Welcome to the Mpox Training for Healthcare Providers

Eastern Region Session
Chesapeake, VA
February 14, 2024

We will begin at 8:30am!

VDH VIRGINIA DEPARTMENT OF HEALTH

OPENING REMARKS & INTRODUCTIONS

Housekeeping

- Please sign in
- Emergency exits
- Morning refreshments
- Restrooms
- Turn cell phones off, on silent or vibrate.
- CME/CE seekers must complete the program evaluation by close of business February 21, 2024, to receive CME/CE

Thank you! Thank you! Thank you!

- **Thank you to our planning committee**
  - Lauren Lee, Safere Diawara, Donald Moore, Suzi Silverstein, Sue Skidmore and Jenny Calhoun
- **Thank you to our presenters/panelists**
  - Drs. Lauren Lee, Shankar Kurra, Edward Oldfield, III, and Bhagyashree Shastri, Ana Colon and Diana Prat
- **Thank you to our MRC volunteers**

- **And most of all, thank *you all* for attending!**

Accreditation Statement

•In support of improving patient care, this activity has been planned and implemented by Virginia Department of Health and VCU Health. VCU Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

•VCU Health designates this live activity for a maximum of 3 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

•3 ANCC contact hours.

•This activity was planned by and for the healthcare team, and learners will receive 3 Interprofessional Continuing Education (IPCE) credit for learning and change.

For CME Purposes

- Acknowledgment of Commercial/In-Kind Support Announcement
  - Acknowledge there is no commercial support for this activity.
  - Acknowledge there is no in-kind support for this activity.
  - Acknowledge there are no exhibits supporting this activity.

For CME Purposes

- Disclosures of Faculty Conflict of Interest
  - The following members of the Planning Committee and/or UHS-PEP staff report having these relevant financial relationships to disclose:

Calhoun	Jenny	Nothing to Disclose
Diawara	Safere	Nothing to Disclose
Lee	Lauren	Nothing to Disclose
Moore	Donald	Nothing to Disclose
Silverstein	Suzi	Nothing to Disclose
Skidmore	Sue	Nothing to Disclose

For CME Purposes

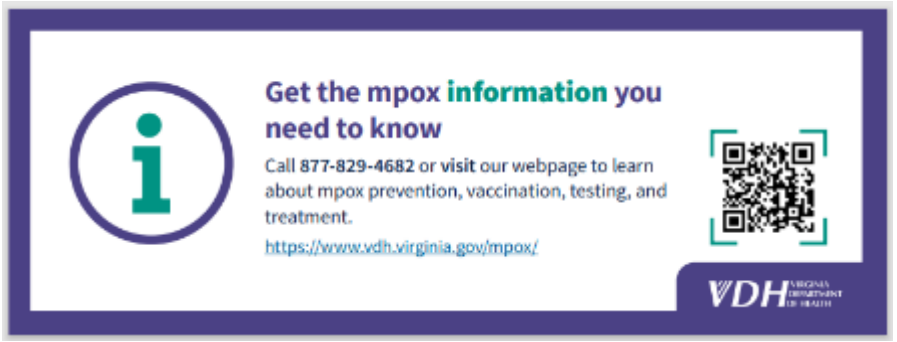
- Disclosures of Faculty Conflict of Interest
  - The following Presenting Faculty Member(s) report having these relevant financial relationships to disclose:

Lee	Lauren	Nothing to Disclose
Kurra	Shankar	Nothing to Disclose
Oldfield, III	Edward	Nothing to Disclose

