

November 25, 2024

## Health Notice for District of Columbia Healthcare Providers First Case of Clade I Mpox Diagnosed in the United States

### SUMMARY

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This notice is updated to include information about the first case of clade I mpox reported in the United States, guidance around travel health visits, and recommendations for travelers. Please refer to DC Health's initial [HAN regarding human-to-human transmission of clade I mpox in DRC](#) for additional context.

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory on Monday, November 18, 2024, to provide information about the first case of clade I mpox detected in the United States. On August 14, 2024, this outbreak was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). As of November 15, 2024, over 12,000 confirmed cases and at least 47 deaths due to clade I mpox have been reported in the DRC and neighboring countries. Clade I MPXV is endemic in the DRC, however the current outbreak is more widespread than previous the DRC outbreaks and has spilled over into other countries. This outbreak is separate from the ongoing global mpox outbreak, which began in 2022 and is caused by clade II MPXV. DC healthcare providers should continue to consider mpox in patients with signs, symptoms, and epidemiologic characteristics consistent with MPXV infection, submit specimens for clade-specific testing, and report cases to DC Health.

### UPDATED INFORMATION

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On November 15, 2024, the California Department of Public Health confirmed the first known case of clade I mpox in the United States. The case had recently traveled to areas experiencing clade I MPXV transmission and was treated at a local medical facility soon after their return. They have since been isolating at home, have not required treatment specific for mpox, and are experiencing symptom improvement. The CDC will conduct additional viral characterization and work with California to identify and follow up with potential contacts. As of November 18, no additional clade I mpox cases have been reported in the U.S.<sup>1</sup>

From January 1 to November 15, 2024, around 12,000 confirmed (47,000 suspected) clade I cases and at least 47 deaths have been reported in DRC, Burundi, Central African Republic (CAR), Republic of Congo (ROC), Rwanda, and Uganda. Data suggests that a large proportion of clade I mpox cases among adults have been associated with heterosexual contact. Household transmission, including to children, has also been reported.<sup>1</sup>

Since July 2024, 17 travel-associated cases of clade I mpox have been reported in Kenya.<sup>1</sup> On August 15, Sweden reported one confirmed case of clade I mpox, the first time that the variant has been found outside of central and eastern Africa.<sup>2</sup> Travel-associated cases of clade I mpox have since been reported in Thailand, India, Germany, the United Kingdom, Zambia, Zimbabwe, and the United States.<sup>3,1</sup> Other than to close household contacts in Kenya and the UK, no onward spread has been reported.<sup>1</sup>

Data currently suggests that clade Ib may be less severe than clade Ia with a fatality rate less than 1%. No deaths have occurred in travel-associated clade Ib cases, and relatively mild courses of disease have been described in available case information. Currently, the CDC considers the overall risk of clade I mpox to the

United States public to be low.<sup>1</sup> Nevertheless, healthcare providers should maintain heightened suspicion for mpox in patients with compatible symptoms and who have recently traveled to countries with ongoing human-to-human transmission of clade I mpox.<sup>4</sup>

To date in 2024, 22 clade II mpox cases have been reported in the District of Columbia. No more than five cases have been reported in any given month in 2024.

## RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

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### During travel health visits:

- Discuss mpox prevention and [risk reduction strategies](#) with all travelers to [countries with ongoing human-to-human transmission of clade I MPXV](#).
- Discuss patients' travel plans, including if they anticipate any sexual activity during travel. Up to [one in three travelers](#) will have sex with a new partner while on a trip.
- Advise travelers on mpox risk associated with sexual contact (regardless of sexual orientation or gender identity) and risk reduction strategies if they plan to travel to countries with ongoing human-to-human transmission of clade I MPXV.
- [Recommend vaccination](#) with the 2-dose JYNNEOS vaccine series to any adult, regardless of sexual orientation or gender identity, if they are traveling to a country where clade I MPXV is spreading between people **and** anticipate any of the following:
  - Sex with a new partner
  - Sex at a commercial sex venue (e.g. sex club or bathhouse)
  - Sex in exchange for money, goods, drugs, or other trade
  - Sex in association with a large public event (e.g. rave, party, or festival)
- Recommend vaccination at least 6 weeks prior to travel, since two doses should be given 28 days apart and it takes 14 more days to reach peak immunity.
- Encourage risk reduction strategies with patients who are not eligible for vaccination or do not present in time to receive the two recommended vaccine doses 28 days apart. This includes patients who may be at risk exclusively from day-to-day household contact or patient care.

