

Transcript Details

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Looking Back to Look Ahead: Lessons Learned from the Monkeypox Outbreak

Dr. Turck:

In May 2022, America saw its first cases of monkeypox, and six months later, cases are still appearing. How has this disease spread over the past few months? And what have we learned from our ongoing efforts to combat it?

Welcome to the *IDSA Action Center* on ReachMD. I'm your host, Dr. Charles Turck. And here to talk about the role of public health and monkeypox is Dr. Jason Zucker, an Assistant Professor of Medicine and an Infectious Disease Specialist at Columbia University Irving Medical Center.

Dr. Zucker, welcome to the program.

Dr. Zucker:

Thank you. Thank you for having me.

Dr. Turck:

So, Dr. Zucker, diving right into accessibility, would you walk us through the increase and availability of monkeypox tests around the United States?

Dr. Zucker:

Sure. So, you know, at the start of the outbreak, testing was primarily available through public health labs that have limited capacity and also require approvals through your local health department. Since that time they have been able to scale up testing through commercial labs, so now a variety of commercial labs are able to perform this testing. Also, many hospitals now have lab-developed tests, or LDTs, that are approved as well, and so there's a variety of different ways for this testing to be done, which has really increased capacity, so now everyone who needs a test can get one.

Dr. Turck:

And has a quick follow-up to that, what are your thoughts and comments about how the vaccine has been rolled out?

Dr. Zucker:

Thank you very much for this question. I think the way the vaccine was rolled out is really important for us to look at and to think about ways we can do it similarly and differently in the future. We rolled out vaccination relatively quickly after the start of this outbreak, and efforts were made to try to target the vaccination given the limited doses required. At the same time, some of those efforts to target vaccinations also may have been stigmatizing, particularly jurisdictions that used number of sex partners as criteria for being able to obtain the vaccine, and then the places that had sort of lines to wait obviously sort of required patients to self-disclose in order to receive vaccination. I think trying to balance ways to target vaccinations to the populations at greatest risk of disease while ensuring that we provide them in a judgment-free, non-stigmatizing way is really important. It's something we can learn about after this outbreak.

Dr. Turck:

In July, the World Health Organization declared monkeypox to be a global public health emergency. Did that announcement impact the rollout and accessibility of the monkeypox vaccine?

Dr. Zucker:

I think that announcement, as well as the United States declaring it an emergency as well, really helped to provide the needed resources to help move forward with vaccination programs, to fund vaccination programs, and make vaccines much more readily

available.

Dr. Turck:

And for those just tuning in, you're listening to *IDSA Action Center* on ReachMD. I'm Dr. Charles Turck. I'm speaking with Dr. Jason Zucker about monkeypox in the United States.

Dr. Zucker, from your vantage point as an ID specialist, is there anything we can do to be more prepared for the next infectious disease outbreak?

Dr. Zucker:

I think there's a lot we can do. You know, we definitely learned lessons from COVID that we were able to apply to this outbreak, and there will be lessons from this outbreak that we can use to apply to future ones. This outbreak was very different than prior outbreaks in that we already had investigational medications available through an IND, we had a vaccine that could potentially work against it, and these weren't things that had to be developed in real time, so it became an implementation challenge as much as it was a challenge with a new disease. And I think remembering that, you know, when outbreaks happen, thinking about how we can scale up testing as quickly as possible, either roll out or develop treatment and vaccinations as fast as possible and how to target populations at greatest risk are all lessons we can learn from our last two outbreaks.

Dr. Turck:

And in terms of accessibility, are there any key lessons we've learned on how to provide widespread access to vaccinations? And you had also mentioned lessons learned about what to avoid. I was wondering what your thoughts were there.

Dr. Zucker:

Yeah. I think one of the biggest things is avoiding stigmatization. It made it very challenging for patients who may not identify as a man who has sex with men or who may still be at risk or for patients who may not want to disclose how many sex partners they have or disclose other things about themselves to get vaccination, and so I think ways to provide vaccines and treatment in nonstigmatizing ways are incredibly important. And also, not overlooking other populations, because not everybody wants to declare that they are in a population at risk. And so, if patients come in looking for testing or treatment, making sure you're open to hearing them and considering testing as well.

Dr. Turck:

Dr. Zucker, are there any points providers should touch upon when counseling patients who are at risk of developing monkeypox?

Dr. Zucker:

Absolutely. So there's a couple things I tell my patients about preventing human monkeypox virus. The first is we tell people for a lot of different diseases, if you're eligible, get vaccinated. We know that vaccination is likely not a hundred percent effective, but it certainly can reduce your risk of acquiring the disease or providing less symptoms if you were to acquire it. After vaccination, you know, always before engaging in sexual activity, talk with and check out your partners. Have open conversations about symptoms or exposures. Examine yourself regularly, and see your healthcare provider if you find anything suspicious.

For patients who are at risk and know they're at risk, if you're having prodromal symptoms, self-quarantine. This virus is unlikely if a rash doesn't appear within five days. And finally, but most importantly, this is not something to be embarrassed about. It's transmitting just like many other sexually transmitted infections that patients get tested for and diagnosed with all the time, so if you're unsure, call your provider. Go in and get tested.

Dr. Turck:

And how about counseling points for patients who have contracted the virus?

Dr. Zucker:

Absolutely. So, contracting the virus can be scary for many patients. What I always try to tell my patients is that we have supportive care options for all patients. Things like anti-inflammatories, topical agents, and even prescription pain medications can all be helpful as part of supportive care. For patients who go on to have severe disease, we have novel antivirals, like tecovirimat.

If you know you're infected, stay home and separate from other people in your household, but if you can't fully separate, wear a face mask, avoid physical contact, and cover lesions within shared spaces. And if you have to leave home either to get food or go to a doctor's appointment, make sure you cover all of your lesions with clothing and wear a face mask.

Dr. Turck:

And before we close, Dr. Zucker, I'd like to hear more about your specific experience managing monkeypox. Are there any memorable lessons or patient encounters you've had along the way?

Dr. Zucker:

Thank you for that question as well. I think there's a lot we can share about our experience here managing patients with monkeypox virus. You know, we've treated over 150 patients, with the investigational medication, and we have probably had another 100 to 150 patients who didn't meet criteria for treatment. We've seen a variety of widespread pathology, including, you know, the typical proctitis, which has been showing up, as well as patients who have just a rash. But then we've also had a wide variety of other pathologies, including urethritis, vision changes, severe rectal lesions, lesions that are bacterial superinfections, and so I think especially at the beginning of these outbreaks, keeping an open mind, taking thorough histories and physical exams and looking for new findings are really important.

Dr. Turck:

That's a great note to leave our audience with today. And I want to thank my guest, Dr. Jason Zucker, for sharing his insights on monkeypox in the US.

Dr. Zucker, it was great speaking with you today.

Dr. Zucker:

Thank you very much for having me.

Dr. Turck:

I'm Dr. Charles Turck. To access this and other episodes in our series, visit ReachMD.Com/IDSAActionCenter where you can be Part of the Knowledge. Thanks for listening.