at 5pm EST**.

Thanks for the information you provided me on the phone. Also, if available, can you provide the following information

- Are all these cases Florida residents?
- Are any of these individuals currently hospitalized?
- Are any of these individuals a health care worker who was exposed at work?
- Are there any photos of the patient's rash? If so, please send to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
  - a. Collect multiple specimens for preliminary and confirmatory testing as follows:

- i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
  - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
  - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
  - iv. Do not add or store in viral or universal transport media.
- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
- i. CDC can only test dry swabs, no transport media added.
  - ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
  - iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
  - iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
  - v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC Case ID (b)(6)] (b)(6) in each respective "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.



**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

*More Information about 2022 Monkeypox in the US can be found here:* [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,

Julia Petras  
CDC Monkeypox Call Center

#### **Controlled Unclassified Information**

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#### **Controlled Unclassified Information**

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**From:** EOC Report (CDC) <eocreport@cdc.gov>  
**Sent:** Tuesday, June 14, 2022 7:03 PM  
**To:** Petras, Julia (CDC/DDID/NCEZID/DHCPP) <rhu2@cdc.gov>; Khan, Mohammed (CDC/DDID/NCEZID/DFWED) <odt5@cdc.gov>; Gosdin, Lucas (CDC/DDNID/NCBDDD/DBDID) <nwj4@cdc.gov>  
**Cc:** Poxvirus (CDC) <Poxvirus@cdc.gov>; EOC Report (CDC) <eocreport@cdc.gov>  
**Subject:** Follow-up email for notification for Monkeypox- (FL)

**Follow-up email for notification of Monkeypox**



**Caller contact information:**

Name: Danielle Stanek

Organization: FL DoH

Phone Number/Email: 850-294-1087/ [danielle.stanek@flhealth.gov](mailto:danielle.stanek@flhealth.gov)

**Situation Overview:**

(**Florida State Health Department**) contacted the CDC EOC regarding 4 (**presumptive**) cases of Monkeypox. They are requesting information. The CDC EOC Watch Team (**did**) transfer the call to (**Julia Petras**) for follow-up.

**Please contact the agent SME for additional information**

Very Respectfully,

**Nubria Monroe**

CDC EOC Watch Officer

Desk: 770-488-7100

[eocreport@cdc.gov](mailto:eocreport@cdc.gov)

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## General Photo Release

---

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CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 12 Jul 2022 14:16:17 +0000  
**To:** khalil.harbi@dhhs.nc.gov  
**Cc:** Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
(b)(6)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form (2).pdf

Dear Khalil,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **today at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**

required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Juanita Rocha

CDC Monkeypox Call Center

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes     No     Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White  
 African American or Black  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Multiple Races  
 Unknown Race  
 Other  
 Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

	Reason	Vaccine Date	Vaccine Manufacturer	Dose Number
Vaccine 1	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 2	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 3	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified



Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:



Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown



Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Fri, 17 Jun 2022 02:35:14 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)  
**Cc:** Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)

Dear Danielle,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

#### **CONFIRMATORY MONKEYPOX TESTING AT CDC**

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required



information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### **MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION**

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### **INFECTION PREVENTION & CONTROL**

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### **FOR MORE INFORMATION**

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Dallas Smith  
CDC Monkeypox Call Center

#### **Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

#### **Controlled Unclassified Information**

---

**From:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>  
**Sent:** Thursday, June 16, 2022 10:10 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>  
**Subject:** FL MPX Results CDC 1373755 and 11374869  
**Sensitivity:** Confidential

---

You've received an encrypted message from [Danielle.Stanek@flhealth.gov](mailto:Danielle.Stanek@flhealth.gov)

**To view your message**

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

---

 Message encryption by Microsoft Office 365





**From:** Poxvirus (CDC)  
**Sent:** Sat, 18 Jun 2022 14:42:42 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)  
**Cc:** Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf

Dear Danielle,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case**. (b)(6) Please let us know if this individual is **not** a resident of your state and notify us what their state of residence is or if they are a non-resident international traveler; otherwise, we will assume this individual is a resident of your state for reporting purposes. If you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If the individual is a resident of another state/territory, please notify that state/territory via your current reporting mechanisms and let them know we will be communicating about this case. Regardless, this case will be included in CDC case counts **Monday at 5pm EDT**.

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, gender, sexual orientation, state of residence
- Clinical information: presence of rash (**onset date**), fever (**onset date**), lymphadenopathy (**onset date**), other symptoms, and **first prodromal monkeypox symptom (onset date)**
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
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Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE



Atlanta, GA 30329  
404-639-4129

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For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

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**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

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For more information on treatment of monkeypox, see: [Treatment](#).

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At home, see: [Infection Control: Home](#)

**FOR MORE INFORMATION**

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Lauren  
CDC Monkeypox Call Center

**Controlled Unclassified Information**

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**Controlled Unclassified Information**

---


**From:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>  
**Sent:** Saturday, June 18, 2022 9:24 AM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>  
**Subject:** RE: MPX FL PUI 11631946 -Request CDC ID  
**Sensitivity:** Confidential

---

You've received an encrypted message from [Danielle.Stanek@flhealth.gov](mailto:Danielle.Stanek@flhealth.gov)  
**To view your message**  
Save and open the attachment (message.html), and follow the instructions.  
Sign in using the following email address: [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

---

 Message encryption by Microsoft Office 365





## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

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I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 21 Jun 2022 18:31:15 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov)  
**Cc:** Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf  
**Categories:** Ahlia

Dear Danielle,

Thank you for notifying us of this OPX+ sample (Lab (b)(6) or Epi (b)(6)). This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- ✓ Demographic information: age, gender
- ✓ Known co-infections? If yes, please specify and include date of diagnosis.
- ✓ Is this individual currently hospitalized, immunocompromised (if yes, please specify)?
- ✓ Has this individual traveled recently? If so, please provide location and dates of travel.
- ✓ Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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✓ Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***

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Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

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Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

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You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Ahlia  
CDC Monkeypox Call Center

**Controlled Unclassified Information**

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**Controlled Unclassified Information**

## General Photo Release

---

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I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 21 Jun 2022 18:43:48 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf  
**Categories:** Ahlia

Dear Danielle,

Thank you for notifying us of this OPX+ sample (Lab (b)(6) or Epi: (b)(6)). This individual is now considered a **probable monkeypox case** 11512614. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, gender
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify)?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances



- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

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### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

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### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Ahlia

CDC Monkeypox Call Center

**Controlled Unclassified Information**

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## General Photo Release

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Tue, 21 Jun 2022 18:51:30 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf  
**Categories:** Ahlia

Dear Danielle,

Thank you for notifying us of this OPX+ sample (Lab: (b)(6) (b)(6) or Epi: (b)(6)). This individual is now considered a **probable monkeypox case 11513332**. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, gender
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify)?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

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- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
 Centers for Disease Control and Prevention  
 RDSB/STATT  
 ATTN: Laboratory - Poxvirus  
 1600 Clifton Road, NE  
 Atlanta, GA 30329  
 404-639-4129

#### CASE REPORTING

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### CONTACT MONITORING

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### TRAVEL

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### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

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For more information on treatment of monkeypox, see: [Treatment](#).

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To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

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At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)



[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Ahlia

CDC Monkeypox Call Center

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

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Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 7 Jun 2022 19:54:49 +0000  
**To:** Backenson, Bryon (CDC health.ny.gov)  
**Cc:** Poxvirus (CDC); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Categories:** Lucas

Dear Bryon,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to guidance. As discussed, we will not pursue confirmatory MPX testing for this case due to the mishandling of the specimen.

As mentioned in our conversation, this case will be included in CDC case counts **tomorrow at 5pm EST**, unless you indicate otherwise before 2pm tomorrow.

1. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

2. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here: <https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

3. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician

for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

4. Information on infection prevention and control in healthcare settings can be found here: [Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

*More Information about 2022 Monkeypox in the US can be found here:* [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,  
Lucas Gosdin, PhD, MPH  
CDC Monkeypox Call Center



**From:** Poxvirus (CDC)  
**Sent:** Fri, 1 Jul 2022 01:43:45 +0000  
**To:** Fowle, Leslie P (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)

Dear Leslie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations



- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
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- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

#### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

#### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

Controlled Unclassified Information

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**Controlled Unclassified Information**

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**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Sent:** Thursday, June 30, 2022 9:37 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Confidential: Presumptive positive mpox case MA

Hello,

Massachusetts is reporting another presumptive positive monkeypox case. We are seeking a CDC Case ID for this case.

Age: (b)(6)  
Gender: (b)(6)  
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/21

Thanks,  
Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
Fax: 617-983-6840



**From:** Poxvirus (CDC)  
**Sent:** Fri, 1 Jul 2022 01:56:20 +0000  
**To:** Fowle, Leslie P (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)

Dear Leslie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container



Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

## TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

## MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

## INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

## FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

Controlled Unclassified Information

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**Controlled Unclassified Information**

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**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Sent:** Thursday, June 30, 2022 9:51 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Confidential: Presumptive positive mpox case MA

Hello,

Massachusetts is reporting another presumptive positive monkeypox case. We are seeking a CDC Case ID for this case.

Age: (b)(6)  
Gender: (b)(6)  
MSM: (b)(6)  
Date of symptom onset and date of rash onset if different: 6/26

Thanks,  
Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
Fax: 617-983-6840



**From:** Poxvirus (CDC)  
**Sent:** Sat, 2 Jul 2022 02:57:45 +0000  
**To:** DeJesus, Alexandra (DPH)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf

Hi Alex,

I apologize. I had inputted the data correctly but sent you the incorrect response.

This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing



- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

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### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

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For more information on treatment of monkeypox, see: [Treatment](#).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Dallas Shi  
CDC Monkeypox Call Center

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**From:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>

**Sent:** Friday, July 1, 2022 10:53 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** RE: CDC monkeypox case consultation, suspect case (b)(6)

Hi there,

I just wanted to reply back that this case was positive for Monkeypox and is thus a probable case instead of a suspect case. My understanding is that once CDC confirms the case, the classification will be updated from probable to confirmed.

Just wanted to make this clarification from my earlier email.

Thanks!

Alex

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Sent:** Friday, July 1, 2022 10:29 PM

**To:** DeJesus, Alexandra (DPH) <Alexandra.DeJesus@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** CDC monkeypox case consultation, suspect case (b)(6)

**CAUTION:** This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Dear Alexandra,

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case** (b)(6). Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share (b)(6) with the LRN conducting the testing.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?

- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

### LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on:

- Dry lesion swab specimens
- Lesion swabs in viral transport media (*must be received by CDC within 7 days of collection*)
- Lesion crusts (*must be received by CDC within 7 days of collection*)

#### Specimen collection procedures for preliminary and confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container
- Collection, storage, and shipping of human specimens is subject to CLIA regulations
- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. *Specimens shipped beyond the listed timeframes will be rejected.*

**Report all test results (positive or negative) to CDC at [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.**

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at [LRN@cdc.gov](mailto:LRN@cdc.gov).



## MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

### Next Steps

- Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).
- Report all test results (positive or negative) to CDC at [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).
- You can request a consultation with the CDC Monkeypox Clinical Team if:
  - Test results are pending, but the patient with [suspect disease](#):
    - Has a serious illness requiring hospitalization
    - Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)
    - Has an underlying immunosuppressive condition, including HIV
    - Is <18 years old
    - Is pregnant
  - Test results are orthopoxvirus positive, and treatment is desired for the patient
  - Test results are orthopoxvirus positive, and PEP is desired for close contacts

For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center ([poxvirus@cdc.gov](mailto:poxvirus@cdc.gov)).

## FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Dallas Shi  
CDC Monkeypox Call Center

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---

**From:** DeJesus, Alexandra (DPH) <[alexandra.dejesus@state.ma.us](mailto:alexandra.dejesus@state.ma.us)>  
**Sent:** Friday, July 1, 2022 10:17 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** Confidential: Presumptive Positive Case in a MA Resident

Good evening,

I wanted to report a MA resident whom our lab reported out tonight as presumptive for Monkeypox.

Age (b)(6)

Gender (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/14 & 6/25.

Developed lesions on his buttocks both times.

Could you provide me with the CDC Case ID?

Thanks so much!  
Alexandra De Jesus MPH, CIC  
Epidemiologist II | Pandemic Response Coordinator  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South St.  
Jamaica Plain, MA 02130  
Ph: 857-301-8812  
[Alexandra.dejesus@mass.gov](mailto:Alexandra.dejesus@mass.gov)



**150 YEARS**  
OF ADVANCING  
**PUBLIC  
HEALTH**

*This email and attachment are intended only for authorized individuals and may contain confidential information. If you have received this message in error and are not the intended recipient, please notify the sender by telephone or by separate email. Please do not press reply, and immediately destroy all paper and electronic copies of this email.*

## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Tue, 28 Jun 2022 21:54:52 +0000  
**To:** Mann, Erin K (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)

Dear Erin,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** 24825801. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

***A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.***

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the



required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

#### Controlled Unclassified Information

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Controlled Unclassified Information

**From:** Mann, Erin K (DPH) <erin.k.mann@state.ma.us>  
**Sent:** Tuesday, June 28, 2022 4:54 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Confidential: Probable Case of Monkeypox in MA

Hello,

I am reporting a probable MPX case in a MA resident who tested positive at the MA state lab and will need a CDC case ID for this individual.

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/22 rash onset, 6/24 fever, lymphadenopathy, chills onset

**Erin Mann, MPH** | Epidemiologist  
Massachusetts Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
Division of Epidemiology  
305 South St. | Jamaica Plain, MA 02130  
(: (617) 983-6800 | 7: (617) 983-4305



**From:** Poxvirus (CDC)  
**Sent:** Tue, 28 Jun 2022 22:10:54 +0000  
**To:** Carroll, Victoria M (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)

Dear Victoria,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the



required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

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Controlled Unclassified Information

**From:** Carroll, Victoria M (DPH) <victoria.m.carroll@state.ma.us>

**Sent:** Tuesday, June 28, 2022 5:25 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Subject:** CONFIDENTIAL: MA Presumptive Positive

Hello,

Massachusetts has identified another presumptive positive MPX case:

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/15 onset of lesion (groin); 6/22 onset of lymphadenopathy and widespread ulcerated lesions (legs, arms, forehead)

Please let me know if you need any additional information.

Thank you,

**Victoria Carroll, MPH** (*she, her, hers*)

**Epidemiologist I**

Bureau of Infectious Disease and Laboratory Sciences

Massachusetts Department of Public Health

305 South Street, Jamaica Plain, MA 02130

Work Cell: 617-939-3736 | 24/7 Epi line: 617-983-6800

Fax: 617-983-6813 | [Victoria.M.Carroll@mass.gov](mailto:Victoria.M.Carroll@mass.gov)



**From:** Poxvirus (CDC)  
**Sent:** Sat, 9 Jul 2022 00:12:38 +0000  
**To:** Nguyen, Christine T (DPH); Poxvirus (CDC)  
**Cc:** Brown, Catherine (DPH); Rei, Esther J (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form.pdf

Dear Christine,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
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Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter [*insert STATE Case ID*] in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) **within 1 week.**

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).



## CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

## TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

## MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

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To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

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In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

## FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Dallas Shi  
CDC Monkeypox Call Center

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Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness,  
and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

**From:** Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>  
**Sent:** Friday, July 8, 2022 7:10 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Rei, Esther J (DPH) <esther.j.rei@state.ma.us>  
**Subject:** Secure: Presumptive Positive Case in a MA Resident

**Mass.gov**



**This is a secure, encrypted message.**

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

**Open the attachment to read your message.**

[On Mobile? Click here](#) before 2022-07-22 19:10 EDT to read your message.

[Help?](#)



Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes  No  Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White  
 African American or Black  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Multiple Races  
 Unknown Race  
 Other  
 Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

	Reason	Vaccine Date	Vaccine Manufacturer	Dose Number
Vaccine 1	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 2	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 3	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified



Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:



Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown



Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Sat, 9 Jul 2022 00:10:41 +0000  
**To:** Nguyen, Christine T (DPH); Poxvirus (CDC)  
**Cc:** Brown, Catherine (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form.pdf

Dear Christine,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### **CONFIRMATORY MONKEYPOX TESTING AT CDC**

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter 26797307 in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) **within 1 week.**

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).



## CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

## TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

## MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

## INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

## FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Dallas Shi  
CDC Monkeypox Call Center

## Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease

Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness,  
and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

**From:** Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>  
**Sent:** Friday, July 8, 2022 7:03 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Brown, Catherine (DPH) <catherine.brown@state.ma.us>  
**Subject:** Secure: Presumptive Positive Case in a MA Resident

**Mass.**Gov



**This is a secure, encrypted message.**

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

**Open the attachment to read your message.**

[On Mobile? Click here](#) before 2022-07-22 19:02 EDT to read your message.

[Help?](#)

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes     No     Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

	Reason	Vaccine Date	Vaccine Manufacturer	Dose Number
Vaccine 1	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 2	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 3	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified



Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown



Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Wed, 13 Jul 2022 16:43:18 +0000  
**To:** Traphagen, Elizabeth (DPH); Poxvirus (CDC)  
**Cc:** Brown, Catherine (DPH); Church, Dan ( MA ) (CDC state.ma.us); Jacoboski, Juliana A (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6) and (b)(6)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form.pdf

Dear Elizabeth,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **today at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

***A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.***

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***

- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. [CDC can receive partial case data](#). Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the



required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

#### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Allison Siu, DVM  
CDC Monkeypox Call Center

#### Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease

Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

**From:** Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>

**Sent:** Wednesday, July 13, 2022 9:55 AM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Cc:** Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Church, Dan ( MA ) (CDC state.ma.us) <daniel.church@state.ma.us>; Jacoboski, Juliana A (DPH) <juliana.a.jacoboski2@state.ma.us>

**Subject:** SECURE: MA Presumptive Positive Cases 7/13/2022

**Mass.gov**



**This is a secure, encrypted message.**

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

**Open the attachment to read your message.**

[On Mobile? Click here](#) before 2022-07-27 11:54 EDT to read your message.

[Help?](#)

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes     No     Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

	Reason	Vaccine Date	Vaccine Manufacturer	Dose Number
Vaccine 1	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 2	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	
Vaccine 3	<input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown		<input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL	

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified



Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:



Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown



Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Tue, 14 Jun 2022 16:45:25 +0000  
**To:** Alroy, Karen (CDC health.nyc.gov); Poxvirus (CDC); CDC IMS 2022 Multi-National MPX Clinical Team  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov); Reddy, Sudha (CDC health.nyc.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team; Backenson, Bryon (CDC health.ny.gov)  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form (2).pdf

Dear Karen,

Thank you for notifying us of this OPX+ sample. This individual (Maven ID (b)(6)) is now considered a **probable monkeypox case Case ID (b)(6)**. We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **today at 5pm EST**.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Are there any photos of the patient's rash? If so, please send to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
  - a. Collect multiple specimens for preliminary and confirmatory testing as follows:
    - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
    - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
    - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
    - iv. Do not add or store in viral or universal transport media.
  - b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
    - i. CDC can only test dry swabs, no transport media added.

- ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
- iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
- v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter *CDC Case ID* (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week:**

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission.

If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)



5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,  
Ahlia

CDC Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

**From:** Karen A. Alroy <[kalroy@health.nyc.gov](mailto:kalroy@health.nyc.gov)>  
**Sent:** Tuesday, June 14, 2022 10:53 AM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>; CDC IMS 2022 Multi-National MPX Clinical Team <[eocevent482@cdc.gov](mailto:eocevent482@cdc.gov)>  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov) <[vruiz@health.nyc.gov](mailto:vruiz@health.nyc.gov)>; Reddy, Sudha (CDC health.nyc.gov) <[vreddy@health.nyc.gov](mailto:vreddy@health.nyc.gov)>  
**Subject:** Presumptive positive MPX tests at NYC DOHMH

Dear CDC Colleagues,

We wanted to report 6 PUIs that have tested positive for orthopoxvirus at the NYC Public Health laboratory. Two of these individuals reside in other jurisdictions and we are in the process of doing those notifications. Please, if possible, share with us the assigned CDC ID you'd like us to use for each of these individuals.