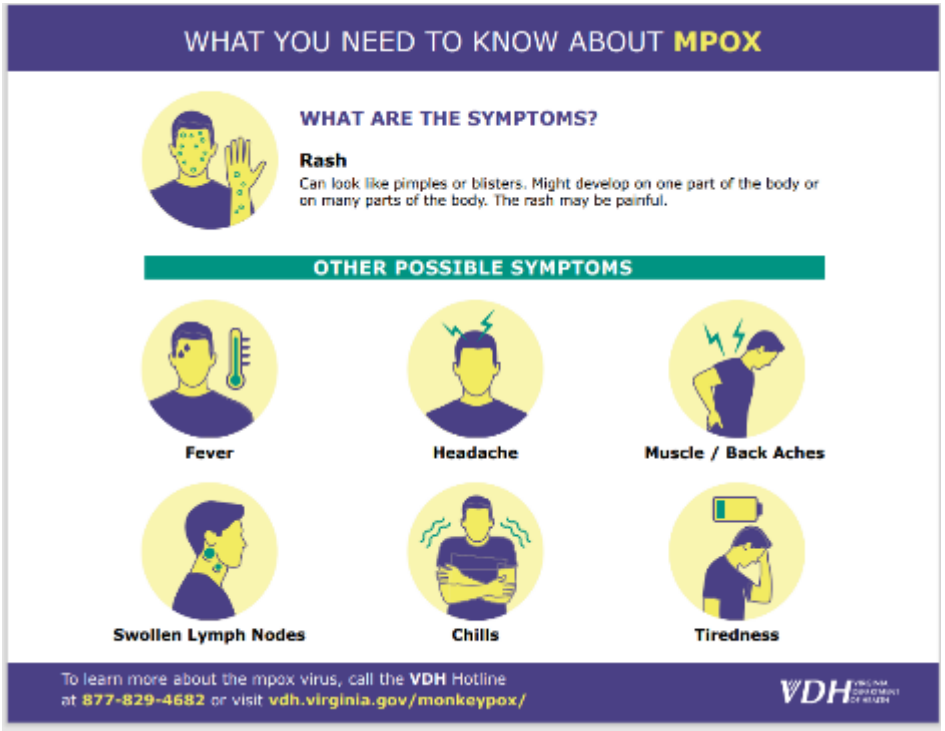
Agenda

8:00 a.m.	Registration and Refreshments
8:30 a.m.	Opening Remarks and Introductions
8:45 a.m.	Mpox Overview
9:30 a.m.	Mpox Vaccination
10:15 a.m.	Break
10:30 a.m.	Mpox Testing and Treatment
11:15 a.m.	Round Table
12:15 p.m.	Final Remarks
12:30 p.m.	Adjourn

Mpox Materials Available



- Local health departments: **Mpox Central Office Assistance Request for LHDs**.
- CBOs and other partners: **Mpox Central Office Printed Materials for Non-LHDs.**



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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 who are at risk of exposure to mpox or those who have been exposed to mpox. JYNNEOS is available at most local health departments and some private providers. Consider offering mpox vaccine as part of routine care to patients seeking services in STI or HIV clinics or to patients that disclose risk factors for exposure.

JYNNEOS may be administered using the standard FDA-approved regimen (subcutaneous route) or the alternative EUA-authorized regimen (intradermal route) for patients aged 18 and older. Providers should discuss with patients to determine which route of administration each patient prefers.

TESTING

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

VDH encourages clinicians to have a high level of suspicion for mpox, especially in people with risk factors. Vigorous swabbing of a new rash or lesion is recommended for specimen testing. It is not necessary to unroof or aspirate the lesion.
Providers should use commercial laboratories for testing whenever possible.

Public health testing at Virginia 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. Contact LHD for more information.

People being tested for mpox who are sexually active should also be tested for HIV and other STIs. If tests are positive, they should be treated.

TREATMENT

- → CDC Clinical Treatment
- → CDC Pain Management
- → CDC clinical consultation service 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, or bacterial superinfections.

Inform patients with mpox about the STOMP Trial, a clinical trial evaluating TPOXX (tecovirimat) effectiveness. Patients do not need to have severe disease or be at high risk of severe illness to enroll in the study. Virginia Commonwealth University is a participating site.

Consider TPOXX treatment in people with severe disease, involvement of anatomic areas which might result in serious complications (e.g., scarring or strictures), or people at high risk for severe disease (e.g., those with poorly controlled HIV, immunocompromised people, people with conditions affecting skin integrity, children <1 year of age, or women who are pregnant or breastfeeding).

