From: CTDPHHealth_Alert_Network@ct.gov <noreply@everbridge.net>
Sent: Monday, May 20, 2024 3:29 PM
Subject: Updates on Mpox -- Recent Increase in Mpox Incidence in Connecticut

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To: Infectious Diseases Contacts, Local Health Directors, and CVP Providers

Hello,

Please see attached an update on mpox, including information about a recent increase in mpox incidence in CT. Offer and encourage vaccination for people at risk.
This update also was distributed to all licensed physicians, APRNs, PAs, and RNs on May 17.

Thank you.

Sent on behalf of
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Updates on Mpox for Connecticut Physicians, APRNs, PAs, and RNs:

Key Messages

- **Mpox incidence in Connecticut is increasing, with six cases reported during April 2024.** Providers should remain vigilant for mpox in all persons, including those at increased risk of exposure and those previously vaccinated.
- **Offer and encourage vaccination for people at risk.** Clinics offering the vaccine are listed **online**. The two-dose series should be completed for maximum protection. Vaccination is particularly important for people at risk of exposure who are immunocompromised, including those with HIV, who might have more severe disease due to mpox.
- **Maintain a low threshold for mpox testing in individuals with consistent clinical symptoms.** Mpox testing is available through the State Public Health Laboratory (SPHL), commercial laboratories, and one CT hospital laboratory. Check with your healthcare system about testing availability. Testing at SPHL is encouraged to facilitate turnaround and clade determination. Guidance about specimen submission to SPHL is **online**.
- **A distinct outbreak of mpox (Clade I) is occurring in central Africa.** Consult with DPH about mpox testing for patients with compatible clinical symptoms and travel history to central Africa or recent close contact with someone who recently travelled to central Africa (860-509-7994 [M-F, 8:30-4:30] or 860-509-8000 [after hours, holidays, and weekends]).

Increasing mpox incidence in Connecticut

There has been a recent increase in mpox activity in Connecticut. **Eight mpox cases have been reported so far in 2024; six of these cases were reported during April.** Not all reported cases can be linked to other known cases, raising the concern for unrecognized cases. **Healthcare providers should remain vigilant for mpox.**

Mpox cases have been disproportionately reported in people who self-identify as gay or bisexual men, other men who have sex with men, and gender diverse individuals who have sex with men. Most recent cases were in people identifying as Hispanic and aged 30-40 years old. However, people of any sexual orientation, gender identity, race/ethnicity, or age can become infected and transmit mpox.

JYNNEOS vaccine uptake and commercialization

Completion of the two-dose JYNNEOS vaccine series is associated with a reduced risk of mpox. However, it is estimated that **only one in three people recommended to receive the vaccine in Connecticut are fully vaccinated.** Among eight mpox cases reported to date in 2024 in Connecticut, 87% (7) were in people who were not vaccinated. Increasing vaccine uptake is essential to prevent infections and severe disease.

On April 1, 2024, the JYNNEOS vaccine became available on the commercial market. Providers should identify a commercial vendor for JYNNEOS to assure continued access to the vaccine. Available no cost federal JYNNEOS vaccine supplies are anticipated to last through summer 2024. In the future, JYNNEOS vaccine also will be available through the Vaccines for Children (VFC) Program.

Clade I Mpox Outbreak in Central Africa

There are two clades of mpox virus; ongoing transmission in the US is associated with Clade II mpox virus. A distinct outbreak ongoing in the Democratic Republic of Congo is caused by Clade I mpox virus. Clade I mpox appears to be more transmissible and to cause more severe disease compared to Clade II mpox. There have been no reported cases of Clade I mpox in the US, and no evidence of transmission outside of endemic countries of Central Africa. Vaccination, therapeutics and infection prevention and control measures used for Clade II mpox are expected to be effective for Clade I mpox.

