

Mpox Updates for the District of Columbia

December 27, 2023

Dear Colleague,

The US Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory on Thursday, December 7, 2023, regarding the occurrence, geographic spread, and sexually associated human-to-human transmission of Clade I mpox virus (MPXV) in the Democratic Republic of the Congo (DRC). MPXV is endemic in densely forested regions of West, Central, and East Africa, especially in the northern and central regions of DRC. The virus has two subtypes, Clade I and Clade II. The purpose of this letter is to provide an update regarding the outbreak in DRC and to review/update recommendations for reporting, diagnostic testing, treatment, and vaccination. Clinicians should be aware of the possibility of Clade I MPXV for travelers who have recently (within 21 days) been to DRC, particularly in the northern and central regions of the country.

The global Clade II mpox outbreak that began in 2022 has continued; however, there has been a decline in cases since August 2022. Cases continue to be reported in countries non-endemic for mpox including the United States. The global Clade II outbreak has disproportionately impacted bisexual and gay men, including other men who engage in sex with men. Clade I MPXV is more transmissible and causes more severe infections than Clade II MPXV, with up to a 10% fatality rate. Between January and November 2023, there were 12,569 suspected cases of mpox reported in the DRC, its highest annual number of cases ever reported, including 581 deaths (case fatality rate 4.6%). Importantly, sexual spread of Clade I MPXV has been identified for the first time. Of the suspected cases, 1,106 were tested by real-time polymerase chain reaction (RT-PCR), and 714 tested positive for MPXV (test positivity rate of 65%). As of today, existing surveillance mechanisms have not detected any Clade I MPXV infections in the United States. There are currently no direct commercial passenger flights from DRC to the US. The risk to the US from Clade I MPXV remains low, but CDC is encouraging enhanced MPXV surveillance efforts.

Clinicians are advised to remain vigilant and to consider the diagnosis of mpox in patients presenting with a rash or lesions, particularly in those at high-risk for mpox exposure. In November 2023, the number of mpox cases in the District of Columbia increased to eight (8) from an average of three (3) cases per month over the previous six month period. Locally, we are noticing cases occurring in fully vaccinated individuals, cases of reinfection, and cases from nonsexual as well as sexual contact. Infections may be milder in cases of reinfection and in vaccinated individuals.

DC Health Recommendations for Clinicians

DC Health encourages clinicians to consider mpox when evaluating patients with diffuse or localized rash or lesions, even in those who are vaccinated or were previously diagnosed with mpox. Mpox lesions may be small, firm and rubbery, deep-seated, and well-circumscribed, or they may be large, with diffuse, centrifugal lesion distribution (Examples can be found online: [cdc.gov/poxvirus/mpox/clinicians/clinical-recognition.html](https://www.cdc.gov/poxvirus/mpox/clinicians/clinical-recognition.html)). Clinicians should conduct a comprehensive patient history to determine if there is a potential exposure to mpox or any epidemiologic risk factors (i.e., men having sexual encounters with other men, travel to the DRC, etc.). Clinicians should also perform a complete physical exam, including a thorough skin and

mucosal examination (e.g., genital, anal, oral) in a room with good lighting. It is also important to consider a broad range of potential diagnoses, such as syphilis, varicella-zoster, herpes simplex, molluscum contagiosum, scabies, bacterial skin infections, lymphogranuloma venereum, allergic skin rashes, and drug eruptions. Patients may have multiple infections at the same time. Consider the possibility of Clade I MPXV if a patient reports recent travel to DRC within 21 days of the onset of illness. CDC encourages clade-specific testing to be performed on specimens from patients who report recent travel to the DRC. Please notify DC Health about suspected mpox cases by phone immediately at (844) 493-2652 and submit a *Notifiable Disease and Condition Case Report Form* online using DCRC: dccovid.force.com/provider/s/login. Collect specimens for MPXV testing as outlined at cdc.gov/poxvirus/mpox/clinicians/prep-collection-specimens.html. DC Health will provide assistance and work with the DC Public Health Laboratory (PHL) to coordinate collection of lesion samples, testing, and consultation with CDC as needed.

Waste Management

If a patient screens positive for signs and/or symptoms associated with mpox **AND** has traveled to the DRC within the past 21 days, please follow the necessary procedures to dispose of waste as Category A Medical Waste. This is a precautionary measure as it can take approximately a week to identify the specific clade of mpox, if positive. Refer to your facility's specific policies and procedures regarding the disposal of Category A Medical Waste. Waste generated from interactions with patients presenting with signs and/or symptoms *without* the epidemiological risk factor of travel to the DRC should continue to be managed as Category B (UN3291), regulated medical waste.

Patient Movement When the 9-1-1 System is Activated

Patients who activate the 9-1-1 system will be transported to the closest most appropriate facility. DC Health's EMS Program will be issuing guidance to DC Fire and EMS (FEMS) as well as other EMS clinicians regarding identification of potential cases. The guidance will include language directing EMS clinicians (Emergency Medical Technicians [EMTs], Advanced EMTs [AEMTs], and Paramedics) to alert the receiving facility of potential mpox as it may be difficult to discern in the out-of-hospital environment. Additionally, EMS clinicians will be advised to inquire about the patient's recent travel history if they have any readily identified lesions and take appropriate steps if they have epidemiological risk factors (i.e., travel to the DRC within the past 21 days). Only those patients that are unstable, if possible, and those with epidemiological risk factors will be transported directly to treatment facilities versus the nearest facility to the scene of the 9-1-1 activation.

In the event there are patients who are evaluated, discharged, and require subsequent re-evaluation and/or treatment, those patients will work directly with DC Health to coordinate care, including activation of DC FEMS for transportation, if needed, and prenotification of the receiving facility.

Vaccination

- Clinicians should review vaccination recommendations and strongly encourage vaccination for eligible patients. CDC does not recommend routine MPXV vaccination

- for the general public or for health care workers who are not at increased risk for exposure to orthopoxviruses.
- CDC continues to recommend that people with risk factors for mpox be vaccinated with two doses of the JYNNEOS vaccine.
 - Eligible patients who have only received one dose of the JYNNEOS vaccine should receive the second dose as soon as possible after the four week waiting period. Patients who are beyond the 28 day period should still get their second dose regardless of the amount of time beyond the 28 day period that has elapsed since the first dose.
 - Vaccination with JYNNEOS or ACAM2000 or prior MPXV infection should provide antibodies that will provide cross-protection to other orthopoxviruses, including Clade I MPXV. In addition, treatment with tecovirimat, brincidofovir, and vaccinia immune globulin intravenous have been effective for Clade II MPXV infections in the US and are expected to be effective for Clade I MPXV infections. Tecovirimat is available through the STOMP trial and Investigational New Drug (IND) protocol. (See: [Tecovirimat \(TPOXX\) IND Information \(cdc.gov\)](#))
 - For information about eligibility criteria for MPXV vaccination and where to get a vaccine in DC, visit dchealth.dc.gov/page/mpox.
 - See also *Vaccination Basics for Healthcare Professionals* at: cdc.gov/poxvirus/mpox/clinicians/vaccines/vaccine-basics-healthcare.html.

Thank you again for your continued partnership.

Sincerely,

Ayanna Bennett, MD, MPH, FAAP
Director, DC Health