Many thanks,

Karen

**Maven ID:** 104857859  
**PHL IDs:** 201325696, 201325705  
**CDC ID:** Not Provided



## **Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus**

28 yo MSM, on prep (but off the last two weeks), presented on 6/9 with one week of body aches, sore throat, cough, low grade fever to 100.4, inguinal LAD. Several sexual partners in the last month, last exposure was several weeks ago – condomless anal insertive/receptive. Today (6/9), developed pustules (1cm) on arms/hands/calf/groin, as well as anal rash. No recent travel, in regards to health or travel history of partner(s) – unknown. Isolating at home, lives with others in the apartment, unclear if he is in his own room.

~~~~

Karen Ann Alroy, DVM MPH DACVPM | She/Her/Hers  
Medical Epidemiologist  
Bureau of Communicable Diseases  
New York City Department of Health & Mental Hygiene  
Desk. 347.396.2917  
Mobile. 917.675.2811  
[kalroy@health.nyc.gov](mailto:kalroy@health.nyc.gov)

Sent from the New York City Department of Health & Mental Hygiene. This email and any files transmitted with it may contain confidential information and are intended solely for the use of the individual or entity to whom they are addressed. This footnote also confirms that this email message has been swept for the presence of computer viruses.

## General Photo Release

---

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 14 Jun 2022 17:43:47 +0000  
**To:** Alroy, Karen (CDC health.nyc.gov); Poxvirus (CDC); CDC IMS 2022 Multi-National MPX Clinical Team  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov); Reddy, Sudha (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form (2).pdf

Dear Karen,

Thank you for notifying us of this OPX+ sample. This individual (**Maven ID:** (b)(6)) is now considered a **probable monkeypox case Case ID** (b)(6). We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **today at 5pm EST**.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Are there any photos of the patient's rash? If so, please send to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
  - a. Collect multiple specimens for preliminary and confirmatory testing as follows:
    - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
    - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
    - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
    - iv. Do not add or store in viral or universal transport media.
  - b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
    - i. CDC can only test dry swabs, no transport media added.

- ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
- iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
- v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter *CDC Case ID* (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can



be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,  
Ahlia

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** Karen A. Alroy <kalroy@health.nyc.gov>  
**Sent:** Tuesday, June 14, 2022 10:53 AM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov) <vruiz@health.nyc.gov>; Reddy, Sudha (CDC health.nyc.gov) <vreddy@health.nyc.gov>  
**Subject:** Presumptive positive MPX tests at NYC DOHMH

Dear CDC Colleagues,

We wanted to report 6 PUIs that have tested positive for orthopoxvirus at the NYC Public Health laboratory. Two of these individuals reside in other jurisdictions and we are in the process of doing those notifications. Please, if possible, share with us the assigned CDC ID you'd like us to use for each of these individuals.

Many thanks,

Karen

**Maven ID:** (b)(6)  
**PHL IDs:** (b)(6)  
**CDC ID:** Not Provided

## **Result: Presumptive positive identification of non-variola orthopoxvirus**

36 yo MSM with 5 days of perirectal pain and fever. Has seen several MDs and has been negative for herpes and syphilis. Reports anal receptive sexual encounter over Memorial Day weekend with a man from the UK. Has fever to 101F, fatigue, myalgia and pain. Living situation not known. PUI has anal sores since 06/04, followed by fever, chills, myalgia, rectal pain (10/10) & Itchy, constipation, bright red/pink mucous during defecation. PUI also mentioned tongue ulcer since 06/04 which he considered is "stress" related. PUI lives alone in 1B1B apartment, no travel plan. He has two sexual partners from 05/20 and 05/27 respectively, known via Grindr. The one from 05/27 is from UK (arrived at around 05/25). PUI have no further contact with them and is unknown their infectious status.

~~~~

Karen Ann Alroy, DVM MPH DACVPM | She/Her/Hers  
Medical Epidemiologist  
Bureau of Communicable Diseases  
New York City Department of Health & Mental Hygiene  
Desk. 347.396.2917  
Mobile. 917.675.2811  
[kalroy@health.nyc.gov](mailto:kalroy@health.nyc.gov)

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Name

Date of Birth

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Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Mon, 27 Jun 2022 21:48:07 +0000  
**To:** White, Jennifer L (HEALTH); Poxvirus (CDC)  
**Cc:** Backenson, Bryon (CDC health.ny.gov); Anand, Madhu (CDC health.ny.gov); Newman, Alexandra (CDC health.ny.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf

Dear Jennifer,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, gender, sexual orientation
- Clinical information: first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include **date of diagnosis**.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens

- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)

- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129



## CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

## CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

## TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

## MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

## INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

## FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)  
[Information For Healthcare Professionals](#)  
[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Lauren  
CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>  
**Sent:** Monday, June 27, 2022 3:57 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Anand, Madhu (CDC health.ny.gov) <Madhu.anand@health.ny.gov>; Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>  
**Subject:** New Orthopox positive case

This note is to report a confirmed orthopox case in a NYS resident; patient was PCR+ for non-variola orthopoxvirus at Wadsworth Center.

Please advise of CDC case number. LRN number is pending.

As per request with prior cases, additional epi/clinical info is as follows:

- (b)(6)
- Onset 6/19
- Perianal lesion – very painful, trouble walking. Umbilicated papules around anus.
- No other symptoms
- (b)(6)
- Denies sex in last 21 days
- No contact with anyone else with similar symptoms
- No info on contact with animals
- No travel

Please let me know if you have any questions.

---

**Jennifer L. White, MPH**



Director, Vector-borne Disease Unit  
Bureau of Communicable Disease Control

**New York State Department of Health**  
Empire State Plaza  
Corning Tower Room 651, Albany, NY 12237  
518-473-4439 (office)  
518-390-8706 (cell)  
518-474-7381 (fax)  
[jennifer.white@health.ny.gov](mailto:jennifer.white@health.ny.gov)  
<http://www.health.ny.gov>

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 28 Jun 2022 22:12:47 +0000  
**To:** Newman, Alexandra (CDC health.ny.gov); Poxvirus (CDC)  
**Cc:** Haena Waechter; Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf  
**Categories:** Lauren

Dear Andie,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases**

- (b)(6) has case ID (b)(6)
- (b)(6) has case ID (b)(6)

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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#### **CONFIRMATORY MONKEYPOX TESTING AT CDC**

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

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Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus



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Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

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### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Lauren  
CDC Monkeypox Call Center

### Controlled Unclassified Information

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### Controlled Unclassified Information

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**From:** Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>  
**Sent:** Tuesday, June 28, 2022 3:27 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Haena Waechter <hwaechte@health.nyc.gov>  
**Subject:** 2 new cases for NYS

Good evening –

We have 2 new cases to report from NYS.

- (b)(6) - tested at Wadsworth Center
- Also, accession number (b)(6) and (b)(6) were tested at the NYC lab, but the case resides in NYS outside of NYC.

-a

Andie Newman, DVM, MPH, DACVPM  
State Public Health Veterinarian

New York State Department of Health  
Bureau of Communicable Disease Control  
Corning Tower Room 651  
Empire State Plaza  
Albany, NY 12237  
518-473-4439 (office)

518-527-7361 (cell)

866-881-2809 (after hours)

518-474-7381 (fax)

[alexandra.newman@health.ny.gov](mailto:alexandra.newman@health.ny.gov)

<http://health.ny.gov>

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

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I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Thu, 30 Jun 2022 19:53:24 +0000  
**To:** White, Jennifer L (HEALTH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); Backenson, Bryon (CDC health.ny.gov); Anand, Madhu (CDC health.ny.gov); Newman, Alexandra (CDC health.ny.gov); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf

Dear Jennifer,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [35962448]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: sex assigned at birth, state of residence
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify),
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

***A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.***

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(5) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

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[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Brian Borah, MD

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

**From:** White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>  
**Sent:** Thursday, June 30, 2022 3:07 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Anand, Madhu (CDC health.ny.gov) <Madhu.anand@health.ny.gov>; Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>  
**Subject:** New orthopoxvirus case-- NYS

This note is to report a confirmed orthopox case in a NYS resident; patient was PCR+ for non-variola orthopoxvirus at Wadsworth Center.

Please advise of CDC case number. LRN number is pending.

As per request with prior cases, additional epi/clinical info is as follows:

- (b)(6)
- Onset 6/24/22
- 2 vesicular lesions under the lip on the chin
- No prodrome or other S/s
- Sexual contact 20 days prior and oral(kissing) contact 9 days prior with a partner that he says later developed genital lesions.
- MD states lesions do not look like varicella or other STIs but local health unit recommended testing for other STIs as well

---

**Jennifer L. White, MPH**  
Director, Vector-borne Disease Unit  
Bureau of Communicable Disease Control

**New York State Department of Health**  
Empire State Plaza  
Corning Tower Room 651, Albany, NY 12237  
518-473-4439 (office)  
518-390-8706 (cell)  
518-474-7381 (fax)  
[jennifer.white@health.ny.gov](mailto:jennifer.white@health.ny.gov)  
<http://www.health.ny.gov>



## General Photo Release

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sat, 25 Jun 2022 19:59:26 +0000  
**To:** Ricketts, Erin K  
**Cc:** Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form.pdf

Dear Erin,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: gender, sexual orientation
- Clinical information: rash onset date, fever onset date, lymphadenopathy onset date, other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, **please provide location and dates of travel.**
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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Monkeypox Specimen Mailing Address

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Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129



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At home, see: [Infection Control: Home](#)

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[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)



[2022 Monkeypox: Information for Health Departments](#)  
[Information For Healthcare Professionals](#)  
[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Lauren  
CDC Monkeypox Call Center

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Tue, 14 Jun 2022 15:58:43 +0000  
**To:** Alroy, Karen (CDC health.nyc.gov); Poxvirus (CDC); CDC IMS 2022 Multi-National MPX Clinical Team  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov); Reddy, Sudha (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form (2).pdf

Dear Karen,

Thank you for notifying us of this OPX+ sample. This individual (Maven ID: (b)(6)) is now considered a **probable monkeypox case** Case ID (b)(6). We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **today at 5pm EST**.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Demographic information: age
- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Are there any photos of the patient's rash? If so, please send to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
  - a. Collect multiple specimens for preliminary and confirmatory testing as follows:
    - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
    - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
    - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
    - iv. Do not add or store in viral or universal transport media.
  - b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.

- i. CDC can only test dry swabs, no transport media added.
- ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
- iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
- v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter *CDC Case ID* (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).



3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,  
Ahlia

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** Karen A. Alroy <kalroy@health.nyc.gov>  
**Sent:** Tuesday, June 14, 2022 10:53 AM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eoevent482@cdc.gov>  
**Cc:** Ruiz, Victoria (CDC health.nyc.gov) <vruiz@health.nyc.gov>; Reddy, Sudha (CDC health.nyc.gov) <vreddy@health.nyc.gov>  
**Subject:** Presumptive positive MPX tests at NYC DOHMH

Dear CDC Colleagues,

We wanted to report 6 PUIs that have tested positive for orthopoxvirus at the NYC Public Health laboratory. Two of these individuals reside in other jurisdictions and we are in the process of doing those notifications. Please, if possible, share with us the assigned CDC ID you'd like us to use for each of these individuals.

