INTEGRATING MPOX VACCINATION, TESTING, AND TREATMENT INTO SEXUAL HEALTH AND HIV CLINICAL CARE

VACCINATION

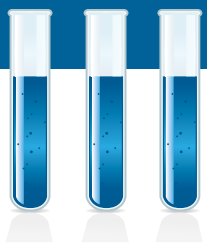
- → VDH Mpox Vaccine Guidance
- → Questions and Vaccine Requests: **mpxquestions@vdh.virginia.gov**
- → CDC Vaccine Considerations

In Virginia, the mpox vaccine JYNNEOS is available to people at risk of mpox exposure or those who have been exposed to mpox. It is available at most local health departments, some pharmacies, and some private providers. Consider offering JYNNEOS as part of routine care to patients seeking services in STI or HIV clinics, patients who say they are eligible, or who disclose risk factors for exposure. The vaccine is now available on the commercial market.

JYNNEOS is administered using the standard FDA-approved regimen (subcutaneous route), which is preferred. The alternative EUA-authorized regimen (intradermal route) can be administered to patients aged 18 and older, if the patient prefers this route.

TESTING

- → CDC Clinical Recognition
- → CDC Testing Patients for Mpox
- → DCLS Testing Instructions



VDH encourages clinicians to look for mpox, especially in people with risk factors. Test by vigorously swabbing a new rash or lesion. Unroofing or aspirating lesions is not recommended. Send tests to commercial laboratories, when possible.

Public health testing at Virginia's state lab (DCLS) is available for uninsured or underinsured people, those at high risk of severe disease, healthcare providers, and those living or working in congregate settings.

The Democratic Republic of Congo (DRC) has had a large, ongoing outbreak of Clade I mpox that has spread to neighboring Central and Eastern African countries. Travel-associated cases outside of Africa, including one case in the U.S., have also occurred. This is different from the Clade II mpox that is responsible for the global outbreak, including U.S. cases. Clinicians evaluating patients with travel to, or contact with, someone with mpox symptoms who traveled to Central or Eastern Africa in the 21 days before illness onset, should send specimens to DCLS for clade testing **after** the LHD has approved testing.

People being tested for mpox who are sexually active should also be tested for HIV and other STIs. Treat if tests are positive.

TREATMENT

- → CDC Clinical Treatment
- → CDC Pain Management
- → CDC clinical consultation service call **770-488-7100** or email **eocevent482@cdc.gov**

Provide supportive care for all patients with mpox based on their needs, including pain management, skin and wound care, maintenance of fluid balance, and treatment of co-occurring STIs including HIV, and bacterial superinfections.

As of November 27, 2024, the STOMP trial is no longer enrolling patients. **TPOXX is no longer available through the STOMP trial.**

TPOXX may still be accessed through CDC's Expanded Access-Investigational New Drug (EA-IND) protocol, if the patient is eligible. Contact the LHD to access TPOXX through the EA-IND.

Consider TPOXX treatment in people with severe mpox, protracted or life-threatening manifestations, or people at high risk for severe disease (e.g., those with severe immunocompromise, active skin conditions, pregnant or lactating, and children).

Additional information at CDC's Information for Healthcare Professionals webpage: www.cdc.gov/poxvirus/mpox/clinicians

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VDH VIRGINIA DEPARTMENT OF HEALTH