



HEALTH OFFICER MEMORANDUM

[CONFIDENTIAL & SUBJECT TO EXECUTIVE PRIVILEGE]

To: Health Officers **HO Memo # 24-022**
Deputy Health Officers
Communicable Disease Directors
Communicable Disease Staff
Environmental Health Directors
Nursing Directors

From: Monique Duwell, MD, MPH
Chief,
Center for Infectious Disease Surveillance and Outbreak Response

Through: David Blythe, MD, MPH
Director,
Infectious Disease Epidemiology and Outbreak Response Bureau

Re: Mpox and Oropouche Virus Updates

Date: August 19, 2024

We are writing to ensure you are aware of two recent CDC Health Alert Network Advisories: [Health Update about the outbreak of Clade I monkeypox virus in the Democratic Republic of the Congo \(DRC\)](#) and [Increased Oropouche Virus Activity and Associated Risk to Travelers](#). We will also be distributing clinician letters on both topics today as well.

Mpox

Monkeypox virus (MPXV) has two distinct genetic clades, I and II, which are endemic to central and west Africa, respectively. The ongoing global mpox outbreak that began in 2022 is caused by clade II MPXV, and cases continue to be reported worldwide. The DRC has now reported more than 22,000 suspect clade I mpox cases since January 1, 2023, the largest number of yearly cases on record. This current outbreak is more widespread than any previous DRC outbreak and has resulted in clade I mpox transmission to some neighboring countries, including the Republic of the Congo (ROC), the Central African Republic (CAR), Burundi, Rwanda, and Uganda. No cases of Clade I mpox have been identified in Maryland or elsewhere in the U.S. to date.

We are asking clinicians to maintain a heightened index of suspicion for mpox in patients who have recently been in DRC or to any country [sharing a border](#) with DRC (ROC, Angola, Zambia, Rwanda, Burundi, Uganda, South Sudan, CAR) and present with [signs and symptoms consistent with mpox](#), and to ensure [all eligible patients are vaccinated against mpox](#), especially if they are planning travel to these areas.

We encourage local health departments (LHDs) to promote mpox vaccination in your community to protect as many eligible people as possible from mpox. MDH has a limited supply of Jynneos vaccine available. LHDs or providers may email mpx.response@maryland.gov to request vaccine.

If you are notified by a health care provider of a patient with suspect Clade 1 mpox, please immediately notify MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700 or 410-795-7365 after hours and on weekends or holidays.

Oropouche Virus

[Oropouche virus](#) is endemic in the Amazon basin, and spreads to people primarily by the bite of infected biting midges or by certain mosquitoes. The current 2024 outbreak is occurring in endemic areas and new areas outside the Amazon basin; countries reporting locally acquired (autochthonous) cases include Brazil, Bolivia, Peru, Colombia, and Cuba. Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities. Travel related cases have been reported in the United States and Europe. No cases have been identified in Maryland.

The initial clinical presentation of Oropouche virus is similar to diseases caused by dengue, Zika, and chikungunya viruses, with acute onset of fever, chills, headache, myalgia, and arthralgia. Other symptoms can include retroorbital (eye) pain, photophobia (light sensitivity), nausea, vomiting, diarrhea, fatigue, maculopapular rash, conjunctival injection, and abdominal pain. Earlier this year, Brazil reported two deaths in otherwise healthy non-pregnant women, and five cases in pregnant people with evidence of vertical transmission of the virus to the fetus associated with fetal death or congenital abnormalities, including microcephaly. This was the first report of deaths and Oropouche virus vertical transmission and associated adverse birth outcomes.

Diagnostic testing for Oropouche Virus is available at CDC, and must be coordinated through the Maryland Department of Health. **If you are notified by a health care provider of a patient with suspect Oropouche virus, please immediately notify MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700 during business hours or 410-795-7365 after hours and on weekends or holidays.**

- Attachments: 1. Mpox Clinician Letter_8.19.24
2. Oropouche Virus Clinician Letter_8.19.24

cc:	S. Barra	D. Blythe	S. Choo
	P. DeMartino	K. Feldman	L. Herrera Scott
	N. Kalyanaraman	E. Kromm	C. McFadden
	C. Mitchell	R. Myers	E. Penniston
	J. Perry	R. Thompson	P. Williams

The information contained in this transmission is private. It may also be legally privileged and/or confidential information of the sender or a third party, authorized only for the use of the intended recipient. If you are not the intended recipient, any use, disclosure, distribution, or copying of this transmission is strictly prohibited. If you have received this message in error, please return the original message and notify the sender immediately.