Many thanks,

Karen

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

**Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus\***

*\*The report for specimen (b)(6) will be released tonight, but the report for (b)(6) will be released tomorrow.*



(b)(6) 1 month ago, presented conjunctivitis and fever to ophthalmologist, diagnosed as gonorrhea and treated with ceftriazone and doxy. 6/2, developed rash and seen by ID physician. No fever, conjunctivitis was not improved, three lesion on arms, deep seated, pustular in nature and ulceration on the scrotum (b)(6) (b)(6) Received second course of ceftriaxone, CD4 dropped to 282 (last time check- 540). 6/8, patient reported that more rash on the back. ID physician saw him again on 6/9, two lesions on the arm since last week, two new vesicular lesions on back and two vesicular lesions on the face. No travel history. Have 4 stable male partners. Had sexual and close contact with multiple men recently. As far as he know, none of them were ill or had travel h/o. But some of the contacts, he did not know them well.

Maven ID: (b)(6)  
PHL IDs: (b)(6)  
CDC ID: Not Provided

### Result:

**Specimen (b)(6) (right arm): presumptive positive identification of non-variola orthopoxvirus**

**Specimen (b)(6) (left arm): negative for all analytes**

Patient and (b)(6) partner (CDC ID: (b)(6)) were at (b)(6) conference (b)(6) in Chicago 2 weeks ago (5/27/22-5/29/22). Patient reports both (b)(6) and (b)(6) partner had sexual contact over that weekend with other conference attendees which included a couple from Belgium who had also recently visited Circuit Party in Amsterdam. No recent travel of patient or (b)(6) main partner outside of the US. They returned to NYC and the partner presented to a medical provider for evaluation of penile ulceration and marked cervical and inguinal adenopathy. Partner was treated for presumptive Primary Syphilis; and this patient was also treated as an asymptomatic contact to syphilis (their syphilis serologic results are pending). Partner returned to (b)(6) and the patient remained here in NYC. The patient reports that over the last 24 hours around 6/9 (b)(6) developed multiple non-pruritic, minimally-tender pustules on face and forearms as well as 'bumps'/swelling at anus along with tenesmus (anal GC/Chlamydia testing pending (b)(6) reports fatigue but no other systemic symptoms. Patient reports that (b)(6) partner has been noticing new skin lesions and unspecified systemic symptoms since being evaluated which include pustules on genitals and arms, moist lesions on oral mucous membranes.

Maven ID: (b)(6)  
PHL IDs: (b)(6)  
CDC ID: Not Provided

### Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus

(b)(6) on prep (but off the last two weeks), presented on 6/9 with one week of body aches, sore throat, cough, low grade fever to 100.4, inguinal LAD. Several sexual partners in the last month, last exposure was several weeks ago – condomless anal insertive/receptive. Today (6/9), developed pustules (1cm) on arms/hands/calf/groin, as well as anal rash. No recent travel, in regards to health or travel history of partner(s) – unknown. Isolating at home, lives with others in the apartment, unclear if he is in his own room.

Maven ID: (b)(6)  
PHL IDs: (b)(6)  
CDC ID: Not Provided

### Result: Presumptive positive identification of non-variola orthopoxvirus

(b)(6) with 5 days of perirectal pain and fever. Has seen several MDs and has been negative for herpes and syphilis. Reports anal receptive sexual encounter over Memorial Day weekend with a man from the UK. Has fever to 101F, fatigue, myalgia and pain. Living situation not known. PUI has anal sores since 06/04, followed by fever, chills, myalgia, rectal pain (10/10) & Itchy, constipation, bright red/pink mucous during defecation. PUI also mentioned tongue ulcer since 06/04 which he considered is "stress" related. PUI lives alone in 1B1B apartment, no travel plan (b)(6) has two sexual partners

from 05/20 and 05/27 respectively, known via Grindr. The one from 05/27 is from (b)(6) arrived at around 05/25). PUI have no further contact with them and is unknown their infectious status.

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

### Result:

Specimen (b)(6) (left neck): presumptive positive identification of non-variola orthopoxvirus

Specimen (b)(6) (right wrist): Negative for non-variola orthopox and orthopox, inconclusive for VZV\*\*

**\*\*The report for this specimen (b)(6) will not be released until tomorrow, but the report for (b)(6) will be released tonight.**

(b)(6) with fever, chills and myalgia for 5 days, rash for 2 days presented 6/13. Rash on the face, near the eyes, abdomen and chest pustular from day 1, no crusts, one umbilicated lesion cervical lymph nodes enlarged and tender, inguinal lymph nodes tender, patient (b)(6) last sexual encounter 3-4 wks ago with only one anonymous partner. This is a MA resident, and we are in the process of doing the notification to our colleagues in that jurisdiction.

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

### Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus

Patient has (b)(6) home address but currently in NY, plans to be here for a month. Was recently in Mexico and a week ago Friday attended a dance party at Mantamar Beach Club in Puerto Vallarta, recently in the news for being associated with a monkeypox outbreak. Had multiple anonymous sex partners that day. The following Thursday (b)(6) had fever, chills, body aches, fatigue which have since resolved, but that same Thursday (b)(6) also noticed a blister on his arm and then the next day blisters around his anus. Since then has also noticed scattered blisters on face, hairline, behind R ear, back on neck on L, L shoulder. Rash is itchy, painful; some of his skin itches even without rash. Defecation is painful (b)(6) thinks due to the blisters. Rash currently consists of 'blisters' and pustules, some with a little black dot at the center, and some scab-like bumps. No lymphadenopathy. No hx of immunocompromising conditions. Currently living alone, no new sexual partners since becoming ill. Was with (b)(6) sister and niece since returning from Mexico but before (b)(6) felt sick.

