

## Health Advisory

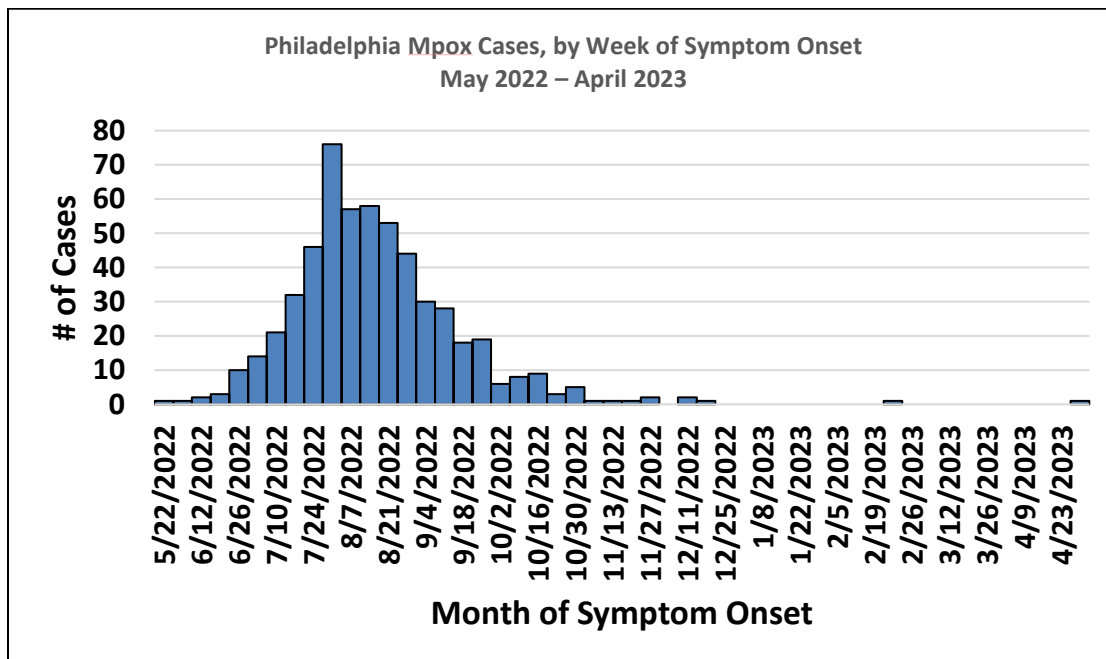
### Update Regarding Potential Risk for New Mpox Cases May 17, 2023

#### SUMMARY POINTS

- Chicago Department of Public Health has identified a resurgence of cases of mpox.
- One case has been identified in Philadelphia after several months with no cases. More cases are expected to be identified in the coming days and weeks.
- Vaccination, while not 100% protective, remains an important tool in preventing and mitigating infections.
- Any individual with symptoms of mpox should be tested. Specimens can be sent to commercial labs or, if necessary, through PDPH to the PA BOL.
- Treatment should be considered for use in people who have severe disease or who are at risk for severe disease.
- A [COCA](#) call is scheduled on Thursday, 5/18 at 2pm.

#### Epidemiological Update:

Mpox cases in [Philadelphia](#) peaked in late July 2022. Around the [country there have been sporadic cases](#) in 2023. According to the CDC, from April 17 to May 5, 2023, a total of [12 confirmed and one probable case of mpox](#) were reported to the Chicago Department of Public Health. All cases were among symptomatic men. **None of the patients have been hospitalized.** Nine (69%) of 13 cases were among men who had received 2 JYNNEOS vaccine doses. Since May 5, additional cases have subsequently been diagnosed. There have been no hospitalizations reported in the recent Chicago outbreak. One case has been diagnosed in Philadelphia during May 2023.



#### Vaccination:

Vaccine induced immunity is not [complete](#) and cases among previously vaccinated people are expected to occur. However, vaccination continues to be an important prevention measure and to prevent a renewed outbreak during the spring and summer months, clinicians should encourage vaccination. Vaccinated

individuals may experience less severe symptoms. A December 2022 [MMWR](#) found that mpox incidence in unvaccinated persons was 9.6 times as high as that among persons who had received 2 vaccine doses.

Anyone at risk for coming into contact with mpox should be vaccinated. Individuals may self-identify as someone who may benefit from vaccination. In addition, anyone with known close contact (skin to skin) with someone with mpox in the last 14 days should be vaccinated immediately. JYNNEOS may be given subcutaneously or intradermally and consists of 2 doses given at least 4 weeks apart. The series does not need to be restarted if the 2<sup>nd</sup> dose is delayed, but the 2<sup>nd</sup> dose should be given as soon as possible.

Those who have recovered from mpox should not be vaccinated unless they are severely immunocompromised. Those who received a full 2 dose series previously should not be revaccinated.

### **Testing:**

Healthcare workers using appropriate [personal protective equipment](#) (gown, gloves, N95 or surgical mask, and eye protection) should collect lesion specimens with sterile non-cotton swabs. Swabs sent to commercial labs should be sent in viral transport media. Swabs sent to the PADOH Bureau of Laboratories should be placed in dry transport tubes and a PADOH BOL specimen form must accompany the specimen. For swabs being sent to the PADOH BOL please call PDPH at 215-685-6741 to coordinate testing. It is not necessary or recommended to unroof, open or aspirate mpox lesions with sharps to increase sample yield. For additional information on specimen collection and testing, see:

[https://hip.phila.gov/document/3663/PDPH\\_MpoxTestingProcess\\_May2023.pdf/](https://hip.phila.gov/document/3663/PDPH_MpoxTestingProcess_May2023.pdf/).

### **Treatment:**

Most patients with mild mpox disease will recover with supportive care and pain control. Tecovirimat should be considered for pregnant and people who are breast/chestfeeding as well as those with or at risk of severe disease, with involvement of anatomic areas that might result in serious sequelae, pediatric populations younger than 1 year of age and people with a condition affecting skin integrity. Be sure to evaluate all patients to determine eligibility for TPOXX. Providers should inform patients about the Study of Tecovirimat for Human Monkeypox Virus (STOMP) for their voluntary participation. The University of Pennsylvania is a site locally. Reach out to Bill Short, MD at 267-971-3275 for more information about referring a patient.

If enrollment in STOMP is not feasible for a patient, tecovirimat can be used under CDC's expanded access protocol (EA-IND). Local health systems have experience providing TPOXX. CDC consults are available for clinical teams treating patients with severe disease. Call the Division of Disease Control (DDC) at 215-685-6741 (business hours) or 215-686-4514 (after hours, ask for DDC on-call staff).

### **More Resources:**

A CDC [COCA](#) call is scheduled for 5/18 from 2:00-3:00 PM. The call will review recommendations for mpox testing, vaccination, treatment, and prevention. Please join with this link:

<https://www.zoomgov.com/j/1602851092?pwd=NkkzSGFaemZCRnN6S3ZkeXRFaHovUT09>.

- Patient resources: <https://www.cdc.gov/lgbthealth/summer/index.html>
- Vaccine information: <https://www.cdc.gov/poxvirus/mpox/clinicians/vaccines/index.html>
- Testing information: <https://www.cdc.gov/poxvirus/mpox/clinicians/prep-collection-specimens.html>