PENNSYLVANIA DEPARTMENT OF HEALTH
2024 – PAHAN – 743-3-25- ADV
Increase in Mpox Cases in Pennsylvania

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TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Acting Secretary of Health
SUBJECT:	Increase in Mpox Cases in Pennsylvania
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This transmission is a "Health Advisory" 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 FACILIT

Summary

- The Pennsylvania Department of Health (DOH) has been tracking increasing cases of mpox since December 2023 and there is concern for a further increase in cases as the summer approaches.
- Currently there is an ongoing outbreak of a potentially more severe version of mpox called Clade I mpox in the Democratic Republic of the Congo (DRC) which has raised concern for the potential of importation of Clade I mpox to the USA.
- The DOH is recommending that providers screen all patients with a suspected diagnosis of mpox for travel to the DRC or recent contact with someone who has traveled to the DRC. Providers should contact their local health department or the DOH at 877-PA-HEALTH (877-724-3258) to arrange for expedited testing at DOH's Bureau of Laboratories (BOL) for anyone meeting these criteria.
- Providers should be aware that Clade I mpox has specific, more stringent infection control procedures. Healthcare personnel (HCP) who evaluate and provide care to patients with mpox and laboratory personnel should continue to follow existing CDC guidance on infection prevention and control (IPC) for mpox.
- Therapeutics, such as TPOXX, are effective against both Clade I and Clade II mpox infections for the treatment of severe mpox infections and for certain high-risk groups.
- JYNNEOS vaccine remains the best way to prevent mpox infections from both Clade I and Clade II mpox. The CDC continues to recommend people with risk factors for mpox be vaccinated with two doses of the JYNNEOS vaccine.
- The DOH encourages providers with additional questions or concerns to contact their local health department or the DOH at 877-PA-HEALTH (877-724-3258).

Background

The DOH has been tracking increasing cases of mpox, previously known as monkeypox, since December 2023 and there is concern for a further increase in cases, including the potential importation of Clade I monkeypox virus (MPXV), as the summer approaches. MPXV has two distinct genetic clades (subtypes of MPXV), I and II, which are endemic to central and west Africa, respectively. Clade IIb MPXV has been associated with the 2022-23 global outbreak that has predominately affected gay, bisexual, and other men who have sex with men (MSM). Clade I has previously been observed to be more transmissible and to cause more severe infections than Clade II.

In 2023, the DRC reported over 12,000 suspected mpox cases (i.e., clinically diagnosed but not laboratory-confirmed) and 581 deaths. This is a substantial increase from the median 3,767 suspected mpox cases reported annually in DRC during the years 2016-2021. Clade I MPXV has been confirmed among patients for whom testing was conducted. A recent World Health Organization (WHO) report noted that mpox cases in 2023 have been reported in more DRC provinces than in previous years (i.e., 22 of 26 provinces). This includes cases in urban settings where mpox does not normally occur (Kinshasa and South Kivu Province). In two provinces, outbreaks of Clade I MPXV associated with sexual contact, including among MSM, have been reported for the first time in the DRC.

With the recent increase in mpox diagnoses in Pennsylvania and the potential for importation of Clade I MPXV into the U.S., the DOH is encouraging all providers to remain aware of mpox and the importance of testing for and vaccinating against mpox, especially for their patients at greatest risk for mpox.

Recommendations for Clinicians

- Diagnosis of mpox
    - Clinicians should continue to consider mpox when evaluating the cause of rashes.
    - A detailed history should be taken assessing for potential exposures to mpox.
        - Especially important is obtaining a thorough travel history including assessment for recent travel to the DRC or exposure to someone who has recently returned from the DRC.
        - Providers should also assess for potential exposures to individuals with known mpox or unspecified rashes and/or those who may be participating in activities placing them at higher risk for acquiring mpox.
    - Mpox lesions may be small, firm, rubbery, deep-seated, and well-circumscribed, or they may be large, with diffuse, centrifugal lesion distribution. Lymphadenopathy may also be present.
        - During the Clade II outbreak, among people with severe immunocompromise, rash lesions have generally been diffusely distributed, appearing large, necrotic, and fungating.
    - Clade I and Clade II mpox have a similar clinical presentation; however, in general Clade I has a more severe disease presentation. In the DRC, Clade I has a 10% mortality versus Clade II which has a less than 1% mortality rate.