This is a (b)(6) resident, and we are in the process of doing the notification to our colleagues in that jurisdiction.

~~~~~  
Karen Ann Alroy, DVM MPH DACVPM | She/Her/Hers  
Medical Epidemiologist  
Bureau of Communicable Diseases  
New York City Department of Health & Mental Hygiene  
Desk. 347.396.2917  
Mobile. 917.675.2811  
[kalroy@health.nyc.gov](mailto:kalroy@health.nyc.gov)



Sent from the New York City Department of Health & Mental Hygiene. This email and any files transmitted with it may contain confidential information and are intended solely for the use of the individual or entity to whom they are addressed. This footnote also confirms that this email message has been swept for the presence of computer viruses.

## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sat, 11 Jun 2022 02:07:38 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case ID (b)(6)  
**Attachments:** Photo Release Form.pdf

Dear Danielle,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** case (b)(6). We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

We will follow up regarding reporting of this case.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Demographic information: sexual orientation
- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), or have any ocular lesions?
- If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:

a. Collect multiple specimens for preliminary and confirmatory testing as follows:

- i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
- ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
- iv. Do not add or store in viral or universal transport media.

b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.

- i. CDC can only test dry swabs, no transport media added.
- ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
- iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.

- v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter case ID (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.



**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here: [Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

*More Information about 2022 Monkeypox in the US can be found here:* [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,

Mohammed Khan  
CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** Stanek, Danielle R <[Danielle.Stanek@flhealth.gov](mailto:Danielle.Stanek@flhealth.gov)>  
**Sent:** Friday, June 10, 2022 6:32 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Cc:** Gunke, Megan (CDC flhealth.gov) <[megan\\_gumke@flhealth.gov](mailto:megan_gumke@flhealth.gov)>; Chacreton, Daniel <[Daniel.Chacreton@flhealth.gov](mailto:Daniel.Chacreton@flhealth.gov)>  
**Subject:** RE: CDC Monkeypox suspect case (b)(6) Results

Non-US resident with no recent time in US until medivac into US.

Orthopoxvirus positive test result. Confirmatory testing to be conducted at CDC.

---

**From:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Sent:** Thursday, June 09, 2022 8:07 PM  
**To:** Stanek, Danielle R <[Danielle.Stanek@flhealth.gov](mailto:Danielle.Stanek@flhealth.gov)>  
**Subject:** CDC Monkeypox suspect case (b)(6)

**EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.**

Dear Danielle,

Thank you for contacting the Monkeypox Call Center. The individual medically evacuated to Florida is currently considered a **suspect case** (b)(6). Please pursue the recommended preliminary testing. Please share (b)(6) with the LRN conducting the testing.

If available, we are asking for the following information about this suspect case when you provide the LRN testing results:

- Clinical information: rash onset date, fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently immunocompromised (if yes, please specify), or have any ocular lesions?
- Dates of travel to the Bahamas and place of origin
- Does this individual report recent contact with a person with a rash or sexual contact with a man in previous 21 days?

Once testing is complete at the LRN, contact CDC at [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) to report results.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,

Lucas Gosdin  
CDC Monkeypox Call Center

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Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Sat, 9 Jul 2022 00:54:12 +0000  
**To:** Nguyen, Christine T (DPH)  
**Cc:** Brown, Catherine (DPH); Sandhu, Kayleigh (DPH); Traphagen, Elizabeth (DPH); Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case (b)(6) resident)  
**Attachments:** CRF Short Form\_v1.9\_6.30.22.pdf, Photo Release Form.pdf

Dear Christine,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). **Please notify New York State** via your current reporting mechanisms and let them know we will be communicating about this case; if you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

This case will be included in CDC case counts: **Monday at 5pm or the next business day at 5 pm EDT**. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.

- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. [CDC can receive partial case data](#). Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION



Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Lori Verbrugge

CDC Monkeypox Call Center

### Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

### Controlled Unclassified Information

**From:** Nguyen, Christine T (DPH) <[christine.t.nguyen@state.ma.us](mailto:christine.t.nguyen@state.ma.us)>

**Sent:** Friday, July 8, 2022 7:51 PM

**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>

**Cc:** Brown, Catherine (DPH) <[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)>; Sandhu, Kayleigh (DPH) <[kayleigh.sandhu@state.ma.us](mailto:kayleigh.sandhu@state.ma.us)>; Traphagen, Elizabeth (DPH) <[elizabeth.traphagen@state.ma.us](mailto:elizabeth.traphagen@state.ma.us)>

**Subject:** Secure: Presumptive Positive Case in a MA Resident

**Mass.gov**



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**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message. **Open the attachment to read your message.**

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## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes    No    Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White  
 African American or Black  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Multiple Races  
 Unknown Race  
 Other  
 Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

|           | Reason                                                                                                                                                   | Vaccine Date | Vaccine Manufacturer                                                               | Dose Number |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |
| Vaccine 2 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |
| Vaccine 3 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer



[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet



- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Thu, 7 Jul 2022 18:21:28 +0000  
**To:** Carroll, Victoria M (DPH); Poxvirus (CDC); DeJesus, Alexandra (DPH); CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)  
**Subject:** CDC confirmation of probable monkeypox case (b)(6)  
**Attachments:** Photo Release Form (3).pdf

Hi Victoria,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC. This case will be included in CDC case counts **today at 5pm EDT**.

Thank you,  
Emily McDonald  
CDC Monkeypox Call Center

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.



- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Controlled Unclassified Information

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**Controlled Unclassified Information**

**From:** Carroll, Victoria M (DPH) <victoria.m.carroll@state.ma.us>

**Sent:** Thursday, July 7, 2022 1:45 PM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>; DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>

**Subject:** RE: Secure: Monkeypox Case in MA

**Mass.gov**



**This is a secure, encrypted message.**

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**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

**Open the attachment to read your message.**

[On Mobile? Click here](#) before 2022-07-21 13:45 EDT to read your message.

[Help?](#)

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## General Photo Release

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I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Fri, 15 Jul 2022 00:11:13 +0000  
**To:** Nguyen, Christine T (DPH); Poxvirus (CDC)  
**Cc:** Brown, Catherine (DPH); Traphagen, Elizabeth (DPH); Chiumento, Geena M (DPH); Mann, Erin K (DPH); Fowle, Leslie P (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [26851713, 26861582]  
**Attachments:** Photo Release Form.pdf, CRF Short Form\_v1.9\_6.30.22 (1).pdf, MPX Short CRF SOP\_Direct Entry to DCIPHER\_v1.pdf  
**Categories:** (b)(6)

Dear Christine,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### **CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION**

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- LRN specimen ID
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

***A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.***

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CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

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- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
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- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

**NEW:** Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.



Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** ASPR will now receive vaccine requests from state/jurisdictions that have a vaccine allocation for Phase 2A – i.e., all states, territories, and DC. As of July 6, 2022, phase 2-A of the National Vaccine Strategy was initiated and ordering of JYNNEOS vaccine for states and jurisdictions with an allocation has transitioned to the Office of the Assistant Secretary for Preparedness and Response (ASPR). Please email [mpx\\_ordering@hhs.gov](mailto:mpx_ordering@hhs.gov) to request JYNNEOS vaccine from your allocation. **Any jurisdiction that did not receive an allocation** (US Virgin Islands, Guam, Northern Mariana Islands, American Samoa, Tribal nations, and other federal entities including Department of State) can request PEP through the MPX Clinical Escalations Team ([eocevent482@cdc.gov](mailto:eocevent482@cdc.gov)).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION



[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)  
[2022 Monkeypox: Information for Health Departments](#)  
[Information For Healthcare Professionals](#)  
[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Christan Stager  
CDC Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

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**From:** Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>  
**Sent:** Thursday, July 14, 2022 7:15 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>; Chimento, Geena M (DPH) <geena.m.chimento@state.ma.us>; Mann, Erin K (DPH) <erin.k.mann@state.ma.us>; Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Subject:** SECURE: MA Presumptive Positive Cases 7/14/2022

**Mass.** Gov



**This is a secure, encrypted message.**

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

**Please Note:** The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

**Open the attachment to read your message.**

[On Mobile? Click here](#) before 2022-07-28 19:14 EDT to read your message.

[Help?](#)

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## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



## 2022 U.S. Monkeypox Outbreak Short Case Report Form

**Instructions for State, Local, and Territorial Health Jurisdictions:** This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:  
[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

**Note:** This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved  
OMB No. 0920-1011  
Exp. Date 01/31/2023  
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average **20** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)





State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

- Yes     No     Unknown

If deceased, date of death:

### Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

|           | Reason                                                                                                                                                   | Vaccine Date | Vaccine Manufacturer                                                               | Dose Number |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |
| Vaccine 2 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |
| Vaccine 3 | <input type="radio"/> Pre-exposure<br><input type="radio"/> Post-exposure<br><input type="radio"/> Routine pre-exposure<br><input type="radio"/> Unknown |              | <input type="radio"/> MIP<br><input type="radio"/> BN<br><input type="radio"/> WAL |             |

\*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

### History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

Yes  No  Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

1  2-4  5-9  10+  Refused to answer

Female:

Yes  No  Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Female:

Yes  No  Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

1  2-4  5-9  10+  Refused to answer

Transgender Male:

Yes  No  Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

1  2-4  5-9  10+  Refused to answer

Other Gender Identity:

Yes  No  Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

1  2-4  5-9  10+  Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:  
If yes, please provide Case ID(s) (if known) and contact type:

- Yes     No     Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) (specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes     No     Unknown

States traveled to:



Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes  No  Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes  No  Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International  Domestic  Air Travel Contact  Other  Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

### Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

### Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Pruritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes  No  Unknown

Tenesmus/urgency to defecate:

Yes  No  Unknown

Headache:

Yes  No  Unknown

Malaise (general feeling of illness or weakness):

Yes  No  Unknown

Conjunctivitis:

Yes  No  Unknown

Abdominal Pain:

Yes  No  Unknown

Vomiting or Nausea:

Yes  No  Unknown

Myalgia (muscle aches):

Yes  No  Unknown

Chills:

Yes  No  Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes  No  Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes  No  Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes  No  Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive  HIV Negative  Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes  No  Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes  No  Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes  No  Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other



If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

Yes  No  Unknown

Are you currently pregnant?

Yes  No  Unknown

Are you currently breastfeeding?

Yes  No  Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

# MPX Short Case Report Form (CRF) SOP

This document is designed to guide you through the process of submitting data gathered from monkeypox (MPX) case interviews in a more streamlined way. The shortened case report form (CRF) is accessible in DCIPHER and includes the most important questions from the longer CRF version. To gain access to DCIPHER, please email [eocevent570@cdc.gov](mailto:eocevent570@cdc.gov).

## Accessing DCIPHER through SAMS

1. To log in, DCIPHER users must authenticate through the CDC Secure Access Management Services (SAMS) portal. DCIPHER requires a modern browser (e.g., MS Edge, Google Chrome, but *not* MS Internet Explorer). To access the SAMS login page, use the URL (b)(6) External partners will use their SAMS username and password. CDC Users will use their AMS Login and SmartCard.



2. After logging into SAMS, users are directed to the **My Applications** page. The hyperlink for DCIPHER is located under the heading "Data Collation and Integration for Public Health Event Responses". Click the [DCIPHER](#) link to access the DCIPHER login.

**Note that some users may also have access to an older version of DCIPHER, now called "DCIPHER Legacy". "DCIPHER Legacy" will not be used for the 2022 Monkeypox response.**

The screenshot displays the SAMS (Secure Access Management Services) interface. At the top, the CDC logo and name are visible, along with a search bar and a "CDC A-Z INDEX" dropdown. The user's name, ROBERT LASH, is shown in the top right. The main header includes the SAMS logo and the text "secure access management services". On the left, a "Menu" sidebar contains links for "My Profile", "Logout", "SAMS User Guide", "SAMS User FAQ", and "Identity Verification Overview". The main content area is titled "My Applications" and lists several application categories: "Adobe Analytics", "CDC TRAIN", "CITI\_Single\_SignOn", "Data Collation and Integration for Public Health Event Responses", and "Elements". Each category has a sub-link, with "DCIPHER" and "DCIPHER Legacy" highlighted in yellow under the "Data Collation and Integration for Public Health Event Responses" category.

3. At the DCIPHER login page, enter your SAMS/DCIPHER username once more; then click "Next".



The image shows a dark-themed login interface. At the top, there is a text input field containing the email address 'user@domain.com'. Below this field is a checkbox labeled 'Remember me'. At the bottom of the form is a prominent blue button with the text 'Next' centered on it.



## Accessing and Using the Short Case Report Form (sCRF)

1. There are 3 options to access the sCRF.

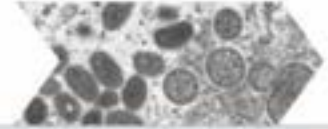
1a. The first and simplest option is to access the link [here](#), and bookmark the page for future access.

1b. The second option is to access the sCRF via the DCIPHER homepage. First select "MPX"; then select "Short Case Report Form".



The screenshot displays the DCIPHER homepage. At the top, there is a logo with a magnifying glass over a cell and the text "WELCOME TO DCIPHER". Below the logo is a search bar labeled "Search DCIPHER". A green banner contains an announcement: "ANNOUNCEMENT: Do you have a request for a new National Center for the Non-Hazardous Waste Under Program Reauthorization?". The main content area is titled "PROGRAM HOMEPAGES" and features a grid of program cards. On the left side, there is a vertical navigation menu with links: "areport", "etals", "r Docs", "ed data", "ICES", and "2022". The program cards include: "BSPB: Bacterial Special Pathogens Branch", "MCTS: Inquiry Management & Consolidation Tracking System", "NCE: Neutrotic Diseases Branch", "NWS: National Wastewater Surveillance System", "MPX: Meningitis Response", and "SEDMC: Enteric Disease Response, Investigation, and Coordination". A red arrow points to the "MPX" card.

# MONKEYPOX MPX



The dashboard is organized into several sections:

- GUIDANCE DOCUMENTS:** Includes 'MPX Call Center SOP' and 'MPX Contact Tracing SOP'.
- RESOURCES:** Includes 'MPX Pipeline', 'MPX Shared Workspace', and 'Your Workspace'.
- APPLICATIONS:** Includes 'MPX Call Center', 'Bulk Upload Tool', and 'MPX Contact Tracing F'.
- REPORTING:** Includes 'NSC Weekly Report', 'MPX Situational Awareness', 'Contact Tracing Report', and 'Short Case Report Form'.

A red arrow points from the 'Short Case Report Form' icon to the 'Short Case Report Form' tile.

1c. The third option for accessing the sCRF is to navigate through the file system as shown in the following set of screenshots.

The screenshot shows the DCPHER application interface. On the left, a dark sidebar menu is open, listing various options. A red arrow points to the 'Projects & files' option. The main content area displays a 'WELCOME TO DCPHER' message, a search bar, and a green announcement banner. Below the banner, there are sections for 'USER RESOURCES' and 'PROGRAM HOMEPAGES'.

**USER RESOURCES:**

- DCPHER Sharepoint
- Training Materials
- Foundry User Docs
- Data Catalog

**PROGRAM HOMEPAGES:**

- ESPB
- INCTS

Moat No description 1

Monkeypox (MPX) ★ Used to store and analyze Monkeypox response data 1

NARMS No description 1

National Wastewater Surveillance System (NWSS) No description 1

**Monkeypox (MPX) ★ 1**  
Used to store and analyze Monkeypox response data

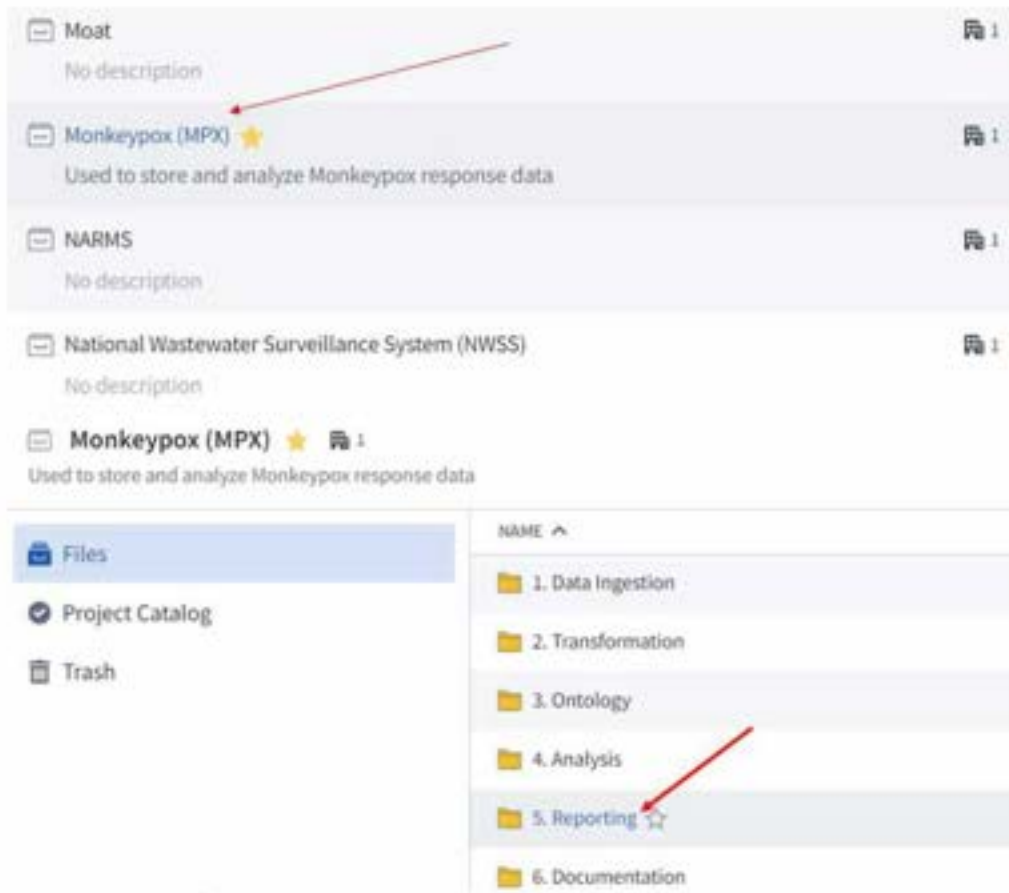
Files

Project Catalog

Trash

NAME ^

- 1. Data Ingestion
- 2. Transformation
- 3. Ontology
- 4. Analysis
- 5. Reporting ☆**
- 6. Documentation



Monkeypox (MPX) > 5. Reporting ☆ 1

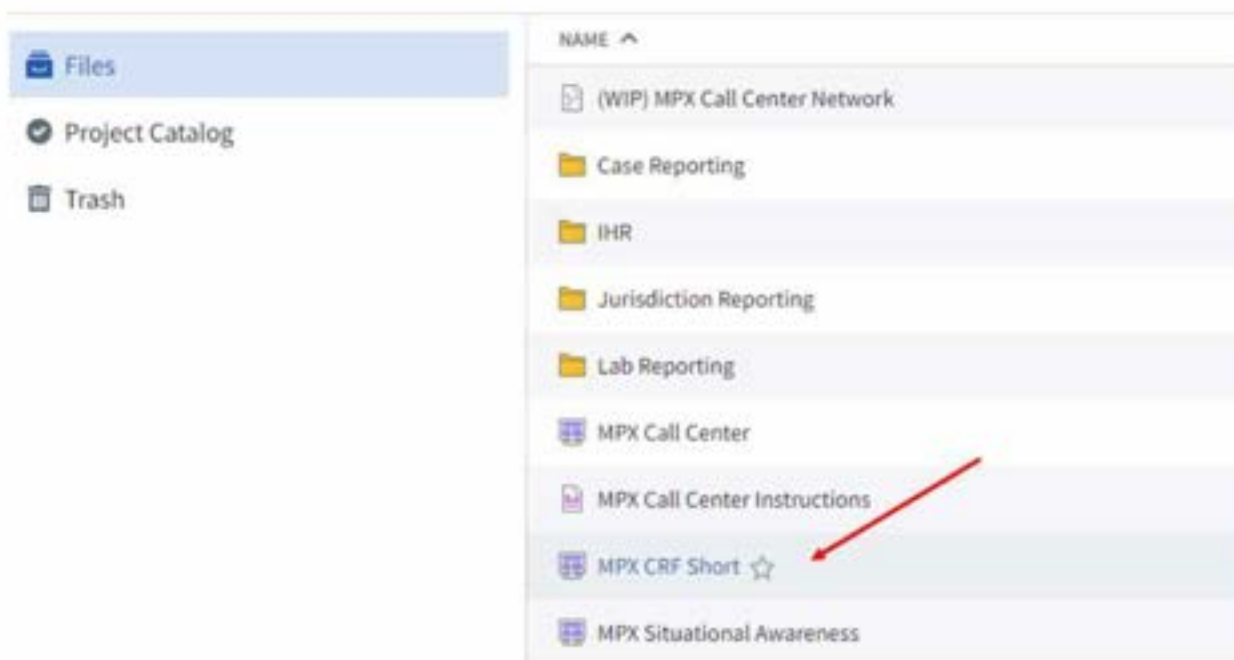
Files

Project Catalog

Trash

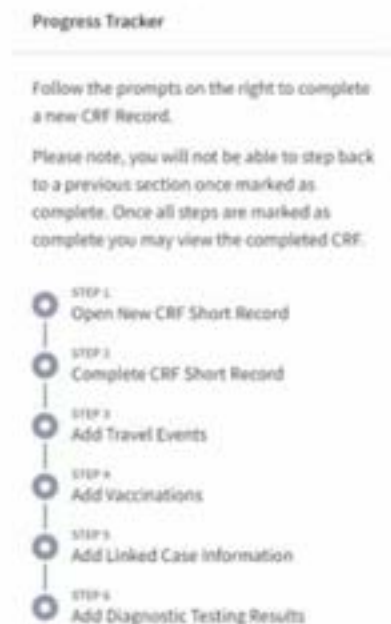
NAME ^

- (WIP) MPX Call Center Network
- Case Reporting
- IHR
- Jurisdiction Reporting
- Lab Reporting
- MPX Call Center
- MPX Call Center Instructions
- MPX CRF Short ☆**
- MPX Situational Awareness



2. Using the sCRF involves 6 steps as shown in the Progress Tracker image below: STEP 1—Open New CRF Short Record; STEP 2—Complete CRF Short Record; STEP 3—Add Travel Events; STEP 4—Add Vaccinations; STEP 5—Add Linked Case Information; STEP 6—Add Diagnostic Testing Results.

The Progress Tracker on the left side of the screen shows which steps have been completed. To view, edit, or delete previous records, click on the button labeled, “Close and View Completed CRFs”.



2a. To submit your responses, click the “Mark as Complete” button at the end of each step. For steps 2—6, there is also a “Reset to Defaults” button, which will clear the responses entered at that step.



3. After accessing the sCRF, begin inputting responses by clicking the “+ Open New CRF Short Record” bar, and then working through the 6 steps.





4. The first step is “Open New CRF Short Record.” Input the “State-assigned case ID”. The “State/Territory of Residence” will auto-populate with your State/Territory. When finished, click “Mark as Complete.” The screenshot below shows sample entries for Hawaii.

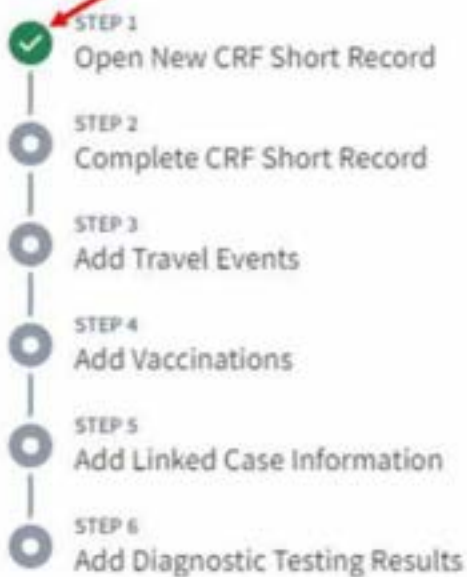
5. The “Progress Tracker” will show a green check mark for each completed step (section). **Note:** The record saves each time you click the “Mark as Complete” button. However, if you leave or refresh the page before marking the record as complete, you must start over at that step. To begin editing the record again, click the “Close and View Completed CRFs” to access the record. More information is available in the “View, Edit, and Delete Responses to the sCRF” section of this document.

## Progress Tracker

---

Follow the prompts on the right to complete a new CRF Record.

Please note, you will not be able to step back to a previous section once marked as complete. Once all steps are marked as complete you may view the completed CRF.



6. Step 2 is "Complete CRF Short Record". This step is the longest sCRF section. You must scroll through the entire section to see all the questions. Once completed, click "Mark as Complete."

MPX - Complete CRF Short Record

Date assigned case ID

State/Territory of Residence

County of Residence

If you reside in a Tribal Area, please specify

[FOR INTERVIEWER] Did the individual die from this illness?  
 Yes  No  Unknown

Demographic information

What is your age, in years?

What is your race? (check all that apply)  
 American Indian  Alaska Native  Asian  Black or African American  White  Native Hawaiian or Other Pacific Islander  Other  Declined to answer  Unknown

What is your ethnicity? (check one)  
 Hispanic or Latino  Non-Hispanic or Latino  Declined to answer  Unknown

Do you currently describe yourself as male, female, or transgender? (Check all that apply)  
 Male  Female  Transgender female  Transgender male  Another gender identity  Declined to answer

[Mark as Complete](#)

7. Step 3 is "Add Travel Event", which allows you to add multiple travel events using a repeatable set of fields. Once you complete each travel event, click "Save & Add Travel Event." **Important:** Do not click "Mark Travel Events as Complete" until you "Save & Add Travel Event" for each travel event.

MPX - Add CRF Short Travel Event

Was the travel type domestic or international?  
 Domestic  International

Country traveled to:

Date of departure:

Date of return:

Did you have intimate or sexual contact with new partners on trip?  
 Yes  No  Unknown

[FOR INTERVIEWER] Any additional comments on travel that may be important:

[Save & Add Travel Event](#)

**7a.** The saved travel events will appear in the left-hand panel on the screen. Once all events appear in the left panel, click “Mark Travel Events as Complete.” **Note:** if the events don’t appear, click the “Refresh Table” button.

The screenshot shows a user interface for managing travel events. At the top left, a panel titled "Saved Travel Events (1)" contains a single event entry for "USA". The event details are: "State Traveled To - Arizona", "Departure - Jul 6, 2022", and "Return - Jul 20, 2022". Below this panel, there are two buttons: a "Refresh Table" button with a circular arrow icon, and a "Mark Travel Events as Complete" button with a green background and white text. Both buttons are highlighted with red rectangular boxes.

**8.** Step 4 is “Add Vaccinations”, which allows you to add multiple vaccination events using a repeatable set of fields. Once you complete each vaccination, click “Save & Add Vaccination.” **Important:** Do not click “Mark Vaccinations as Complete” until you click “Save & Add Vaccination” for each vaccination event.



#### MPX - Add CRF Short Vaccination

Was the vaccine administered as pre-exposure, post-exposure, or routine pre-exposure (i.e. childhood vaccinations, occupational vaccinations)?

Pre-exposure  Post-exposure  Routine Pre-exposure  Unknown

Vaccine Date (if specific date is not known, enter 1/1/YEAR)

Select a date

Or indicate that vaccine date is unknown

Vaccine Date is unknown

Vaccine Manufacturer

MIP: Emergent Biosolutions (ACAM2000)  BN: Bavarian Nordic A/S (JYNNEOS)  WAL: Wyeth (DryVax - prior to 2008)

Vaccine Dose Number

Enter a number

Save & Add Vaccination

**8a.** The saved vaccinations appear in the left-hand panel. Once all the vaccinations appear in the left panel, click “Mark Vaccinations as Complete.” **Note:** If the vaccinations don’t appear, click the “Refresh Table” button.

Saved Vaccinations (1)

 MIP  
Exposure - Post-exposure  
Vaccine Date - Jul 14, 2022  
Dose Number - 788889

 Refresh Table

Mark Vaccinations as Complete

9. Step 5 is "Add Linked Case Information." Click "yes" if this record is connected to a confirmed or probable case, and then enter the requested data. Click "Save & Add Case Linkage", and when all the case linkages appear in the left panel, click "Mark Case Linkages as Complete." If the record is not connected to a confirmed or probable case, click "Mark Case Linkages as Complete."

MPX - Add CDF Short Case Linkage

(FOR INTERVIEWER) Specify if this case is epidemiologically linked to another confirmed or probable case. If not linked to a confirmed or probable case, it should not be reported at this time.

Yes, this case is linked to another confirmed or probable case

Please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown.

Please provide State assigned Case ID.

Carrier type:

Search options:

**10.** The last step, Step 6, is "Add Diagnostic Testing Results", and it functions similarly to Steps 3, 4, and 5. Once all the Diagnostic Testing Results appear in the left panel, you can click "Mark Diagnostic Testing as Complete." **Note:** If the Diagnostic Testing Results do not appear in the left panel, click the "Refresh Table" button.

| Saved Diagnostic Testing Results (1)                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; align-items: flex-start;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">2312</div> <div> <p>Lab Testing Loc - LRN</p> <p>Ortho Test Result - OPX-</p> </div> </div> |

