Monkeypox is a rare disease caused by infection with monkeypox virus (MPXV). The Orthopoxvirus genus, which includes MPXV, also includes variola virus (which causes smallpox), vaccinia virus (used in the ACAM2000® smallpox vaccine), and cowpox virus.

There are two genetic clades of MPXV: In an effort to avoid stigma and discrimination against people from the areas after which these two strains were named, we refer to them as MPXV-1, which is typically more severe and has a case-fatality rate of up to 10% and MPXV-2, which causes milder illness, with an estimated case fatality rate in endemic countries is reported to be 1% and might be higher in immunocompromised persons. The 2022 outbreak involving non-endemic countries is caused by MPXV-2.

Most individuals recover in 2-4 weeks without treatment. The spots from the rash can leave skin scars. For the current international outbreak, monkeypox virus has most often been spread from one person to another by skin-to-skin contact with the rash/sores of an infected person. Less commonly, it can spread through respiratory droplets from the mouth or airway like the flu, but because these droplets are larger and don’t travel far in the air, prolonged face-to-face contact is necessary.

In parts of the world where monkeypox infections are more common, respiratory spread plays a larger role in transmission. Monkeypox is not a sexually transmitted disease but can spread through intimate contact during sex when someone has an active rash. It can also spread to household members and care providers through caretaking activities that may involve contact with bodily fluids, fluid from the pox, or contaminated bedding or clothing.

Anyone can get monkeypox through close contact with someone who is infected. It is not limited to one community or another.

Cases in Oregon
Community transmission monkeypox virus within Oregon has been documented. Cases in Oregon and internationally have predominantly involved prolonged, skin-to-skin contact with others, primarily in social networks in which monkeypox virus is circulating, including men who have sex with men.

As of July 8, 2022, there are a total of six reported cases in Oregon. Three cases are in Lane County, one is in Multnomah County, and two in Washington County.
If a clinician in Jackson County suspects monkeypox in a patient, they will need to notify the Oregon Health Authority (OHA) immediately, day or night, at 971-673-1111.

Also, to better coordinate care for these patients and ensure timely public health interventions for monkeypox virus cases and their contacts, please share the following information with the OHA when you order Orthopoxvirus testing.

- Clinician name, phone number, and e-mail
- Patient Name, phone number, and address
- Patient date of birth mm/dd/yyyy
- Patient county of residence (or state, if not an Oregon resident)
- Patient sex, and sexual orientation
- Patient race and ethnicity
- Symptom onset date: mm/dd/yyyy
- In the 21 days prior to symptom onset:
  - Contact with anyone else with similar rash or suspected/confirmed hMPXV? (Y, N, UNK)
  - Close or intimate in-person contact with someone in a social network experiencing hMPXV activity, including men who have sex with men (MSM)? (Y, N, UNK)
  - Travel internationally or out of state? (Y, N, UNK)
- Any notable co-diagnoses or comorbidities? (i.e., immune compromise/HIV)? (Y, N, UNK)
- You can share this information by calling the Oregon Public Health Division 24/7 on-call line: 971-673-1111; or enter the information in the secure clinician reporting portal, Confidential Oregon Morbidity Report.

**Testing**

With the recent expansion of commercial laboratory testing for Orthopoxvirus, the OHA will no longer require prior approval for testing, including that by the Oregon State Public Health Laboratory.

To decrease the potential for falsely positive test results, we ask that you consider the clinical presentation and any relevant epidemiologic risk factors as outlined in the Centers for Disease Control and Prevention (CDC) monkeypox virus suspect case definition, available at: www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html.

If you decide to test a patient, consult the following guidance on specimen collection and transport: www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html.

**Isolation and Quarantine Guidance for Patients**

Please also share with suspect hMPXV patients the following guidance on home isolation:


**Resources**
Legionellosis

Jackson County Public Health is reporting an increase in legionellosis cases in Jackson County.

Legionellosis is a bacterial infection more common in adults 50 years of age and older and very unusual in persons under 20. It was first recognized following a 1976 outbreak of pneumonia involving American Legion convention delegates, named by the press “Legionnaires’ disease” (LD). There are no reliable distinguishing clinical characteristics other than that the illness is primarily respiratory; diagnosis must come from laboratory testing. Illness is associated with three clinically and epidemiologically distinct syndromes:

- Legionnaires’ disease, a potentially fatal form of pneumonia;
- Pontiac fever, a self-limited “flu-like” illness without pneumonia; and
- extrapulmonary legionellosis, infection in sites outside the lungs.