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

Adapted from Michigan Department of Health & Human Services www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Mpox/Integrating-Mpox-Vaccination-Into-Routine-Sexual-Health-HIV-Care.pdf

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Mpox Materials Available

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WHAT VACCINES DO YOU NEED?

VACCINE	ABOUT THE VACCINE	WHO CAN GET IT	WHY GET IT	WHEN TO GET IT	WHERE TO GET IT
FLU VACCINE	The annual flu vaccine is designed to protect against the 4 flu viruses that are predicted to be most common this flu season.	Everyone aged 6 months or older.	It can reduce the risk of flu illness, hospitalization, and death. For those who do get the flu, it can reduce the severity of illness.	September and October are the best times to get it, but it can still provide protection if received later and flu is still circulating.	Health departments, pharmacies, and medical offices. Find a location at vaccines.gov
COVID-19 VACCINE	The 2023–2024 COVID-19 vaccines have been updated to target the Omicron XBB.1.5 variant and are expected to provide protection against other Omicron variants.	Everyone aged 6 months or older.	Staying up to date on COVID-19 vaccines protects against severe illness, hospitalization, and death from COVID-19. It also reduces the risk of Long COVID.	People can get the vaccine now. Those previously vaccinated for COVID-19 can receive the vaccine at least 2 months after their last dose.	Health departments, pharmacies, and medical offices. Find a location at vaccinate.virginia.gov
MPOX VACCINE	A two-dose vaccine to protect against mpox.	People who have had close contact with someone with mpox or those at high risk of getting mpox.	It can prevent severe illness, hospitalization, and death from mpox.	Right away if you're eligible– whether you've been exposed to mpox or are at high risk for mpox. Get both doses for the best protection.	Most health departments and some medical offices. Find a location at cdc.gov/poxvirus/mpox/vaccines/vaccine-recommendations.html
MENINGOCOCCAL VACCINE	Two different types of vaccines to help prevent meningococcal disease. Each vaccine type is two doses.	All preteens, teens, and people with certain health conditions, such as HIV.	It can help prevent meningococcal disease, which can cause meningitis.	Right away if you are eligible and have not received a meningococcal vaccine. Get both doses for the best protection.	Most health departments, pharmacies, and medical offices.
OTHER VACCINES	You may need other vaccines, such as those for respiratory syncytial virus (RSV) infection or pneumococcal disease, based on your age, health conditions, or other factors. Talk with your healthcare provider about what vaccines are right for you.				
FOR MORE INFORMATION	Flu and COVID-19: https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/ Mpox: vdh.virginia.gov/mpox Meningococcal: vdh.virginia.gov/surveillance-and-investigation/meningococcal-disease-outbreak-response		In many cases, these vaccines can be given at the same time. If you have questions about any immunization, talk with a healthcare provider or a pharmacist. If you do not have a healthcare provider, find your local health department at vdh.virginia.gov/health-department-locator and talk with them.		

Last updated 10/2023

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Mpox Materials Available

Virginia Department of Health
Mpox Information Sheet for Healthcare Providers
Updated 1/29/2024

Situation	The 2022 multi-country outbreak caused by Clade II Monkeypox virus (MPXV) affected all U.S. states. U.S. cases have decreased significantly but sporadic cases continue to occur and there is a risk of resurgence of cases. Mpox is spreading mostly through close, intimate contact with someone who has mpox. While anyone can get mpox, most cases have occurred in gay, bisexual, and other men who have sex with men. Providers should be on alert for cases (even in vaccinated persons) and contact their local health department (LHD) if they suspect an mpox case. In December 2023, CDC released an alert about sexual spread of Clade I MPXV in the Democratic Republic of the Congo (DRC). To date, no cases of Clade I virus have been reported in the U.S., but clinicians should alert the LHD to discuss clade testing if a patient presents with mpox symptoms and had recent travel to DRC.
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 • Two clades: Clade I and Clade II (milder), with subclades Cl • Current outbreak is Clade IIb • Animal reservoir unknown; hosts include African rodents a
Transmission	• Direct contact with sores, scabs, or body fluids from an infe • Indirect contact with contaminated items • Large respiratory droplet transmission during prolonged fa
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 areas, or oral cavity. ○ Cutaneous lesions progress through stages→macule (umbilicate)→ vesicles→pustules→scabs ○ Lesions can be the first or only sign of illness. Presen and may be painful. • Rectal symptoms (e.g., purulent or bloody stools, rectal pa frequently reported. • Some patients have a prodrome, including malaise, fever, • Respiratory symptoms (e.g., sore throat, nasal congestion, • Illness duration is typically 2-4 weeks • Co-infection with HIV and other sexually transmitted infec
Infectious Period	• Some people can spread MPXV to others from one to four People with mpox are infectious until lesions scab, fall off, • No current evidence that people who never develop sympt
When to Suspect Mpox	• If the patient has a new characteristic rash or if the patient listed in the next bullet and there is a high clinical suspicion • Within previous 21 days, patient: ○ Reports having contact with a person with a similar diagnosis of confirmed or probable mpox OR ○ Had close or intimate in-person contact with individ mpox activity, this includes men who have sex with online website, digital application ("app"), or social ○ Traveled outside the U.S. to a country with confirme *virus* 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.)