### Patient evaluation and management:

- Follow CDC guidance on mpox [infection prevention and control](#) to minimize transmission risk when evaluating and providing care to patients with suspected mpox.
- Consider mpox in patients with lesions, other signs and symptoms, and epidemiologic characteristics consistent with mpox. This includes patients who have been in DRC, Burundi, CAR, Kenya, ROC, Rwanda, Uganda, Zambia, or Zimbabwe in the previous 21 days and people who have been in close or intimate contact with symptomatic people who have been [in these countries](#).
- Test all suspected cases for MPXV as quickly as possible. If a symptomatic patient reports relevant travel in the 21 days prior to symptom onset, contact DC Health at [mpox.epi@dc.gov](mailto:mpox.epi@dc.gov) to facilitate testing for MPXV that includes clade I MPXV testing.
- Other diagnoses to consider include herpes simplex virus (HSV; genital herpes), syphilis, herpes zoster (shingles), disseminated varicella-zoster virus infection, molluscum contagiosum, scabies, lymphogranuloma venereum, allergic skin rashes, and drug eruptions.
- Conduct a thorough sexual history to assess possible mpox exposures or risk factors.
  - For more information about conducting sexual histories, see <https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html>.

- Perform a thorough physical exam including the skin, oral mucosa, and genital and anorectal area.
- Evaluate any individual who presents with genital, anal, or perianal ulcers, proctitis, or a diffuse rash for sexually transmitted infections (STIs). The diagnosis of an STI does not exclude mpox, as a concurrent infection may be present. (Please see the [CDC STI Treatment Guidelines](#)).
- Share [isolation precautions](#) and counsel patients suspected of having mpox about how to prevent household and community transmission.
- **Testing\***: Skin lesion material (including swabs of lesion surface, exudate, or lesion crusts) should be submitted for laboratory testing. **Unroofing, lancing or aspiration of lesions is not recommended** due to the risk for sharps injury.
  - For more information, see <https://www.cdc.gov/mpox/hcp/diagnosis-testing/collecting-specimens.html>.
- **Treatment**: For many patients, supportive care and pain control may be sufficient. Selected patients with (or at risk for) severe disease may benefit from antiviral treatment, such as *Tecovirimat* (TPOXX). A full description of treatment criteria for TPOXX and prescribing information can be found at <https://www.cdc.gov/poxvirus/mpox/clinicians/tecovirimat-ea-ind.html>.
  - Clinicians are encouraged to refer patients who would benefit from TPOXX for enrollment in the NIH-funded STOMP trial ([Study of Tecovirimat for Human Mpox Virus](#)). STOMP is an ongoing multicenter clinical trial to evaluate the efficacy of TPOXX in the treatment of mpox. STOMP includes a placebo-controlled, randomized arm, and an open-label option for individuals with severe disease or those who decline randomization. **Remote enrollment is available. NOTE: Do not allow the process of enrollment in STOMP to delay needed treatment.**
  - For patients who are not eligible or not interested in participating in the STOMP trial., TPOXX is also available through DC Health using the DC Health Mpox TPOXX Request Form at <https://forms.office.com/g/NtnXmp17FF>.
  - For more information, see <https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html>.
  - See also [Clinical Considerations for Pain Management of Mpox](#).

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\*Currently, the Public Health Laboratory (PHL) can only accept dry swab specimens. For the most current information about ortho/mpox testing at LabCorp, see <https://www.labcorp.com/infectious-disease/mpox>, and for Quest, see <https://www.questdiagnostics.com/healthcare-professionals/about-our-tests/infectious-diseases/monkeypox>.

#### **Vaccination:**

- Clinicians should review vaccination recommendations and strongly encourage vaccination for eligible patients. CDC does not recommend routine mpox vaccination for the general public or for health care workers who are not at increased risk for exposure to orthopoxviruses.
- For information about eligibility criteria for mpox vaccination and where to get a vaccine in DC, visit <https://dchealth.dc.gov/page/mpox>.
- See also [Vaccination Basics for Healthcare Professionals](#).

#### **Waste Management:**

- [Updated guidance](#) for diagnostic samples and clinical waste advises that waste contaminated with clade I or clade II MPXV is designated as [Category B](#) infectious substances **except** when they contain or are contaminated with laboratory cultures of clade I MPXV.
- MPXV clade I viral cultures are most appropriately classified as [Category A](#) infectious substances.
- Please refer to the [U.S. Department of Transportation \(DOT\) Safety Advisory Notice](#) for details.

