

TO: Vermont Health Care Providers and Health Care Facilities
DATE: July 13, 2023
FROM: Allison Lafferty, MD, Health Department Epidemiologist

Update on the Mpox Virus

BACKGROUND

This health advisory provides recent information about mpox, formerly called monkeypox, for health care providers and facilities and is based on information from the Centers for Disease Control and Prevention (CDC). See [HealthVermont.gov/mpox](https://healthvermont.gov/mpox) or cdc.gov/mpox for additional information.

Vaccination (JYNNEOS)

There have been over 30,500 cases and 43 deaths reported in the United States since the start of the mpox outbreak. While new cases have slowed, the risk of future outbreak activity continues. [CDC modeling](#) demonstrates a linear relationship between the vaccination rate of at-risk populations and the risk of sustained outbreak transmission. While this virus can infect anyone, it continues to disproportionately affect gay, bisexual and other men or trans people who have sex with men.

Vaccine is the best defense against a resurgence of cases. Studies show two doses of JYNNEOS vaccine are up to 88% effective as seen in the May 2023 [Morbidity and Mortality Weekly Report \(MMWR\)](#). This paper also showed that two doses have increased efficacy over one dose. Assess your patients and offer vaccine to those who might benefit, including but not limited to those on HIV PrEP or with recent diagnoses of sexually transmitted infections.

As of July 5, 1,310 doses of JYNNEOS vaccine have been administered in Vermont. Of those who received the JYNNEOS vaccine in Vermont, 28% of those considered high risk were fully vaccinated with two doses and 45% of those considered high risk received at least one dose. All providers enrolled in the Vermont Immunization Program can order JYNNEOS. Anyone who considers themselves to be at risk of mpox exposure—regardless of sexual orientation or gender identity—is eligible for the JYNNEOS vaccine. Patients can still get the second dose even if it has been longer than 28 days since the first dose—there is no need to restart the series. Intradermal and subcutaneous are both acceptable routes of administration.

Resources for Patients and Community Partners

CDC is promoting mpox vaccination and other sexual health considerations through their national [Get Ready and Healthy for Summer 2023](#) campaign. Additionally, the Health Department is promoting mpox vaccines in Vermont with a paid digital campaign and resources for partners and patients:

- [Mpox Partner Toolkit](#) (talking points, email, letter and newsletter templates, and sample social media posts)

- [Mpox Vaccine Locator](#)
- [Mpox informational videos and fact sheets translated in many languages.](#)

Diagnostic Testing

If you clinically suspect mpox, please consult with Health Department epidemiologists and review the instructions for sample submission on [Health's mpox webpage](#). Perform testing when mpox is suspected based on clinical presentation, especially if a patient might have had contact with someone in a social network experiencing mpox activity. If a patient reports no close, personal contact with someone with an mpox infection, other possible causes of rash should be considered, including:

- Adults: secondary syphilis, herpes simplex virus, folliculitis, varicella zoster
- Children: varicella zoster, molluscum contagiosum

Test for other potential etiologies in parallel with mpox based on clinical presentation and epidemiologic criteria. [The Vermont Clinician Support Initiative | VisualDx](#) application can assist with differential diagnoses.

Cases of mpox in fully and partially vaccinated individuals have been observed. Despite high vaccine efficacy, breakthrough cases are possible. Vaccination has been shown to reduce the severity of illness and need for hospitalization in these patients. Testing cases that are clinically suspicious are indicated even if individuals have been previously vaccinated.

Laboratory Testing

Testing at the Health Department Laboratory typically has a turnaround time of 1-2 business days upon receipt and is provided at no charge. Please use the Health Department Laboratory preferentially, especially when you have a high clinical suspicion of mpox, and for uninsured or underinsured patients. Please consult with a Health Department epidemiologist 24/7 at 802-863-7240 (option 2) when collecting specimens.

Commercial labs offering mpox testing typically have a turnaround time of several days and will bill private insurance, Medicaid or Medicare. Those who are underinsured or uninsured will receive a bill for mpox testing. Refer to your organization's billing practices to identify appropriate CPT codes. If you are using a commercial lab, please refer to their specimen collection instructions.

Treatment

There are no U.S. Food and Drug Administration (FDA)-approved treatments for mpox. [Tecovirimat](#) (also known as TPOXX or ST-246) is approved by the FDA for treatment of human smallpox disease. CDC has made this treatment available through STOMP (Study for Tecovirimat for Human Mpox Virus) and an EA-IND (Expanded access Investigational New Drug Application) to allow use of TPOXX to treat mpox in adults and children. This drug is available in oral and intravenous formulations. CDC treatment guidance for clinicians can be

found at [CDC Medical Countermeasures](#).

REQUESTED ACTIONS

- Familiarize yourself with mpox signs and symptoms. See [CDC mpox clinical recognition](#).
- Identify patients who would benefit from mpox vaccination and offer the vaccine or refer to a vaccination location using the [Mpox Vaccine Locator](#).
- Include mpox vaccination as part of your routine sexual health discussions with patients.
- Call the Vermont Department of Health's Infectious Disease Program at (802) 863-7240 (option 2) to speak with an epidemiologist 24/7 if you suspect a case of mpox.
- Be familiar with the [Mpox Treatment Algorithm](#).

If you have any questions, please contact Daniel Daltry at: Daniel.Daltry@vermont.gov

To be removed from the HAN or have your information updated
please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.