Virginia Department of Health
Mpox Information Sheet for Healthcare Providers
Updated 1/29/2024

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 in the 21 days before symptom onset, contact the LHD for approval to send specimens to DCLS. DCLS will forward to CDC for clade-specific testing. • Testing is also available through commercial labs: Aegis Sciences, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare for patients without a travel history to DRC. • 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.
Isolation	• Standard and transmission-based precautions needed when evaluating a potential case • Use an Airborne Infection Isolation Room if intubating, extubating, or other procedure that can cause aerosolization
Vaccines	• JYNNEOS vaccine: 2-dose series 28 days apart, administered subcutaneous or intradermal,

Virginia Department of Health
Mpox Information Sheet for Healthcare Providers
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Mpox Materials Available

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How Do I Know If My Facility's Disinfectant Will Kill Mpox Virus?

Follow these simple instructions to check if the disinfectant product that your facility uses will kill mpox virus.

Step 1: Find the Environmental Protection Agency (EPA) Registration Number. This will be on the product's label.

Example: Super Sani-Cloth wipes *(note: use of this product as an example does not denote VDH endorsement of this specific product)*

Step 2: Go to the EPA List Q website (Disinfectants for Viral Emerging Pathogens)

Step 3: Scroll down to the pathogens section of the List Q website. Note that it says that mpox virus is a **Tier 1** pathogen. When looking at the table of disinfectants, we will want to make sure that the product says "Yes" in the "For use on Tier 1 viruses?" column.

Step 4: Enter your disinfectant's EPA Registration Number in the corresponding field on the List Q website (*in our example, 9480-4*).

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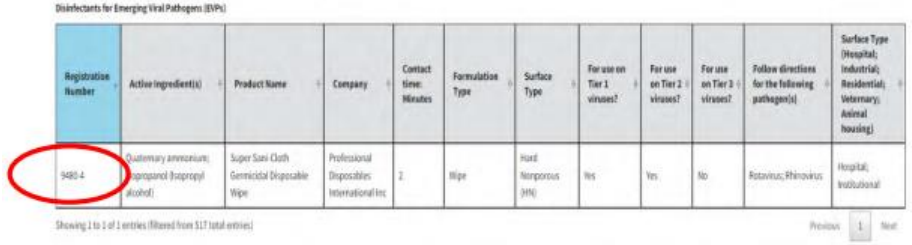
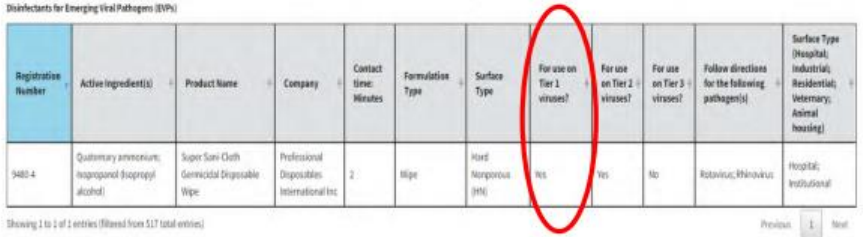
Step 5: If your product is on List Q, it will show up in a row below where you entered the EPA Registration Number.