Recommendations for Healthcare Providers

1) **Testing**
   - Sexual history taking should focus on the 5 P's. The GOALS Framework for Sexual History Taking provides a patient-centered approach to collect this information.
   - Given mild signs and symptoms reported by most cases since the 2022 outbreak, maintain a low threshold for mpox testing to reduce the potential for missed cases. Consider testing for mpox in patients with new onset clinically compatible skin lesions.
   - Mpox can occur concurrently with other diseases, including other rash illnesses such as varicella-zoster virus, herpes simplex virus or syphilis. **All patients with mpox who are not known to have HIV should be tested for HIV**.
   - Submit specimens for mpox testing to the State Public Health Laboratory (SPHL), or other testing laboratory. Check with your healthcare system about testing availability. Guidance about specimen collection and submission to SPHL is online. Acceptable specimen types include dry swabs of crusts and/or fluid from an active, open lesion; dry swabs of an intact vesicle or pustule; or a scab from a lesion.
   - **Submit to SPHL all specimens from patients with travel history to endemic countries in central Africa or recent close contact with someone with travel history to central Africa to facilitate rapid turnaround and clade determination.**
   - CT DPH epidemiologists are on-call 24/7 for consultation (**860-509-7994** [M-F, 8:30-4:30] or **860-509-8000** [after hours, holidays, and weekends]).

2) **Vaccination**
   - Continue to encourage vaccination as recommended by the Advisory Council on Immunization Practices (ACIP), especially for people with a higher risk of mpox complications (e.g., people with advanced HIV or other severe immunocompromise).
   - Advise those who have not yet received a second vaccine dose to do so as soon as possible, regardless of how much time has passed since their first dose.
   - If you do not offer vaccination, refer patients to vaccination sites in Connecticut. Vaccination is free for patients while federal vaccine supplies last (anticipated through summer 2024).
   - To maintain availability of vaccine for patients in the longer term, start to identify processes and funds for ordering JYNNEOS vaccine on the commercial market.

- Communications resources to promote mpox vaccination are available from the National Coalition of STD Directors. In addition, Dashaun Wesley and CDC Foundation recently released two promotional videos (Mpox is Now and The Realization).
- CDC provides general information about mpox vaccination for healthcare professionals.
- Vaccination is also recommended for close contacts of mpox cases as post-exposure prophylaxis (PEP), ideally within four days after exposure. Vaccine administration 4–14 days after exposure might reduce the severity of infection if it occurs. DPH is available to consult regarding PEP, particularly for pediatric close contacts.

3) Patient Care

- Follow CDC infection prevention and control guidance, including using contact and droplet precautions when evaluating patients [gloves, eye protection, surgical mask (N95 optional unless aerosol generating procedures are being performed), and a gown or disposable covering].
- Share guidance on symptom relief (e.g., over-the-counter medication, cooling lotions and jelly, sitz baths) and **how to prevent transmission**. Isolation at home or in another private location is recommended. If isolation is not possible, individuals should: avoid bare skin physical contact (including sexual contact), cover lesions and wear a mask when in public or around others, and avoid sharing linens, clothing, towels, drinking glasses or eating utensils. Lesions are infectious until all lesions have fully healed, scabs have fallen off, and new intact skin has formed.
- Determine clinical management based on an individual's clinical status, severity of illness, and risk factors, regardless of mpox virus clade. Offer treatment in accordance with CDC guidance. The antiviral tecovirimat (TPOXX) can be obtained by participating in the STOMP clinical trial. STOMP has a remote enrollment option that enables people to receive care from their regular provider. If trial participation is not feasible or of interest, patients with severe illness are eligible to receive TPOXX under the CDC Expanded Access-Investigational New Drug (EA-IND) protocol. More information about accessing TPOXX in CT is available online.
- For immediate consultation regarding hospitalized people with or at risk for severe manifestations, call the CDC Clinical Escalations team at **770-488-7100**.
- Let patients know that their local health department will contact them to assist with any needs and identify close contacts who may benefit from vaccination for post-exposure prophylaxis.