- Laboratorians should follow [CDC's Biosafety Laboratory Guidance for Handling and Processing Mpox Specimens](#).

*For further guidance regarding monitoring of close contacts of people with mpox, infection control recommendations for healthcare facilities, and infection control recommendations for home settings please see DC Health's [Health Notice for District of Columbia Health Care Providers: Mpox Virus Infection in the United States and Other Non-endemic Countries](#).*

## RECOMMENDATIONS FOR PRIORITY POPULATIONS

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In the United States, clade II mpox is still primarily spread through sexual and intimate contact, and gay, bisexual, and other men who have sex with men (MSM) have a higher risk of infection. However, reported mpox cases are much lower than at the peak in July and August of 2022, and DC Health continues to offer MPXV vaccines to all who meet the eligibility criteria.<sup>4</sup> CDC has assessed the risk of clade I MPXV to gay, bisexual, and other MSM who have more than one sexual partner and people who have sex with MSM, regardless of gender, as low to moderate.<sup>5</sup> These populations should [seek vaccination](#), if eligible, to lower the risk of infection. Individuals who develop signs or symptoms of mpox should promptly follow [isolation precautions](#) and seek medical care.

Travelers to [countries with ongoing human-to-human transmission of clade I mpox](#) should:

- Learn about activities that may [increase risk of exposure](#), [risk reduction strategies](#), and how to [prevent mpox while traveling](#).
- Avoid close contact with people who are sick with [signs and symptoms of mpox](#), including skin or genital lesions
- Avoid contact with contaminated materials used by people who are sick, such as clothing, bedding, toothbrushes, sex toys, or materials used in healthcare settings.
- Regardless of sexual orientation or gender identity, talk to a provider about getting vaccinated with two doses of JYNNEOS if they anticipate any of the following:
  - Sex with a new partner
  - Sex at a commercial sex venue (e.g. sex club or bathhouse)
  - Sex in exchange for money, goods, drugs, or other trade
  - Sex in association with a large public event (e.g. rave, party, or festival)
- [Get vaccinated](#) at least 6 weeks before traveling.

## RECOMMENDATIONS FOR THE PUBLIC

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The risk of both clades I and II MPXV to the general US population is assessed to be low. CDC does not recommend routine mpox vaccination for the general public or healthcare workers who are not at increased risk for exposure to orthopoxviruses. Members of the public exhibiting symptoms consistent with mpox should contact their healthcare providers for assessment.

## REPORTING REQUIREMENTS

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Please notify DC Health about suspected mpox cases by submitting a Notifiable Disease and Condition Case Report Form online using DCRC: <https://dccovid.force.com/provider/s/login>. DC Health is available to provide assistance with specimen collection, testing, and consultation with CDC as needed.

## ADDITIONAL RESOURCES

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- [CDC | Mpox](#)
- [DC Health | Mpox](#)
- [CDC Health Alert Network: First Case of Clade I Mpox Diagnosed in the United States](#)
- [CDC Health Alert Network: Prevention Strategies for Mpox, including Vaccinating People at Risk via Sexual Exposure, for U.S. Travelers Visiting Countries with Clade I Mpox Outbreaks](#)
- [WHO Director-General declares mpox outbreak a public health emergency of international concern](#)
- [Travel Notice: Clade I Mpox in the Democratic Republic of Congo and Neighboring Countries](#)
- [Mpox Waste Management](#)
- [Mpox Rapid Risk Assessment](#)

## REFERENCES

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1. "First Case of Clade I Mpox Diagnosed in the United States." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 18 Nov. 2024, <https://emergency.cdc.gov/han/2024/han00519.asp>.
2. "Sweden Detects Clade 1 Mpox for the First Time Outside Africa - The Washington Post." *The Washington Post*, 15 Aug. 2024, [www.washingtonpost.com/health/2024/08/15/mpox-sweden-africa-clade1](http://www.washingtonpost.com/health/2024/08/15/mpox-sweden-africa-clade1).
3. "Clade I MPOX Outbreak Originating in Central Africa." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 23 Oct. 2024, [www.cdc.gov/mpox/outbreaks/2023/index.html](http://www.cdc.gov/mpox/outbreaks/2023/index.html).
4. "Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 7 Aug. 2024, <https://emergency.cdc.gov/han/2024/han00513.asp>.
5. "Mpox Rapid Risk Assessment." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 8 July 2024, [www.cdc.gov/forecast-outbreak-analytics/about/mpox-risk-assessment.html](http://www.cdc.gov/forecast-outbreak-analytics/about/mpox-risk-assessment.html).

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at:  
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