- For patients with travel to the DRC or exposure to someone who travelled to the DRC within 21 days of illness onset, CDC recommends that clinicians pursue MPXV clade-specific testing starting with a consultation with their local health department or the DOH (877-PA-HEALTH (877-724-3258)).
- CDC recommends clinicians follow specimen collection guidelines (including collection of two swabs per lesion) to ensure specimen availability for testing.
  - Unroofing or aspiration of lesions or otherwise using sharp instruments for mpox testing is not recommended due to the risk of sharps injury.
  - Specimen submission to DOH BOL for clade specific testing should be coordinated through the local health department or the DOH.
- The decision to test for and/or vaccinate against mpox does not alter any clinical recommendations for testing for other STIs (sexually transmitted infections) including HIV, syphilis, chlamydia, and gonorrhea.
- Most patients who have recovered from mpox (including infection with Clade II MPXV) or have been vaccinated with JYNNEOS or ACAM2000 are expected to have cross-protection to Clade I MPXV. However, clinicians should consider mpox as a possible diagnosis if a consistent clinical presentation occurs, even in those who are vaccinated or were previously diagnosed with mpox.

- Treatment for mpox

  - Medical countermeasures (e.g., tecovirimat, brincidofovir, and vaccinia immune globulin intravenous) that have been used during the ongoing Clade II MPXV outbreak in the United States are expected to be effective for Clade I MPXV infections. Public health authorities should be consulted promptly for any mpox cases for which severe manifestations might occur. Tecovirimat is available throughout Pennsylvania through local health departments, the DOH, and the STOMP trial and Investigational New Drug (IND) protocol.

- Prevention of mpox

  - JYNNEOS vaccine has been proven to prevent severe mpox infections when given prior to exposure to mpox. It is a two-dose vaccine series with the doses separated by at least 28 days. Vaccination with JYNNEOS or prior MPXV infection should provide antibodies that will provide cross-protection to other orthopoxviruses, including Clade I MPXV.
    - JYNNEOS vaccine will soon be available commercially while remaining available through the local health departments and DOH. It is expected that commercialization could happen as early as April 1, 2024. However, providers are encouraged to maintain sufficient supply of the product, especially for those who are uninsured or for whom insurance does not cover vaccines.
  - Clinicians should conduct a detailed sexual health risk assessment to determine if a patient at least 18 years of age with certain risk factors and no known prior mpox infection should be offered mpox vaccination with the JYNNEOS vaccine. The risk factors are as follows:
    - Having a sex partner in the past 2 weeks who was diagnosed with mpox
    - Living with HIV or other immune suppressive conditions and have had recent or anticipate future risk of mpox exposure.

        - Identifying as gay, bisexual, or other MSM or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
            - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis)
            - More than one sex partner
        - Participating in any of the following in the past 6 months:
            - Sex at a commercial sex venue (like a sex club or bathhouse)
            - Sex related to a large commercial event or in a geographic area (city or county for example) where mpox virus transmission is occurring.
            - Sex in exchange for money or other items
    - If someone with risk factors for mpox has only received one dose of JYNNEOS vaccine at least 28 days prior, they should receive a second dose as soon as possible because two doses provide greater protection.
    - There is no recommendation regarding vaccination for travelers who do not otherwise meet the eligibility criteria.
    - Providers can find local providers of vaccine through the DOH website.

Infection Prevention and Control for Healthcare Settings

Healthcare personnel (HCP) who evaluate and provide care to patients with mpox and laboratory personnel should continue to follow existing CDC guidance on infection prevention and control (IPC) for mpox. Healthcare facilities and providers should utilize the following domains to help prevent transmission of mpox in all healthcare settings.

