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West Virginia Department of HEALTH

HEALTH ADVISORY # 221
WV Mpox Outbreak Update

To: **West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities**

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Date: **April 23, 2024**

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Background
Since May of 2022, the Centers for Disease Control and Prevention (CDC) has been tracking cases of mpox (formerly known as monkeypox) across the United States. The outbreak in the U.S. is mostly associated within a defined subpopulation, gay, bisexual, and other men who have sex with men. Mpox has two distinct genetic clades (subtypes). Historically, mpox has been uncommon in the U.S, but now Clade II has been circulating in the U.S. and in other countries outside of its endemic area of West Africa. Clade I is generally known to cause more severe illness and death. There has been cases of sexually associated human-to-human transmission of Clade I spreading in the Democratic Republic of the Congo (DRC), but there have been no cases of Clade I reported in the U.S. While there is currently no risk for Clade I mpox in the U.S. at this time, clinicians should be aware of the possibility of Clade I mpox in travelers who have been in DRC.

As of March 5, 2024, there have been 32,125 cases of mpox Clade II reported in the United States. Since the Food and Drug Administration (FDA) issued an emergency use authorization (EUA) of the JYNNEOS vaccine to protect against mpox in 2022, cases have declined. However, in the fall of 2023 some states have reported an increase in cases. West Virginia has reported 12 cases of mpox in 2022, zero cases in 2023, and one case in 2024 (as of 4/15/24).

With the recent increase in cases across the U.S., providers everywhere are encouraged to re-educate themselves on the signs and symptoms of mpox so they can better identify and diagnose cases and encourage high-risk patients to get vaccinated now that JYNNEOS is FDA-approved and has proven to be an effective prevention strategy.

Clinical Information, Testing, Treatment, and Contact Recommendations

Clinicians are encouraged to conduct a thorough patient history to assess possible mpox exposures and risk factors. Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact in the current outbreak. People with mpox often get a rash that may be located on the hands, feet, chest, face, or mouth or near the genitals (including penis, testicles, labia, vagina) and anus. The incubation period is 3-17 days, but typically symptoms start within 21 days of viral exposure. The rash can initially look like pimples or blisters and may be painful or itchy but will go through several stages (including scabbing) before healing. Possible flu-like symptoms may be reported 1-4 days prior to rash onset. These include fever, chills, swollen lymph nodes, exhaustion, muscle aches, backache, headache, and respiratory symptoms (e.g., sore throat, nasal congestion, or cough). Patients may experience all or only a few symptoms.

Mpox is a Category I Disease which is immediately reportable (even suspect cases) to the local health department (LHD). If unable to reach your LHD, please contact the Office of Epidemiology and Prevention Services (OEPS) at 1-800-423-1271 ext. 1, 304-558-5358 ext. 2, or the 24/7 answering service at 304-342-5151.

Testing for mpox is commercially available through various reference laboratories, but also is available free for anyone meeting suspect case definition through the Office of Laboratory Services (OLS). Any provider wishing to send specimens to OLS must consult with the LHD and OEPS prior to submission.

There are treatment options available for patients who develop severe mpox, such as ocular infections, neurological complications, myopericarditis, complications associated with mucosal lesions, and complications from uncontrolled viral spread. Since illness is dependent on immune response, patients living with HIV and other comorbidities impacting the immune system are at highest risk of developing more severe clinical manifestations of mpox and should be considered for treatment under the direction of a physician.

Close contacts of probable or confirmed mpox cases should be monitored for symptoms for 21 days after their last exposure. As part of the public health investigation, the LHD will interview the case patient and assess the degree of exposure of contacts. Transmission of mpox requires prolonged close contact with a symptomatic individual. Based on the degree of exposure, public health may recommend post exposure prophylaxis (PEP) and some degree of monitoring, whether it be self-monitoring or active monitoring in conjunction with public health. While monitoring contacts, symptoms of concern may include fever, chills, new lymphadenopathy, and new skin rash.

Vaccination via PEP for close contacts is available through the LHD and is recommended to be given within 4 days from the date of exposure for the best chance to prevent onset of the disease. If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of mpox. Healthcare workers who care for a mpox patient should also be evaluated for their risk of exposure and be alert for the development of symptoms, especially within the 21 day period after the date of care, and should notify infection control and the LHD if symptoms develop.

Provider Recommendations

1. Educate patients with risk factors for mpox. There are steps to Protect Themself from mpox, including reducing the number of sexual partners and avoiding close, skin-to-skin contact with people who have a rash.
2. Consider mpox when lesions consistent with mpox are observed in a patient, even if an alternative etiology (e.g. herpes simplex virus, syphilis) is considered more likely.

3. Recommend vaccination to those at risk of infection. Additionally, if someone with risk factors for mpox has only received one dose, they should receive a second dose as soon as possible because two doses provide greater protection.

Recommendations for Vaccination

The JYNNEOS vaccine is now FDA-approved and is currently recommended for the following:

- Anyone that has had known or suspected exposure to someone with mpox
- Anyone who had a sex partner in the past 2 weeks who was diagnosed with mpox
- Anyone who identifies as gay, bisexual, or any other man who has sex with men (MSM) or a transgender, nonbinary, or gender-diverse person who in the last 6 months has had any of the following:
  - A new diagnosis of one or more sexually transmitted infections (STIs)
  - More than one sexual partner
  - Sex at a commercial sex venue, such as a sex club or bathhouse
  - Sex in exchange for money or other items
  - Sex related to a large commercial event where mpox transmission is occurring
  - Sex in a geographic area (city/county) where mpox transmission is occurring
- Anyone who has a sex partner with any of the above risks
- Anyone who anticipates experiencing any of the above scenarios
- Anyone who works in a setting where they may be exposed to mpox (such as a laboratory with orthopoxviruses).

The standard FDA-approved regimen for individuals 18 years of age and older involves a subcutaneous route of administration with an injection volume of 0.5mL, as 2 doses 28 days apart. In response to the outbreak in the summer of 2022, the same route of administration, volume, and timing/spacing has been authorized under Emergency Use Authorization (EUA) for people less than 18 years of age.

An alternative regimen involving an intradermal (ID) administration has also been authorized under EUA with an injection volume of 0.1mL as 2 doses 28 days apart for individuals 18 years of age and older. This ID route of administration is preferred in circumstances where JYNNEOS is not readily available as it could increase available vaccines up to five-fold.

As of April 1, 2024, Bavarian Nordic, the manufacturer of JYNNEOS, has opened ordering of the vaccine through commercial wholesalers. In West Virginia, LHDs have the option to order JYNNEOS from the Strategic National Stockpile (SNS). These SNS doses are available to the public free of charge, regardless of insurance coverage or ability to pay.

For additional information about mpox, including specimen collection, reporting, and case investigation, visit the Mpox page on the OEPS website. For questions about this advisory, contact the OEPS at 1-800-423-1271 ext. 1, 304-558-5358 ext. 2, or the 24/7 answering service at 304-342-5151.