

Hot Tips: Public Health Advisory #144 Date: 08/26/2024

Please copy and distribute to ALL physicians/clinicians at your location.

Situational Updates and Guidance for Clinical Management of Mpox

Key Messages

- The Centers for Disease Control and Prevention ([CDC](#)) and California Department of Public Health ([CDPH](#)) have recently issued health updates to inform providers of new developments in the ongoing outbreak of clade I monkeypox virus (MPXV) occurring in the Democratic Republic of Congo (DRC) – which now extends to additional countries. The purpose of this alert is to expand on the information provided by CDC and CDPH, and to guide local providers toward the necessary resources to respond to mpox infections.
- The clade I mpox infections noted in this new outbreak originating in the DRC differ from those associated with the global outbreak of clade II mpox identified in 2022. Significant changes have been noted pertaining to disease severity, previously observed transmission routes and patterns, and populations affected.
- The risk to the general public for infection with clade I mpox in the United States remains low. However, clade II mpox continues to circulate and affect at-risk individuals throughout the country sporadically. VCPH continues to engage with the community to provide access to education on prevention of mpox and to offer vaccination to vulnerable populations. Population-level immunity is crucial in preventing prolonged transmission of the virus.
- Patients presenting with pox-like lesions, reporting a history of recent travel to affected areas, or other significant risk factors or exposures, should be assessed for MPXV infection.
- Any suspected cases of Mpox presenting with corresponding risk factors for exposure to clade I MPXV must be reported to Ventura County Public Health (VCPH) promptly upon identification by calling (805) 981-5201.

Situation

Despite the endemicity of MPXV across central and West Africa, outbreaks of Mpox have been reported worldwide since 2022 and have extended to non-endemic countries. Two distinct genetic clades or variants of the virus have been implicated in these recent outbreaks. The global outbreak of clade IIb MPXV observed from 2022-2023 predominantly affected men having sex with men (MSM) and was largely transmitted through human-to-human contact associated with sexual activity. To date, various countries including the United States, have continued to monitor and identify sporadic cases of clade II mpox. However, the availability of a targeted vaccine and acquired immunity have helped significantly reduce transmission of the virus.

Since 2023, a significant increase of clade I mpox infections has been reported in the DRC. Infections resulting from clade I MPXV have been identified in patients with both sexual and non-sexual routes of transmission,

suggesting higher transmissibility for this clade. Transmission has also notably been observed among children and other populations that were not affected during the previous clade II mpox outbreak. In addition, clade I MPXV infections have been associated with increased virulence and mortality as compared to clade II MPXV. As of August 2024, new cases and outbreaks of clade I mpox have been identified in multiple countries in proximity to the DRC such as the Republic of Congo (ROC), Burundi, Rwanda, and Uganda, with possible linkages to the ongoing outbreak occurring in the DRC. Most recently, a travel-associated case was identified in Sweden as well.

To date, no clade I mpox infections have been identified in the United States, and the risk to the general public remains low. However, new developments can be expected at any given time considering the currently evolving situation. As new information becomes available, VCPH will inform providers and the public accordingly. In the meantime, it's important to ensure that our local clinicians and healthcare professionals are informed with the guidance and resources that are currently available to manage and prevent mpox infections.

Background

Mpox typically develops 3-17 days following exposure to an infectious person. Illness is usually characterized by a prodromal stage consisting of acute onset of fever, headache, myalgia, sore throat, cough, fatigue, and lymphadenopathy. Individuals may become infectious during the prodrome. This period is then followed by the appearance of a rash with lesions that are typically localized to the oral, perioral, or anogenital areas but can also become disseminated to other sites. The lesions tend to develop as papules progressing to macules, vesicles, and pustules prior to scabbing. Signs and symptoms of illness typically persist for up to 2-4 weeks, and a symptomatic person may be contagious until the scabs resulting from the rash have fallen off in their entirety revealing healed skin. The risk for developing severe disease or complications from mpox is greater for infants, children, and pregnant or immunocompromised persons.

Mpox spreads primarily through direct contact with the lesions or mucous membranes of an infected person, via indirect contact with fomites or objects contaminated with infectious material, or through zoonotic transmission. Transmission can also occur through contact with the upper respiratory secretions, saliva, or body fluids of an infected person. This may also include exposure to large respiratory droplets through prolonged face-to-face contact with an infected person. Vertical transmission from an infected pregnant person to their fetus is possible as well.

Clinical Management

Vaccination with two doses of JYNNEOS vaccine administered 4 weeks apart is recommended for eligible close contacts and those at risk for potential exposure to mpox. CDC states that the vaccine is also expected to provide protection against clade I mpox, although updated information may be forthcoming. **The current JYNNEOS vaccine has been commercialized and is available for purchase. The vaccine is also offered at the Ventura County Public Health Clinics.** Several antiviral therapeutics are currently available for the treatment of mpox as well. More information about vaccines and therapeutics has been included within the resource section below.

CDC has also developed infection control guidance to prevent transmission of mpox in healthcare settings. This guidance should be followed while seeing patients with suspected mpox infection and can be referenced through the resources shared below. Local physicians and healthcare providers should be equipped to identify and respond to any patients presenting with compatible illness and significant exposures. **Any suspected cases of mpox with recent travel to affected areas or epidemiologic linkage to a traveler returning from affected areas within the last 21 days prior to symptom onset, should be reported to Ventura County Public Health immediately upon identification by calling (805) 981-5201.** Patients presenting with illness consistent with

mpox, but no known risk factors for exposure to clade I MPXV, can be reported by calling VCPH within 1 working day of identification.

VCPH staff will assist clinicians by providing guidance and recommendations accordingly. **If suspicion for clade I mpox infection is noted, specimen testing will be coordinated through our Ventura County Public Health Laboratory (VCPHL) to arrange for expedited clade-specific testing.** Routine testing for MPXV is widely available through commercial laboratories but does not offer clade differentiation. Current laboratory guidance for mpox testing requires collection from two lesions in viral transport media (VTM) for each patient. Each lesion should also be swabbed with two separate sterile synthetic swabs to allow for confirmatory testing. The samples should be stored refrigerated or frozen. Staff performing sample collection must wear appropriate personal protective equipment.

Resources

- [Update on Clade I Mpox Geographical Spread in Africa: Recommendations for California Health Care Providers](#)
- [Health Alert Network \(HAN\) - 00513 | Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries \(cdc.gov\)](#)
- [Clade I Mpox in the Democratic Republic of the Congo and Neighboring Countries - Level 2 - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Mpox \(ca.gov\)](#)
- [Mpox Job Aids - California PTC](#)
- [Clinical Recognition | Mpox | Poxvirus | CDC](#)
- [Mpox Treatment Information for Healthcare Professionals | Mpox | Poxvirus | CDC](#)
- [Mpox Vaccine Recommendations | Mpox | Poxvirus | CDC](#)
- [Monitoring and Risk Assessment for Persons Exposed in the Community | Mpox | Poxvirus | CDC](#)
- [Infection Control: Healthcare Settings | Mpox | Poxvirus | CDC](#)
- [Guidelines for Collecting and Handling Specimens for Mpox Testing | Mpox | Poxvirus | CDC](#)

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends, and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.