Monkeypox, STIs, and the Importance of Concurrent Testing

Background

Cases of monkeypox (MPV) have been reported in countries that do not normally report monkeypox—including the United States. In the U.S., monkeypox cases have been reported in every state, including Iowa.

Anyone who has been in close contact with someone who has monkeypox is at risk of acquiring the virus. Early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases in the current outbreak.

Web Resources:

Iowa Division of Public Health monkeypox landing page: idph.iowa.gov/ehi/monkeypox

Public Health
IOWA HHS

What should prompt clinical suspicion for monkeypox infection?

Clinicians should be alert to patients presenting with a **new characteristic rash or pustules**. This is especially true if the patient is part of a population experiencing higher rates of monkeypox.

The rash associated with monkeypox can be confused with other rashes encountered in clinical practice including herpes, syphilis, and varicella. Patients co-infected with Monkeypox virus and other infectious agents (e.g., varicella zoster, herpes, syphilis) are also not uncommon.

The CDC is encouraging clinicians to therefore have monkeypox on their differential diagnosis when presented with an STI-associated or STI-like rash, even if it is localized and not (yet) diffuse. When collecting specimens, consider taking multiple samples for **concurrent laboratory testing.**

Consider:  Monkeypox  Herpes  Varicella  Syphilis

For cases of supected monkeypox infection:

Clinicians suspecting monkeypox infection should *immediately* contact CADE.

During business hours: **(800) 362-2736** After business: **(515) 323-4360**