In our example:



Step 6: Verify that your product is registered for use on Tier 1 viruses.

In our example, "For use on Tier 1 viruses" = "Yes," so it will kill those types of viruses, including mpox virus.



Step 7: Review the table for details on contact time (amount of time surface needs to stay wet to kill mpox virus), types of surfaces on which the product is approved for use, and other key information about the product. Remember, when using the product, always follow the EPA information and manufacturer's instructions for proper use.

How Do I Know If My Facility's Disinfectant Will Kill Mpox Virus? (virginia.gov)

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Lauren Lee, MD, MPH

MPOX OVERVIEW

Lauren Lee, MD, MPH

- Senior Guidance Writer for VDH Health Information Team
- Co-lead of Clinician Outreach Team, VDH Mpox Response
- Education
  - B.A. Biology at Williams College
  - M.D. at Washington University School of Medicine, St. Louis
  - Residency at UCLA Medical Center
  - MPH in Epidemiology at UC Berkeley
- Previously worked as a medical epidemiologist in communicable diseases at the state and local health departments in California
  - SME for various infectious diseases including several respiratory, foodborne and fungal infections

Shankar Kurra, MD, MBA

MPOX VACCINATION

Shankar Kurra, MD, MBA

- Chief Medical Officer
  - Sentara Health, Norfolk, VA, 2022-present

- Chief Medical Officer
  - Monument Health, Rapid City, SD, 2018-2022
  - Fisher-Titus Medical Center, Norwalk, OH, 2012-2018

- Education
  - MBA from George Washington University, Washington, D.C.
  - Residency in Internal Medicine, Indiana University

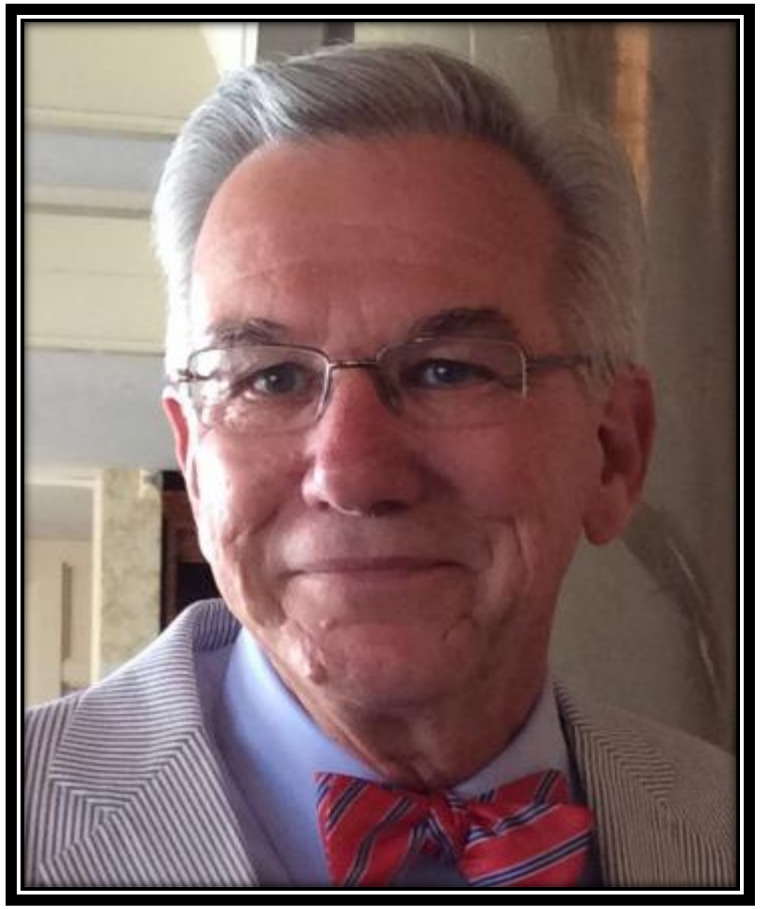
- Board-certified in Internal Medicine
- Practiced Emergency Medicine, Hospital Medicine and Geriatric Medicine

