



## Potential Risk for New Mpox (Monkeypox) Cases

<b>DATE:</b>	5/17/2023
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
<b>SUBJECT:</b>	Potential Risk for New Mpox (Monkeypox) Cases
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	n/a
<b>STREET ADDRESS:</b>	n/a
<b>COUNTY:</b>	n/a
<b>MUNICIPALITY:</b>	n/a
<b>ZIP CODE:</b>	n/a

This transmission is a "Health Advisory," and provides important information for a specific incident or situation; may not require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

### **SUMMARY**

- On May 15, 2023, the CDC released a [HAN Health Advisory](#) about the potential for a resurgence of mpox (formerly called monkeypox) infections in the summer of 2023.
- To assess for possible mpox exposure or infection, providers are encouraged to conduct a thorough patient history, including a detailed sexual history and physical exam, including a thorough skin and mucosal exam.
- Providers should consider mpox infection when determining the cause of a diffuse or localized rash, including in patients who were previously infected with mpox or vaccinated against mpox.
- Several commercial laboratories offer mpox testing, and healthcare providers should primarily use these laboratories for mpox testing. To ensure timely testing, providers are advised not to delay the process by calling the Pennsylvania Department of Health (DOH) or local health departments prior to sending specimens to commercial labs.
- Tecovirimat is available for mpox treatment through the CDC's expanded Access Investigational New Drug (IND) protocol. If a clinician intends to prescribe oral tecovirimat, providers should consider seeking access through enrollment in the [AIDS Clinical Trials Group \(ACTG\) Study of Tecovirimat for Human Monkeypox Virus \(STOMP\)](#). Please note this trial has an open label option. For patients not eligible for the STOMP trial or who decline to participate, oral tecovirimat is available through DOH and local health departments.
- Vaccination against mpox with the JYNNEOS vaccine is one of the most important mpox prevention measures and should be offered to people with high potential for exposure to mpox.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

## **Background:**

On May 15, 2023, the CDC released a [HAN Health Advisory](#) about the potential for a resurgence of mpox (formerly called monkeypox) infections in the summer of 2023. As of May 10, a total of [30,395 cases have been reported](#) in the United States. This outbreak had a peak of about 460 cases per day in August 2022, and gradually declined, likely because of a combination of temporary changes in sexual behavior, vaccination, and infection-induced immunity. However, the CDC continues to receive reports of new cases and clusters in the United States and internationally. A recent outbreak of mpox in the Chicago area has health officials concerned. From April 17 to May 5, 2023, a total of [12 confirmed and one probable case of mpox](#) were reported to the Chicago Department of Public Health. All cases were among symptomatic men. None of the patients have been hospitalized. Nine (69%) of 13 cases were among men who had received two JYNNEOS vaccine doses, and thus were fully vaccinated. Others had received just one dose.

Spring and summer season in 2023 could lead to a resurgence of mpox as people gather for festivals (i.e., LGBTQ+ Pride) and other events. To help prevent a renewed outbreak during the spring and summer months, the DOH is urging clinicians to be on alert for new cases of mpox and to encourage [vaccination](#) for people at risk. If mpox is suspected, test even if the patient was previously vaccinated or had a mpox infection. Clinicians should also refamiliarize themselves with mpox [symptoms](#), [specimen collection](#), [laboratory testing procedures](#), and [treatment options](#).

## **Clinician Assessment for Mpox**

Providers should conduct a thorough patient history to assess possible mpox exposures or [epidemiologic risk factors](#). Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact in the current global outbreak. It is important to take a [detailed sexual history](#) for any patient with suspected mpox.

Providers should perform a complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination. Doing so can detect [lesions](#) of which the patient may be unaware.

Providers should consider mpox infection when determining the cause of a diffuse or localized rash, including in patients who were previously infected with mpox or vaccinated against mpox. Providers should also screen for other potential sexually transmitted infections (STI), including HIV. However, the diagnosis of an STI does not exclude mpox, as a concurrent infection may be present. Also, the presence of another STI, especially HIV, can make infection with mpox more severe.

## **Testing for Mpox**

Several commercial laboratories offer mpox testing, and healthcare providers should primarily use these laboratories for mpox testing. To ensure timely testing, providers are advised not to delay the process by calling the DOH or local health departments prior to sending specimens to commercial labs. Utilizing commercial labs testing is convenient for providers and patients as they have existing provider-to-lab relationships. The DOH Bureau of Laboratories is an [option for testing](#) for patients

who have limited financial resources and also for whom rapid testing is needed due to the severity of their infection.

Healthcare workers should use appropriate personal protective equipment (PPE) when collecting monkeypox specimens. This includes:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher

Providers should consult with their laboratory to determine the appropriate materials and methods for collecting monkeypox specimens as laboratory directions are laboratory specific.

