Virginia Department of Health
Mpox Information Sheet for Healthcare Providers
Updated 8/21/24

Situation	• Mpox cases caused by Clade II Monkeypox virus (MPXV) continue to be reported in the U.S. and Virginia, reflecting ongoing community transmission. • Mpox spreads mostly through close, intimate contact with someone who has mpox. • Anyone can get and spread mpox, but most U.S. cases have been in gay, bisexual, and other men who have sex with men. • The large mpox outbreak in the Democratic Republic of the Congo (DRC) caused by Clade I MPXV continues and has spread to neighboring countries. On August 14, 2024, the World Health Organization determined the increase of mpox in DRC and neighboring countries constitutes a public health emergency of international concern. In August 2024, Sweden reported the first case of Clade I mpox outside of Africa. • To date, **no cases of Clade I MPXV** have been reported in the U.S., but clinicians should be prepared for the possible introduction into the U.S. and more severe cases. • Providers should take thorough patient sexual and travel histories and recommend vaccination to those eligible. They should contact their local health department (LHD) if they suspect mpox.
Organism	• MPXV belongs to genus *Orthopoxvirus* (Other Orthopoxviruses that can infect humans: variola [smallpox], vaccinia, cowpox virus) • Previously affected areas include parts of west and central Africa • Two clades: Clade I (more severe) and Clade II (milder), with subclades Clade Ib (first identified in DRC), Clade IIa, and Clade IIb (cause of ongoing 2022 global outbreak) • Animal reservoir unknown; hosts include African rodents and nonhuman primates
Transmission	• Direct contact with sores, scabs, or body fluids from an infected person or animal • Indirect contact with contaminated items • Large respiratory droplet transmission during prolonged face-to-face contact
Incubation	3–17 days

Symptoms and Signs	• Characterized by a specific type of rash (see photos below)
	  ○ Both mucosal and cutaneous lesions may occur and can begin on genitals, anorectal areas, or oral cavity.
	  ○ Cutaneous lesions progress through stages: macules → deep-seated, firm, round papules (umbilicate) → vesicles → pustules → scabs
	  ○ Lesions can be the first or only sign of illness. Can present with a few or only a single lesion and may be painful.
	• Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been reported.
	• Some patients have a prodrome, including malaise, fever, lymphadenopathy, and other symptoms.
	• Respiratory symptoms (e.g., sore throat, nasal congestion, or cough) can occur.
	• Illness duration is typically 2–4 weeks.
	• Co-infection with HIV and other sexually transmitted infections (STIs) are common.

Infectious Period	• Some people can spread MPXV to others from 1–4 days before symptoms of mpox appear (pre-symptomatic transmission). • People with mpox are infectious until lesions scab, fall off, and a new layer of skin forms. • No current evidence that people who never develop symptoms have spread mpox to someone else (asymptomatic transmission).

When to Suspect Mpox	• If the patient has a new characteristic rash or if the patient meets one of the epidemiologic criteria listed in the next bullet and there is a high clinical suspicion for mpox
	• Within previous 21 days, patient:
	  ○ Reports having contact with a person with a similar appearing rash or who received a diagnosis of confirmed or probable mpox; OR
	  ○ Had close or intimate in-person contact with individual(s) at-risk for mpox; OR
	  ○ Traveled outside the U.S. to a country with confirmed cases or where MPXV is endemic; OR
	  ○ Had contact with someone who traveled to a country where mpox is endemic; OR
	  ○ Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.).