11. Once you mark all steps as complete, the “Close and View Completed CRFs” button will brighten in appearance. Click on the button to view the completed CRFs.

Close and View Completed CRFs

### View, Edit, and Delete Responses to the sCRF

Previous sCRF entries can be edited after clicking the “Close and View Completed CRFs” button, which opens the “CRF Short History” page. The diagram below provides information about this page.

The screenshot displays the 'CRF Short History' interface. On the left, a table lists case records with columns for Case ID, Submitted By, CRF Response, Date Submitted, CRF Completion, CRF Type, CRF Status, and CRF ID. A red arrow labeled '1' points to the table header. On the right, a detailed view of a selected case is shown, divided into sections: 'Travel History', 'Vaccination', 'Case Linkage', and 'Diagnostic Testing Results'. Red arrows labeled '2', '3', '4', and '5' point to these respective sections. At the bottom of the interface, a button labeled 'View More CRF Short History' is highlighted with a red arrow labeled '6'.

1. Arrow 1 shows the list of all cases, with relevant information about each case, submitted through the sCRF. You can click through each case record. The information related to case travel, vaccination, case linkages, and diagnostic testing will appear in the right panel.

2. Arrow 2 shows the Travel data entered in the sCRF.

3. Arrow 3 shows the Vaccination data entered in the sCRF.

4. Arrow 4 shows the Case Linkage data entered in the sCRF.

5. Lastly, Arrow 5 shows the Diagnostic Testing data entered in the sCRF.



6. To create a new record, click the bar labeled, "Open new CRF Short Record".

## In Development

We continue to develop processes for editing and deleting records, including the addition of buttons labeled "Edit" and "Delete" as shown in the screen shot below.

The screenshot displays the Monkeypox CRF Short interface. On the left, a table titled "CRF Short History" contains three rows of data. The first row has a blue square icon, "test 002", "No value", "No value", "No value", "No value", and "No value". The second row has a blue square icon, "test 001", "No value", "No value", "No value", "No value", and "No value". The third row has a blue square icon, "test 001", "No value", "No value", "No value", "test", and "x". Above the table, there is a red box around an "Edit" button and a "Refresh" button. On the right, a sidebar titled "Associated Records" shows three sections: "Travel Event(s)", "Vaccination(s)", and "Case Linkage(s)". Each section has a red box around an "Edit" button and an "Add" button. The "Travel Event(s)" section shows "USA" with details: "State Traveled To - Alaska", "Departure - No value", and "Return - No value". The "Vaccination(s)" section shows "MVA" with details: "Exposure - Pre-exposure", "Vaccine Date - Jul 1, 2022", and "Dose Number - No value". The "Case Linkage(s)" section shows "test" with details: "Linked To Other Cases - test" and "Linked To Other Cases State - test". At the bottom, there is a "Diagnostic Testing Result(s)" section with a red box around an "Edit" button and an "Add Result" button.

We are also developing other processes to facilitate data uploads, including the use of a bulk upload tool, locally implemented REDCap surveys, and APIs. We will update this SOP to include these processes once they are established.

**From:** Poxvirus (CDC)  
**Sent:** Fri, 24 Jun 2022 20:36:27 +0000  
**To:** Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)  
**Cc:** Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [6 CDC Case IDs]  
**Attachments:** Photo Release Form.pdf

Dear Danielle Stanek,

Thank you for notifying us of these OPX+ samples. These individual are now considered **probable monkeypox cases** [Case IDs (b)(6)] We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

Y/Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence

Y/Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)

Y/Known co-infections? If yes, please specify and include date of diagnosis.

Y/Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?

Y/Is this individual a health care worker exposed at work?

Y/Has this individual traveled recently? If so, please provide location and dates of travel.

Y/Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

Y/Dry lesion swab specimens

Y/Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)

Y/Lesion crusts (**must be received by CDC within 7 days of collection**)

#### Specimen collection procedures for confirmatory testing

Y/Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

Y/Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

Y/Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

#### Collection, storage, and shipping of human specimens is subject to CLIA regulations

Y/Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.

Y/Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.

Y/Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***

Y/Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Y/Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter [*Case IDs* (b)(6)] in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.



The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)



Thank you,  
Sancta St. Cyr  
CDC Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

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**From:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>  
**Sent:** Friday, June 24, 2022 1:40 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>  
**Subject:** FL MPX Case Update 6.24.2022

Probable and Confirmed Monkeypox cases involving Florida residents=22 cases (the bottom 6 are the most recent cases).

CDC ID



(b)(6)

## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Thu, 9 Jun 2022 16:17:56 +0000  
**To:** Stanek, Danielle (CDC [flhealth.gov](https://www.cdc.gov)); Poxvirus (CDC)  
**Cc:** Gunke, Megan (CDC [flhealth.gov](https://www.cdc.gov)); Chacreton, Daniel; Elliott, Karen (CDC [flhealth.gov](https://www.cdc.gov)); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC (b)(6)]  
**Attachments:** General Photo Release Form.pdf

Dear Danielle,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [Case # (b)(6)]. We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **today at 5pm EST**.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Demographic information: age, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date).
- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), or have any ocular lesions?
- Is this individual a health care worker who was exposed at work?
- Has this individual traveled recently? We have noted travel from France on June 1, are there dates of travel to France from the US?
- Are there any photos of the patient's rash? If so, please send to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov).

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
  - a. Collect multiple specimens for preliminary and confirmatory testing as follows:
    - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.



- ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
  - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
  - iv. Do not add or store in viral or universal transport media.
- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
- i. CDC can only test dry swabs, no transport media added.
  - ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
  - iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
  - iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
  - v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC Case ID (b)(8)] in the "Case ID" field. There are no additional forms needed.

[Home | Submitting Specimens to CDC | Infectious Diseases Laboratories | CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link **within 1 week**:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

**For antiviral requests:** State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient

is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

**For PEP requests:** State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). [Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov) or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

*More Information about 2022 Monkeypox in the US can be found here:* [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,  
Nina

CDC Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

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**From:** Stanek, Danielle R <Danielle.Stanek@flhealth.gov>

**Sent:** Thursday, June 9, 2022 11:46 AM

**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>

**Cc:** Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>; Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Elliott, Karen (CDC flhealth.gov) <karen.elliott@flhealth.gov>

**Subject:** FL PL (b)(6) CDC (b)(6) Test Results

Samples **tested positive** for orthopoxvirus at our laboratory for this patient. Samples will be sent out today to arrive at your lab tomorrow for confirmatory testing.

Thank you!  
Danielle

Danielle Stanek, DVM, DACVPM  
State Public Health Veterinarian  
Zoonotic and Vectorborne Disease Program  
Florida Department of Health  
Office 850-245-4117  
Cell 850-294-1087  
Fax 850-414-6894



## General Photo Release

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I hereby agree to allow my photographic image to be used (with or without my name, both singly and in conjunction with other persons or objects) by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

CDC may use my photograph, at its discretion and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name Date of Birth

---

Signature Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:22:21 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Dear Joyce,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC case (b)(6)]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
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- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC case ID 241200114*** in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

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#### CONTACT MONITORING



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### TRAVEL

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)



---

**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 6:58 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA

Age: (b)(6)

Gender: (b)(6)

MSM:

Date of symptom onset and date of rash onset if different: 6/23

Please provide me with the CDC case ID #. Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:Joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

This email and/or attachment may contain confidential information. If you have received this message in error and are not the intended recipient, please notify the sender by telephone or by separate email.

## General Photo Release

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:29:32 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Dear Joyce,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC case ID (b)(6)]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

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CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
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Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC case ID 241201076*** in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STAT  
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Atlanta, GA 30329  
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### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Grishma

CDC MPX Call Center

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**Controlled Unclassified Information**

---

**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 7:01 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: unknown

Please provide me with the CDC case ID #. Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:33:18 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH)  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

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- Known co-infections? If yes, please specify and include date of diagnosis.
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Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

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### FOR MORE INFORMATION

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[2022 Monkeypox: Information for Health Departments](#)

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Thanks,  
Grishma

CDC MPX Call Center

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**Controlled Unclassified Information**

---

**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 7:10 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/28

Please provide me with the CDC case ID #. Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:Joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

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Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:37:10 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
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- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)
- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC case ID*** (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

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### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

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You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

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At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Grishma

CDC Monkeypox Call Center

**Controlled Unclassified Information**

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**Controlled Unclassified Information**

