Health Trends



October 2022





HEADACHE

The Monkey Pox Virus



Monkeypox is a rare, contagious virus which first presents as a pimple-like rash. The rash looks like blisters and commonly begins in or around the mouth, on the genitals, or on the perianal area.

Monkeypox is in the same virus "family" as the variola (smallpox) virus, but is usually milder and rarely ever fatal (1). The monkeypox virus is spread by close contact with an infected individual and everyone is at risk. To reduce risk, avoid touching skin lesions, bodily fluids, or personal items of the infected individual.

Symptoms

Monkeypox symptoms generally start within 3 weeks of exposure. Most people experience flu-like symptoms which begin a few days before the rash appears. A rash may be the only symptom for some many people (5).

Symptoms may include:

- · Fever or chills.
- Headache.
- Muscle aches and backache.
- Tiredness.
- · Swollen lymph nodes.

Reducing the Risk

An individual's healthcare provider and/or their local health department should be contacted immediately for treatment recommendations. Before entering any healthcare facility (primary care office, urgent care, emergency room, hospital, etc.) the facility should be notified there is a monkeypox concern.

Isolation of the infected individual, and use of standard infection control precautions should be observed by everyone who comes into contact with an infected individual, to include well-fitting face masks, face shields, disposable gloves, and gowns.

Any items or surfaces which the infected individual comes into contact with should be laundered or disinfected and kept separate. Sharing of personal items, eating utensils, drinking glasses, bed linen, towels, washcloths, clothing, etc. is not recommended.

All areas in the home which are used by the infected individual should be cleaned and decontaminated after every use. If possible, the individual should be isolated and encouraged to use a private restroom for toileting and bathing (2).

Isolation and Infection Control at Home -

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infectioncontrol-home.html

Disinfecting Home and Other Non-Healthcare Settings https://www.cdc.gov/poxvirus/monkeypox/if-sick/homedisinfection.html



Treatment & Prevention

Antivirals are a treatment option for monkeypox. Currently the antiviral Tecovirimat (TPOXX) is recommended for people with weakened immune systems.

Treatments developed to protect against smallpox may be used to treat monkeypox virus infections.

There are two vaccines indicated for the prevention of monkeypox in the U.S.:

- · JYNNEOS vaccine is approved for the prevention of both monkeypox and the smallpox disease.
- · ACAM2000 vaccine is approved for immunization against smallpox disease and made available for use against monkeypox under an Expanded Access Investigational New Drug (EA-IND) protocol (3).

The Monkeypox Vaccine

CDC recommends vaccination for people who have been exposed to monkeypox and people who may be more likely to get monkeypox, including people who:

- · Have been exposed to the monkeypox virus should get vaccinated as soon as possible, preferably within 4 days of exposure.
- · Have been identified by public health officials as a contact of someone with monkeypox.
- · Have a recent (within 2 weeks) sexual partner diagnosed with monkeypox.
- · Have had multiple sexual partners in the past 2 weeks in an area with known monkeypox (4).

VDH Monkeypox Fact Sheet -

www.vdh.virginia.gov/content/uploads/sites/214/2022/06/Monkeypoxfact-sheet.pdf

CDC Considerations for Monkeypox Vaccination Guidance -

https://www.cdc.gov/poxvirus/monkeypox/healthdepartments/vaccine-considerations.html

App of the Month



CDC Vaccine Schedules app allows immediate access to all CDC recommended immunization schedules and footnotes. Optimized for tablets and useful on smartphones, the app shows child, adolescent, and adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). The app visually mimics the printed schedules, which are reviewed and published annually. Any changes in the schedules will be released through app updates. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

3)

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Health Trends

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Virginia Department of Behavioral Health & **Developmental Services**

Office of Integrated **Health Supports N**



Quality Assurance in Behavior Planning

The behavioral literature offers extensive detail on best practice content for functional behavior assessment (FBA) and associated behavior support plans (BSP) (2) (8) (12) (5) (4). While the literature is replete with best practice information, legal and regulatory requirements may lack specificity to fully align with the behavioral literature (1). Research has examined guality assurance in the context of providing training to behavioral practitioners to improve either implementation fidelity or creation of BSPs (9) (3), but investigations of the quality of behavioral programming in comparison to established regulatory expectations is limited. Notable guality reviews as outlined in the behavioral literature have occurred in Australia, where in the early 2000s heightened parameters for the use of restrictive procedures along with the integration of positive behavioral support elements into BSPs became regulatory requirements to obtain service authorizations (7). Two related studies found modest improvements in the quality of BSPs penned subsequent to these regulatory changes and associated approval process (6) (11). A previous ABA Snippet outlined DBHDS quality reviews in behavioral programming as it relates to adherence to the DBHDS/DMAS Practice Guidelines for Behavior Support Plans. As the field of behavior analysis continues to grow, it will be important that practitioners and payers alike align service expectations and service delivery to best practices to assure quality.

Readers may contact DBHDS to access resources, provide feedback, and learn more about these efforts via the following: nathan.habel@dbhds.virginia.gov

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Patients Come First Podcast – Nelson Smith

The August 22 2022 episode of VHHA's Patients Come First Podcast featured an interview with Nelson Smith, Commissioner of the Virginia Department of Behavioral Health and Developmental Services (DBHDS), for a conversation about his military service, ongoing efforts to enhance Virginia's behavioral health services for patients, working with stakeholders and more. Send guestions, comments, feedback or guest suggestions to pcfpodcast@vhha.com or contact us on Twitter or Instagram using the #PatientsComeFirst hashtag. Listen to a recording of the podcast here.



New Proposal in Congress Would Remove 'Mentally Retarded' From Federal Law

- To read all about the proposed changes https://www.disabilityscoop.com/2022/09/19/new-proposal-in-congresswould-remove-mentally-retarded-from-federal-law/30042/
- To learn about the Congressional Bill #H.R.8863 to amend Federal law to remove the terms "mentally retarded" and "mental retardation", 117th Congress (2021-2022) - https://www.congress.gov/bill/117th-congress/housebill/8863/cosponsors?r=1&s=1
- To learn more about Rosa's Law https://www.specialolympics.org/stories/news/rosas-law-signed-into-law-bypresidentobama#:~:text=Known%20as%20%E2%80%9CRosa's%20Law%2C%E2%80%9D,%E2%80%9D%20a nd%20%E2%80%9Cintellectual%20disability.%E2%80%9D