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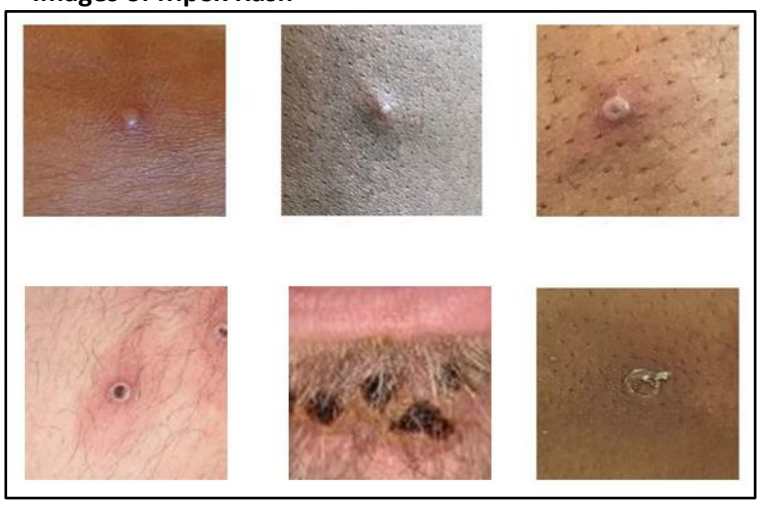
Testing	• Testing is available through Virginia's Division of Consolidated Laboratory Services (DCLS) if patient meets CDC's clinical and epidemiologic criteria; requires coordination with LHD. • If a patient with suspected mpox traveled to DRC or any neighboring country (Republic of the Congo, Central African Republic, Rwanda, Burundi, Uganda, Zambia, Angola, Tanzania, and South Sudan) or had contact with someone with mpox symptoms who traveled to any of the above countries in the 21 days before symptom onset, contact the LHD for approval to send specimens to DCLS for clade testing. ○ Countries with Clade I MPXV outbreaks might change. Refer to CDC's Outbreaks page for a current list. • Testing is also available through multiple commercial labs for patients without a travel history to DRC or neighboring countries or contact with a person with travel history to DRC or neighboring countries. • In addition, test all sexually active people for HIV and other STIs (e.g., syphilis, herpes, gonorrhea, chlamydia) and treat as indicated. Also assess for other immunocompromising conditions.
Infection Prevention and Control	• Standard and transmission-based precautions are needed when evaluating a potential case. Personal protective equipment (PPE) includes gloves, gown, eye protection, and a NIOSH-approved respirator with an N95 filter or higher. • All mpox diagnostic samples and clinical waste (soiled PPE, patient dressings, bandages) can be managed as Category B infectious substances, unless they contain or are contaminated with **cultures of Clade I MPXV**, which would need to be handled as Category A infectious substances. • Use an Airborne Infection Isolation Room if intubating, extubating, or performing other procedures that can cause aerosolization.
Vaccines	• JYNNEOS vaccine: 2-dose series, 28 days apart, administered subcutaneously or intradermally.
Vaccine Eligibility	• Criteria for mpox vaccination eligibility are on the CDC mpox vaccine website. Individuals should not be asked details about their eligibility, however. • CDC's mpox vaccine locator tool is available.
Treatment	• Tecovirimat or TPOXX (ST-246) (IND), Cidofovir, Vaccinia Immune Globulin (IND), or Brincidofovir. • Preferred TPOXX access is through the STOMP Trial, a clinical trial evaluating TPOXX effectiveness for mpox treatment. Patients can participate remotely and do not have to have severe infection or be at risk of severe infection to enroll. Please note there is no enrollment on weekends, but the call center is available. • For patients ineligible or unwilling to participate in STOMP, TPOXX is available from the national stockpile or CDC for severe cases or patients at higher risk of severe illness; providers must coordinate with LHD. • Supportive care to maintain fluid balance, manage pain, treat bacterial superinfections or co-occurring sexually transmitted or superimposed bacterial skin infections. Providers should give detailed guidance on supportive care and address symptoms early to prevent hospitalizations. • CDC Clinical Consultation Service is available (email eocevent482@cdc.gov or call 770-488-7100).

Images of Mpox Rash



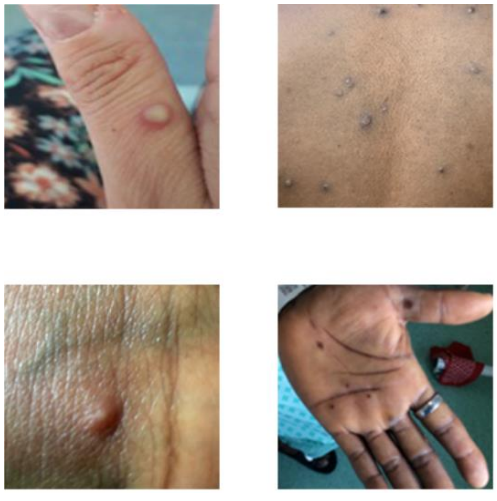


Photo credit: UK Health Security Agency and NHS England High Consequence Infectious Diseases Network. From CDC Clinical Recognition, accessed August 21, 2024.

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