Persons with Legionnaires’ disease may present early in the illness with nonspecific symptoms, including fever, malaise, myalgia, anorexia, and headache. Cough may be only slightly productive, and chest pain, occasionally pleuritic, can be prominent. GI symptoms, especially diarrhea. Chest x-rays usually show pneumonia. Pontiac fever is a milder, self-limited illness. A diagnosis of extrapulmonary legionellosis is made when there is clinical evidence of disease at an extrapulmonary site, and diagnostic testing indicates evidence of Legionella at that site. Illness includes endocarditis, wound infection, joint infection, and graft infections.

Persons at increased risk for infection include the elderly, smokers, those with chronic diseases such as COPD or diabetes, and the immunosuppressed.

Medical Provider Recommendations

Given the uptick in legionella cases, it is recommended that medical providers consider and test for Legionella in pneumonia cases.

Reporting Legionellosis to Jackson County Public Health

Physicians are required to report a case or suspected case within one working day of identification/diagnosis to Jackson County Public Health. Laboratories are to report all test results indicative of and specific for legionellosis within one working day.

1. Electronic – This is a web-based confidential reporting system through the Oregon Health Authority. These reports will be automatically routed to Jackson County Public Health. Click on the hyperlink to access this option, Web-based Confidential Oregon Morbidity Report.

2. Call Jackson County Public Health Communicable Disease – Clinicians can call and make a report 24 hours a day. During business hours, call 541-774-8045, and after-hours, call 541-526-9251.
Fentanyl-Driven Overdoses Sharply Increasing Throughout Oregon

Drug overdose deaths in Oregon more than doubled between 2019 and 2021, with the increase driven largely by misuse of the powerful synthetic opioid fentanyl, an Oregon Health Authority (OHA) analysis has found. Preliminary data indicate that this trend has continued in 2022.

An overdose is always a medical emergency. Individuals should call 911 immediately after administering naloxone and be aware that it may take multiple doses of naloxone to reverse the overdose. Oregon’s Good Samaritan law protects the caller and the person who has overdosed against possession and paraphernalia charges.

Jackson County Public Health has continued to have an overdose alert since February 2021, due to the increase in non-fatal and fatal overdoses related to illicit opioids such as heroin and fentanyl. Non-fatal and fatal overdoses are detected through emergency department visits, responses by Law Enforcement and Emergency Medical Services, and reported fatalities.

Health officials are reminding people that opioid use disorder can be successfully treated. Those who need help to stop using opioids can talk to their health care providers, access services at the Jackson County Syringe Exchange Program for referrals, view the Oregon Recovers website, or view OHA’s list of resources. The Oregon Recovers website also provides Peer Support resource information.

There is also the SAMHSA National Helpline at 1-800-662-HELP (4357). This is a free, confidential, 24/7, 365-day-a-year treatment referral and information service for individuals and families facing mental and/or substance use disorders.

In addition, Oregon law allows lay people to carry and use naloxone, a medication that can be used to reverse an opioid overdose, on other people. Learn more about naloxone. Naloxone can be accessed through Max’s Mission and the Jackson County Syringe Exchange Program.

If someone uses substances alone, they can call Never Use Alone Hotline at 1-800-484-3731. They will be asked to provide their first name, location, and the number they are calling from. The operator will stay on the line with the person while they use. If they stop responding after using, the operator will notify emergency services of an “unresponsive person”.

Oregon-based nonprofit Lines for Life and OHA recently launched the Safe + Strong Helpline at 1-800-923-4357 (1-800-923-HELP). The line offers free, 24-7 emotional support and resource referral to anyone who needs it—not only those experiencing a mental health crisis. The Safe + Strong Helpline is a response to needs for emotional support around disasters like COVID-19 and wildfires and was funded by the CARES Act. Callers are routed to a counselor who can provide emotional support.
support, mental health triage, drug and alcohol counseling, crisis counseling, or just connection.

Press Release from the Oregon Health Authority: Fentanyl-driven overdoses sharply increasing throughout Oregon

Receive Health Alert Network Emails from the Oregon Health Authority and/or Centers for Disease Control and Prevention

Oregon's Health Alert Network (HAN) connects hospitals, clinics, laboratories, public safety, EMS and many other public health partners via secure web applications that facilitate information sharing throughout Oregon and SW Washington. The system is managed by the Oregon Health Authority - Public Health Division - Health Security, Preparedness and Response Program.

If you are a member of the Oregon Healthcare Community and would like to receive HAN Alerts, please email: HAN.Oregon@dhsoha.state.or.us

The Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) is the CDC’s primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories.

Visit https://emergency.cdc.gov/han/updates.asp to sign up to receive HAN Alerts from the CDC.

"The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well-being of county residents."