### **Treatment of Mpox**

Patients with mpox benefit from supportive care and pain control. Mpox commonly causes severe pain and can affect anatomic sites, including the anus, genitals, and oropharynx, which can lead to [other complications](#). Assess pain in all patients with mpox virus infection and recognize that substantial pain may exist from mucosal lesions not evident on physical exam. [Topical and systemic strategies](#) should be used to manage pain. [Pain management strategies](#) should be tailored to the needs and context of an individual patient.

[Tecovirimat](#) is considered first-line among options in the treatment of severe mpox disease. Tecovirimat has not been approved by the U.S. Food and Drug Administration for the treatment of mpox. Therefore, clinicians will need to request Tecovirimat for the treatment of severe disease or for patients who are at increased risk for severe mpox disease from the DOH or their local health department and will need to follow the [CDC's Expanded Access Investigational New Drug \(IND\) protocol](#). If a clinician intends to prescribe oral tecovirimat, consider seeking access to Tecovirimat through enrollment in the [AIDS Clinical Trials Group \(ACTG\) Study of Tecovirimat for Human Monkeypox Virus \(STOMP\)](#). This trial includes a placebo-controlled, randomized arm, and an open-label option for individuals with severe disease or those who decline randomization. Remote enrollment is available at some sites. If a patient does not wish to be enrolled in the STOMP trial, Tecovirimat is available through DOH or their local health department. Providers should call DOH at 1-877-PA-HEALTH (1-877-724-3258) or their local health department to discuss treatment with Tecovirimat.

Providers should remember to screen and treat for other sexually transmitted infections along with mpox. Coinfections with both STIs and mpox are common.

### **Mpox Vaccination**

The JYNNEOS vaccine is a smallpox vaccine that has been approved for mpox. For patients 18 years and older it is given as either a 0.5mL subcutaneous (SQ) injection or a 0.1mL intradermal (ID) injection as a two-dose series with the doses being a minimum of 28 days apart. Currently, there is no preference over which vaccination method is utilized. The intradermal method should be preferred when there is limited vaccine availability. Peak immunity is expected 14 days after the second dose.

JYNNEOS vaccine should be given to people with [certain risk factors and recent experiences](#) that may make them more likely to have been exposed to mpox. It can also be given as post-exposure prophylaxis (PEP) both to people with known and presumed exposure to the mpox virus. As PEP, vaccine should be given as soon as possible, ideally within 4 days of exposure; however, administration 4 to 14 days after exposure [may still provide some protection against mpox](#). People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.

Currently, the CDC does not recommend routine immunization against mpox for the general public. However, extensive risk assessment should not be conducted in [people who request vaccination](#) to avoid the barriers created by the stigma experienced by many who could benefit from vaccination. For people in the community at risk (e.g., gay, bisexual, or other MSM; transgender or nonbinary people), asking for vaccination is adequate attestation for individual risk of mpox exposure.

Mpox vaccination should be offered to the following people with high potential for exposure to mpox:

- People who had known or suspected exposure to someone with mpox.
- People who had a sex partner in the past 2 weeks who was diagnosed with mpox.
- Gay, bisexual, and other MSM, and transgender or nonbinary people (including adolescents who fall into any of these categories) who, in the past 6 months, have had:
  - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, syphilis).
  - More than one sex partner.
- People who have had any of the following in the past 6 months.
  - Sex at a commercial sex venue.
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
  - Sex in exchange for money or other items.
- People who are sex partners of people with the above risks.
- People who anticipate experiencing any of the above scenarios.
- People with HIV infection or other causes of immunosuppression who have had recent or anticipate potential mpox exposure.
- People who work in settings where they may be exposed to mpox.
  - People who work with orthopoxviruses in a laboratory.

[Previous studies](#) have suggested that JYNNEOS vaccination is protective against mpox. When combined with [other prevention measures](#), vaccination prior to exposure and PEP vaccination strategies might help control outbreaks by reducing transmission of the mpox virus, preventing disease, or reducing disease severity and hospitalization. [Duration of immunity](#) after one or two doses of JYNNEOS is currently unknown. Vaccine effectiveness for the JYNNEOS vaccine is highest after completion of the full two dose series so patients should be encouraged to return for their second vaccine at least 4 weeks after the first dose of vaccine.

Providers and patients can access JYNNEOS vaccine site information at the [DOH mpox information page](#) on the internet or by calling their local health department or DOH at 1-877-PA-HEALTH (1-877-724-3258)..

## **For More Information:**

- [Clinical Quick Reference](#)
- [Vaccination Basics for Healthcare Professionals](#)
- [Case Definitions for Use in the 2022 Mpox Response](#)
- [Clinical Recognition](#)
- [Clinical Considerations for Treatment and Prophylaxis of Mpox Infection in People Who are Immunocompromised](#)
- [Treatment Information for Healthcare Professionals](#)
- [DOH mpox information](#)

If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 17, 2023 but may be modified in the future.