BREAK

Edward Oldfield, III, MD, FACP, FIDSA, FACG, FSHEA

MPOX TESTING AND TREATMENT

Edward Oldfield, III, MD, FACP, FIDSA, FACG, FSHEA



- Co-Founder and Co-Director, Center for the Comprehensive Care of Immune Deficiency (C3ID),
  - Eastern Virginia Medical School (EVMS)
- Director, Division of Infectious Diseases, EVMS

- Professor, EVMS in Medicine & Microbiology & Molecular Cell Biology
- Multiple faculty positions at Uniformed Services University of the Health Sciences & University of California, San Diego

- Education
  - B.A. and M.D., University of Virginia, Charlottesville, VA
  - Internship and Residency, Naval Regional Medical Center, San Diego, CA
  - Fellowship, Infectious Disease, National Naval Medical Center, Bethesda, MD

- VDH AIDS Drug Assistance Program Advisory Council

Safere Diawara, MD

MPOX ROUND TABLE WITH OUR EXPERTS

Safere Diawara, MD, MPH

- Medical Degree in General Medicine
- Oversees Virginia's Ryan White HIV/AIDS program data and clinical quality management program in HIV Care Services at VDH
- Exceptional project leadership skills
  - Ryan White Peer Review process for quality improvement
  - Health Resources and Services Administration (HRSA)-sponsored Virginia Patient Safety and Pharmacy Collaborative program (PSPC)
  - Virginia joint Ryan White Cross-Parts Collaborative
  - Statewide Annual Quality Improvement Project
  - Virginia Quality in Care Consumer Advisory Committee (VACAC)
  - Virginia HIV Rapid Start Collaborative Initiatives

Diana Prat, Deputy Director, Division of Disease Prevention, VDH

VDH MPOX RESPONSE

Mpox CoAg: The Basics

- CDC Public Health Crisis Response Cooperative Agreement” ("CoAg") that provides funding to support the mpox response from **January 2023 – January 2025**
- Assists jurisdictions in **responding to remaining cases**, **preventing future outbreaks** by increasing **vaccine accessibility, demand, and uptake**, specifically among populations recommended to receive vaccine, and **strengthening capabilities to prepare for, and respond to reintroduction** of cases
- All states are included to ensure equitable efforts to **increase vaccination coverage among populations at risk** of exposure are established, especially those that aim to **reduce vaccination disparities**, and that state health departments are **prepared to respond to future outbreaks** of cases

Mpox CoAg Activities in Virginia

Increase Vaccine Coverage, Uptake, and Accessibility

- Increase education
- Maintain and promote Mpox vaccine locator
- Ensure availability and administration in HIV and sexual health clinics
- Expand partnerships with CBOs, Comprehensive Harm Reduction clinics

Implement Communication Strategy

- Statewide ad campaign (Jun-Dec)
- Develop and maintain resources on website or The Comms Hub
- Print PRIDE or other materials for LHDs and community partners
- Identify network of influencers
- Engage in targeted outreach through channels
- Engage in social media messaging

Sustain Outreach and Education

Community Outreach

- Engage CBOs and AIDS Drug Assistance Advisory Committee
- Conduct 3 tele-town halls

Clinician Outreach

- Engage and educate (webinars and newsletters)
- Strengthen relationships with providers serving LGTQIA
- Conduct 3-4 workshops for sexual health/HIV and other providers caring for at-risk people to share best practices and incorporate into routine care

Conduct Investigation/Surveillance

- Prepare for surge (refresh on Epi/DIS coordination, set threshold for press release, develop template)
- Integrate case/vaccination data
- Provide quarterly surveillance summaries
- Provide DCLS specimen collection kits and enhance capacity (automated extraction method)

Safere Diawara, MD

MPOX ROUND TABLE WITH OUR EXPERTS

To receive CME/CE credits, your program evaluation must be completed by close of business February 21, 2024!

THANK YOU FOR HELPING TO END MPOX!