



**INSTITUTE
OF TROPICAL
MEDICINE
ANTWERP**

An emerging zoonosis...

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**BVIKM/SBIMC SEMINAR
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Case 1: Antwerp (acknowledgment Prof Chris Kenyon)



15 lesions; 5 x 5 mm

- 30 year; HIV well suppressed
- Consultation STI clinic on 13/05
- Fever (39°C) and painful perianal lesions for 3 days

Case 1: Antwerp (acknowledgment Prof Chris Kenyon)

■ Detailed presentation



- 10/5/22 fever up to 39c for 3 days and painful papules perianal, approximately 15 papules 5x5mm
- 12/5 dry cough and back pain x 3days
- 13/5: consultation at ITM: perianal lesions described above and 1cm painful inguinal adenopathy bilaterally.
- SARS-CoV-2 PCR neg; PCR lesion HSV, T. pallidum lesions negative, started on aciclovir
- 18/5: PCR lesions positive for orthopoxvirus. Since 18/5 in strict house isolation
- 19/5: less severe symptomatic. No new symptoms.

Case 1: Antwerp (acknowledgment Prof Chris Kenyon)

■ Exposure



- 29/4/22 – 2/5/22 – unprotected receptive and insertive anal sex with 3 other men in Lisbon. Contacts not traceable.
- 06-08/05/2022 - unprotected receptive and insertive anal sex with 10 other men at Darklands, Antwerp. Contacts not traceable.
- Since 02/05 regular sex with his partner with whom he lives in Antwerp. No other travel.

Case 2: Antwerp (acknowledgment Prof Eric Florence)



- 46 year; HIV well suppressed; partner case 1 (index)
- Consultation STI clinic on 19/05
- Picture sent by mail: rash on lower limb

Case 2: Antwerp (acknowledgment Prof Eric Florence)



■ Presentation 19/05 (ITM)

- 12/5 dry cough
- 16/5 atypical rash on lower limb
- 17/05: start fever up to 38,5°C,
- 18/05 start home isolation because of diagnosis partner
- 19/05: evaluation at ITM because of persistent fever and aggravation skin rash;
Papules on lower limbs and genitals. T°37,7°C
- 22/05: Remains with fever (up to 38,4°)
Evolution of the lesions (see pictures).
- 23/05 PCR positive for MPX (skin lesion 19/05)

Case 2: Antwerp (acknowledgment Prof Eric Florence)

■ Presentation 19/05 (ITM)

■ Presentation 22/05 (mail)



Atypical lesions on penis

■ Exposure

- 06-09/05 2022 - unprotected receptive and insertive anal sex with several men at Darklands, Antwerp. Contacts not traceable.
- Since 02/05 sex with his partner with whom he lives in Antwerp. No other travel

Case 3: Antwerp (acknowledgement Dr Nicole Berens)

First vesiculo-papular lesions
at elbow, 14 days old



Papular rash, upper leg, ca
7 days old



- 11/5: two solitary lesions at right elbow (papules)
- 12/5: another lesion at left elbow and axillary (papules)
- 13/5: start of general papulo-vesicular rash, mainly torso, upper arms and upper legs. Itching.
- 16/5: Shivering, feverish feeling but normal temperature, headache, sore throat.
- 19/5: start of macular rash palmar and genital
- 23/5: PCR positive for MPX (skin lesions elbow (old), thumb (new), palm), *T. pallidum* diagnostic pending.

Case 3: Antwerp (acknowledgement Dr Nicole Berens)

Fresher umbilicated/crusted papules



Palmar vesicles/macules with desquamation



- 11/5: two solitary lesions at right elbow (papules)
- 12/5: another lesion at left elbow and axillary (papules)
- 13/5: start of general papulo-vesicular rash, mainly torso, upper arms and upper legs. Itching.
- 16/5: Shivering, feverish feeling but normal temperature, headache, sore throat.
- 19/5: start of macular rash palmar and genital
- 23/5: PCR positive for MPX (skin lesions elbow (old), thumb (new), palm), *T. pallidum* diagnostic pending.

Case 4: Antwerp (acknowledgement Dr Nicole Berens)



Presentation 23/5 at ITM:

Nodular papule at the chin (1 cm), two vesico-papular lesions on belly and back (5 mm) with redness, one maculo-papular lesion at left forearm (1 cm). Not itching, rather slightly painful. Physical examination otherwise normal.

- 16/5: Feeling feverish but not fever, 37.2°C, tiredness, still slight cough sometimes since Covid-19.
- 22/5: nodular umbilicated papule at chin and one lesion on the belly.
- 23/5: another lesion at the back and one the forearm, no genital lesions. One greyish healed lesion in the oral mucosa. Patient bit himself by accident. PCR positive for MPX (skin, throat, rectal, genital (prepuce), rectal specimen was strongest positive).



Recommendations for monkeypox (ITM)

FAQ sheet

<https://www.itg.be/E/faq-monkeypox>

Lab: PCR testing

Swabs of skin lesions (eSwab) for PCR monkeypox virus can be sent to ITM.

Monkeypoxvirus is a BSL-3 pathogen. Therefore, the samples must be sent under UN2814 in a triple package by a courier who holds an ADR license.

The shipment of a sample for PCR-monkeypoxvirus has to be announced by phone to our clinical biologist on the number 03 345 56 52.

Consult

Contact out ITM clinic for an appointment on 03 247 66 66 from 9 am to 5 pm



Perspectives

- **Harmonized data capture and sample collection for clinical characterization and transmission dynamics**
- **Development CRF + informed consent + SOPs in ITM**
- **Interested ?**
 - **Contact Isabel Brosius (ibrosius@itg.be)**



Thank you for your attention

