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CITY OF PHILADELPHIA

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Division of Disease Control

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Health Advisory

Increase in Mpox Cases in Philadelphia

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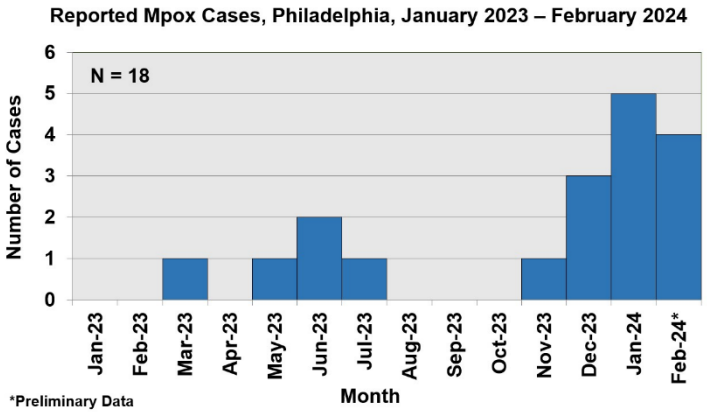
SUMMARY POINTS

- Mpox cases are being seen consistently at low levels in Philadelphia and throughout the country.
- Clade I Mpox virus is circulating in the Democratic Republic of Congo (DRC) and may spread more easily than Clade II which has caused cases in the U.S. since 2022
- Continue to offer Jynneos vaccine to those at risk for mpox
- Tecovirimat (TPOXX) supplies are limited. Providers may refer patients to the STOMP trial or contact the Philadelphia Department of Public Health for individual courses.

Epidemiological Update: Mpox cases in Philadelphia peaked in late July 2022 with 74 cases in one week. After seeing only 5 cases from January through October of 2023, Philadelphia has seen a slight increase in cases since November 2023, with 0-4 cases per week in recent weeks with a total of 9 cases identified so far in 2024 (Figure).



Clade I:
The CDC issued a HAN in December to notify clinicians about Clade I of the mpox virus (MPXV). Clade I MPXV has only been identified in the Democratic Republic of Congo (DRC). Clade I MPXV has been observed to be more transmissible and cause more severe infections than Clade IIB, the clade circulating in the United States since 2022. No Clade I MPXV has been identified in the US thus far. Clinicians should ask about travel to DRC when suspecting mpox infection. If Clade I is suspected specimens should be submitted to the Pennsylvania Department of Health Bureau of Laboratories (PADOH BOL) rather than commercial laboratories. Further information regarding testing can be found below.

Vaccination:
Individuals who are eligible should receive mpox vaccination with Jynneos vaccine. The vaccine is FDA approved to prevent mpox, regardless of clade. 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 recent cases were unvaccinated. JYNNEOS consists of 2 doses given at least 4 weeks apart. The series does not need to be restarted if the 2nd dose is delayed, but the 2nd dose should be given as soon as possible.

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. It is not recommended or necessary to unroof, open or aspirate mpox lesions with sharps to increase sample yield as it increases risks of sharps injury. Swabs sent to commercial labs should be sent in viral transport media. Swabs sent to the PADOH BOL 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 the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) at 215-685-6741 during business hours or 215-686-4514 (after

hours, press 1 for Unified Dispatch and ask for DDC on-call staff) to coordinate testing. Providers who are utilizing commercial laboratories for mpox testing can report suspected cases to PDPH during daytime hours. For additional information on specimen collection and testing, see: 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 (TPOXX) 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 sequalae, 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. TPOXX is expected to be effective for Clade I MPXV infections in addition to the Clade II infections currently seen in the United States. 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 William Short, MD at 267-971-3275 for more information about referring a patient.

If enrollment in STOMP is not feasible for a patient, TPOXX can be used under CDC's expanded access protocol (EA-IND). Local health systems have experience providing TPOXX. However, due to the recent expiration of several TPOXX lots and limited allocations of TPOXX to state and local health departments, most local health systems and sexual wellness clinics no longer have pre-positioned TPOXX available. Providers who need TPOXX for a patient with suspected or confirmed mpox, should contact DDC at 215-685-6741 (business hours) or 215-686-4514 (after hours, press 1 for Unified Dispatch and ask for DDC on-call staff). Coordination of consultation with subject matter experts from CDC is also available for clinical teams treating patients with severe disease.

Resources:
https://emergency.cdc.gov/newsletters/coca/2024/021224.html
https://emergency.cdc.gov/han/2023/han00501.asp?ACSTrackingID=USCDC_1052-DM121905&ACSTrackingLabel=COCA%20Now%3A%20CDC%20Urges%20Mpox%20Vaccination%20for%20those%20Eligible%20Given%20Continued%20US%20Mpox%20Cases&deliveryName=USCDC_1052-DM121905