---

**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 7:01 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/26

Please provide me with the CDC case ID #. Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

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## General Photo Release

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I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:46:25 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Dear Joyce,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC case ID (b)(6)]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC case ID***

(b)(6)

in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

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### CONTACT MONITORING



For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

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For more information on treatment of monkeypox, see: [Treatment](#).

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### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Grishma



CDC MPX Call Center

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**Controlled Unclassified Information**

---

**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 7:00 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA

Age (b)(6)  
Gender (b)(6)  
MSM (b)(6)  
Date of symptom onset and date of rash onset if different: 6/30

Please provide me with the CDC case ID #. Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

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## General Photo Release

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Sun, 3 Jul 2022 23:52:11 +0000  
**To:** Cohen, Joyce (DPH); Poxvirus (CDC)  
**Cc:** DeJesus, Alexandra (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS  
2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Dear Joyce,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC case ID (b)(6)]. Please notify **California** via your current reporting mechanisms and let them know we will be communicating about this case; if you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). This case will be included in CDC case counts: **Monday at 5pm or the next business day at 5 pm EDT.**

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

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- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
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Atlanta, GA 30329  
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CDC MPX Call Center

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**Controlled Unclassified Information**

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**From:** Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>  
**Sent:** Sunday, July 3, 2022 7:09 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Cc:** DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>  
**Subject:** Confidential: Presumptive Positive Monkeypox in MA (b)(6)

A CA resident was visiting MA when he developed symptoms and ended up testing positive for Monkeypox. I will plan on notifying the CA DOH tomorrow; however, I wanted to send CDC an email.

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/28 symptom onset, 7/1 rash onset

Address: San Francisco County in CA

Please let me know if there is additional information you need since this is not a MA resident.

Thank you.

Joyce Cohen, MPH  
Epidemiologist  
Influenza Coordinator  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130  
Main Number: 617 983-6800  
Work Cell: 781 375-5294  
[Joyce.cohen@mass.gov](mailto:joyce.cohen@mass.gov)  
Website: [www.mass.gov/dph](http://www.mass.gov/dph)  
Blog: <http://publichealth.blog.state.ma.us>

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

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Phone Number

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IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Sun, 26 Jun 2022 00:42:12 +0000  
**To:** Fowle, Leslie P (DPH)  
**Cc:** Poxvirus (CDC)  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID: (b)(6)]  
**Attachments:** Photo Release Form.pdf

Good evening, Leslie,

Thank you for confirming and notifying us about this OPX+ sample. This individual is now considered a **probable monkeypox case** (CDC case ID (b)(6))

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
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Specimen collection procedures for confirmatory testing



- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

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- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
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- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC case ID*** (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

#### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

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You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

#### INFECTION PREVENTION & CONTROL

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At home, see: [Infection Control: Home](#)

**FOR MORE INFORMATION**

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,  
Grishma  
CDC Monkeypox Call Center

**Controlled Unclassified Information**

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**Controlled Unclassified Information**

---

**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Sent:** Saturday, June 25, 2022 8:01 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** RE: Confidential: Presumptive positive mpx case MA

Hi Grishma,

No, we have **not** previously received a CDC case ID for this individual. Yes, specimens will be forwarded to CDC for confirmation.

Thanks,  
Leslie

---

**From:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Sent:** Saturday, June 25, 2022 7:59 PM  
**To:** Fowle, Leslie P. (DPH) <Leslie.P.Fowle@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** RE: Confidential: Presumptive positive mpx case MA

**CAUTION:** This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi, Leslie,



Thank you for letting us know! I just wanted to confirm that you had not previously received a CDC case ID for this individual prior to their OPX+ result. If that's true, I'll work on getting you one shortly. Will you be sending specimens on to CDC for confirmation?

Many thanks,  
Grishma

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

---

**From:** Fowle, Leslie P (DPH) <[leslie.p.fowle@state.ma.us](mailto:leslie.p.fowle@state.ma.us)>  
**Sent:** Saturday, June 25, 2022 7:55 PM  
**To:** Poxvirus (CDC) <[Poxvirus@cdc.gov](mailto:Poxvirus@cdc.gov)>  
**Subject:** Confidential: Presumptive positive mpox case MA

Hello,

Massachusetts is reporting another presumptive positive monkeypox case:

Age: (b)(6)  
Gender: (b)(6)  
MSM: (b)(6)  
Date of symptom onset and date of rash onset if different: 6/18

Thanks,  
Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
Fax: 617-983-6840



## General Photo Release

---

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

**From:** Poxvirus (CDC)  
**Sent:** Thu, 30 Jun 2022 02:03:44 +0000  
**To:** Fowle, Leslie P (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Good evening, Leslie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [Case ID (b)(6)]. Please notify **California** via your current reporting mechanisms and let them know we will be communicating about this case; if you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). This case will be included in CDC case counts: **tomorrow at 5pm EDT**.

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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- Dry lesion swab specimens
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- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter [CDC Case ID (b)(6)] in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STATT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

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For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

#### TRAVEL

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For more information on treatment of monkeypox, see: [Treatment](#).

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At home, see: [Infection Control: Home](#)

#### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)



Thank you,  
Grishma  
CDC Monkeypox Call Center

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**Controlled Unclassified Information**

---

**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Sent:** Wednesday, June 29, 2022 9:19 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Confidential: Presumptive positive mpox case MA

Hello,

Massachusetts is reporting another presumptive positive monkeypox case who is visiting MA and isolating here. This case is a resident of California and should be counted as a CA case.

We are seeking a CDC Case ID for this case.

Age: (b)(6)  
Gender: (b)(6)  
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/18 lesion on penis. 6/20 fever, fatigue.

Thanks,  
Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
Fax: 617-983-6840

## General Photo Release

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---

Name

Date of Birth

---

Signature

Date

---

Address

---

City, State and Zip Code

---

Phone Number

---

IF A MINOR: Name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

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**Sent:** Thu, 30 Jun 2022 02:20:48 +0000  
**To:** Fowle, Leslie P (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
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Hello, Leslie,

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RDSB/STATT  
ATTN: Laboratory - Poxvirus  
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Thank you,

Grishma

CDC Monkeypox Call Center

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**Controlled Unclassified Information**

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**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
**Sent:** Wednesday, June 29, 2022 9:26 PM  
**To:** Poxvirus (CDC) <Poxvirus@cdc.gov>  
**Subject:** Confidential: Presumptive positive mpox case MA

Hello,

Massachusetts is reporting another presumptive positive monkeypox case. We are seeking a CDC Case ID for this case.

Age: (b)(6)  
Gender: (b)(6)  
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: 6/24

Thanks,  
Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
Fax: 617-983-6840

## General Photo Release

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I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

**I do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

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Name

Date of Birth

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Signature

Date

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Address

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City, State and Zip Code

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Phone Number

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IF A MINOR: Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian



**From:** Poxvirus (CDC)  
**Sent:** Thu, 30 Jun 2022 02:29:22 +0000  
**To:** Fowle, Leslie P (DPH); Poxvirus (CDC)  
**Cc:** Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team  
**Subject:** CDC confirmation of probable monkeypox case [CDC Case ID (b)(6)]  
**Attachments:** Photo Release Form.pdf

Hello, Leslie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** CDC Case ID (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

#### CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov). If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

**A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.**

#### CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.



- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures  $\leq -20^{\circ}\text{C}$  is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (***required***). Please enter ***CDC Case ID***

(b)(6)

in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

#### Monkeypox Specimen Mailing Address

Poxvirus Laboratory  
Centers for Disease Control and Prevention  
RDSB/STAT  
ATTN: Laboratory - Poxvirus  
1600 Clifton Road, NE  
Atlanta, GA 30329  
404-639-4129

### CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week.**

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox ([eocevent570@cdc.gov](mailto:eocevent570@cdc.gov)).

### CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

### TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

### MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

**Antiviral requests:** State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

**PEP requests:** State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

### INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

### FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Grishma

CDC Monkeypox Call Center

**Controlled Unclassified Information**

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

**Controlled Unclassified Information**

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**From:** Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>  
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Leslie

Leslie Fowle ([she, her, hers](#))  
Epidemiologist  
Division of Epidemiology  
Bureau of Infectious Disease and Laboratory Sciences  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
**New Cell Phone: 617-939-3839**  
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Name

Date of Birth

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Signature

Date

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Address

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City, State and Zip Code

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Phone Number

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IF A MINOR: Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian