Potential Increased Risk for New Mpox Cases

May 17, 2023

Florida Department of Health (FDOH) would like to remind providers that mpox is still circulating. Please report mpox cases to your county health department contact.

Cases of mpox (formerly monkeypox) have declined in the United States since peaking in August 2022, but the outbreak is not over. Spring and summer season in 2023 could lead to a resurgence of mpox as people gather for festivals and other events. Only 23% of the estimated U.S. population at risk for mpox has been fully vaccinated. The projected risk of a resurgent mpox outbreak is greater than 35% in most jurisdictions in the United States without additional vaccination or adapting sexual behavior to prevent the spread of mpox. New mpox cases among previously vaccinated people can occur, but people who have completed their two-dose JYNNEOS vaccine series may experience less severe symptoms than those who have not.

Currently a cluster of mpox cases in the Chicago area are under investigation. 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. Nine (69%) of 13 cases were among men who had received two JYNNEOS vaccine doses. None of the patients have been hospitalized per Centers of Disease Control and Prevention (CDC) and Chicago Department of Public Health. **See the CDC Health Alert Network for additional details: www.emergency.cdc.gov/han/2023/han00490.asp**

Recommendations for Clinicians Evaluating and Treating Potential Mpox Patients

- Clinicians should refamiliarize themselves with mpox symptoms, specimen collection, laboratory testing procedures, and treatment options, be on the alert for new cases of mpox, and encourage vaccination for people at risk.
- Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact; collect a detailed sexual history for any patient with suspected mpox.
- Perform a complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination to ensure detection of lesions which the patient may be unaware.
- Consider mpox when determining the cause of a diffuse or localized rash**, including in patients who were previously infected with mpox or vaccinated against mpox.** Differential diagnoses include herpes simplex virus infection, syphilis, herpes zoster (shingles), disseminated varicella-zoster virus infection (chickenpox), molluscum contagiosum, scabies, lymphogranuloma venereum, allergic skin rashes, and drug eruptions.
- Specimens should be obtained from lesions (including those inside the mouth, anus, or vagina), if accessible, and tested for mpox and other sexually transmitted infections, including HIV, as indicated as concurrent infection may be present.
- Your **county health department contact** can assist with arranging mpox testing at FDOH laboratories for under or uninsured patients.
- Mpox can commonly cause 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 to treat patients with severe mpox or at risk for severe mpox and is available under CDC's Expanded Access Investigational New Drug (IND) protocol through your **county health department contact.**

- If a clinician intends to prescribe oral tecovirimat, consider seeking access through enrollment in the AIDS Clinical Trials Group (ACTG) Study of Tecovirimat for Human Monkeypox Virus (STOMP) so that the trial can determine efficacy of this drug.
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Mpox Prevention and Vaccination Recommendations

- Practicing safe sex such as not engaging in intimate contact with someone who has an unexplained rash; limiting the number of intimate partners; not engaging in anonymous sex; using condoms, clothing or other physical barriers to reduce skin-to-skin contact during intimacy; and seeking medical care before engaging in intimate or sexual contact if an unexplained rash illness develops can help reduce risk of exposure and spread of mpox.
- JYNNEOS vaccine can be given as either pre-exposure prophylaxis (PrEP) to people at increased risk for exposure or as post-exposure prophylaxis (PEP) to people with known or presumed exposure to the mpox virus.
- People in the community at risk (e.g., gay, bisexual, or other MSM; transgender or nonbinary people) asking for vaccination is adequate attestation to individual risk of mpox exposure.
- JYNNEOS involves 2 vaccine doses given 28 days apart (subcutaneously or intradermal); peak immunity is expected 14 days after the second dose. People who previously received only one JYNNEOS vaccine dose should receive a second dose as soon as possible.
- 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.
- 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 unknown.

Mpox vaccination should be offered to people with increased potential for exposure including:

- 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.

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