- Precautions
    - All healthcare facilities and providers must implement policies and procedures to safely evaluate, test, and treat patients with suspected or confirmed mpox with the appropriate IPC measures in place.
    - Mpox has no specific transmission-based precautions such as airborne or droplet precautions. Instead, the following measures should be taken:
        - IPC personnel should be notified immediately if mpox is suspected.
        - Persons with suspected or confirmed mpox should be isolated. HCP caring for persons with mpox must wear the following Personal Protective Equipment (PPE):
            - Gown;
            - Gloves;
            - Eye protection (goggles or face shield); and
            - NIOSH-approved particulate respirator equipped with N95 filters or higher.
    - Precautions must be maintained until infection is ruled out or all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.
    - Decisions regarding discontinuation of isolation precautions in a healthcare facility may need to be made in consultation with local or state health departments.

- Patient Placement

- Patients with suspected or confirmed mpox should be placed in a single-patient room with a dedicated bathroom. HCP should avoid use of portable fans in the patient room as they can resuspend dried materials from lesions.
- No special air handling is required; it is recommended to keep the patient room door closed if safe to do so.
- Aerosol-generating procedures including intubation, extubation, or any procedure likely to spread oral secretions should be performed in an airborne isolation infection room (AIIR).

- Transport and Visitation

  - If transported, the patient should wear source control and cover exposed skin lesions; transport should be limited to medically necessary procedures or purposes.
  - Visitors should be limited to essential persons for the patient's care and wellbeing (e.g., parents of a child, spouse). Visitors must be educated on IPC measures including hand hygiene and appropriate PPE to wear before entering the room as per facility policy.

- Managing Patient Exposures

  - Exposed asymptomatic patients generally do not require isolation precautions.
  - Monitor for 21 days following last exposure.
    - Assess patients for signs and symptoms.
    - Conduct daily skin exams.
    - Implement empiric isolation precautions if rash or other symptoms occur.
  - Decisions to isolate exposed patients should be informed by risk of exposure and risk to other patients on the unit.

- Managing HCP Exposures

  - HCP caring for patients with mpox, or who may enter mpox care areas, should be educated on the signs and symptoms.
  - Notify Occupational Health immediately if HCP suspects mpox exposure or infection.
  - Exposed asymptomatic HCP do not need to be excluded from work.
    - Monitor daily for 21 days after last exposure.
    - Occupational Health should determine if postexposure prophylaxis is needed based on risk level, as described in the CDC guidance.
    - HCP with confirmed mpox should be excluded from work until lesions have crusted and a fresh layer of skin develops.

- Environmental Cleaning and Disinfection

  - Use EPA-registered disinfectant with an emerging pathogens claim (EPA List Q).
  - Soiled laundry and linens should be handled according to CDC recommended standard practices. Avoid contact with lesion material that may be present on

laundry. Contain soiled laundry in appropriate bag and do not shake or roughly handle to avoid dispersing infectious material.
    - Wet cleaning methods are preferred; avoid dry dusting, sweeping, and vacuuming.

- Waste Management

    - Clinical waste containing mpox material of either clade (Clade I or II) may be transported as UN3291 Regulated Medical Waste (RMW) in the same manner as other potentially infectious waste. However, any waste including Clade I viral cultures is classified as Category A.

Recommendations for the Public

- There is no known risk for Clade I MPVX in the United States at this time.
- **CDC continues to recommend people with risk factors for mpox be vaccinated with two doses of the JYNNEOS vaccine**.
- CDC has issued a Travel Health Notice for people traveling to DRC. People who have traveled to DRC should seek medical care **at once** if they develop a new, unexplained skin rash (lesions on any part of the body), with or without fever and chills and **avoid contact with others**.

For questions, please call your local health department or DOH at 1-877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register at https://ondemand.mir3.com/han-pa-gov/login/.

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 March 25, 2024, but may be modified in the future.