

August 19, 2024

Dear Clinicians:

We are writing to make sure you are aware of the recent Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) [Health Update about the outbreak of Clade I monkeypox virus in the Democratic Republic of the Congo \(DRC\)](#). While no cases of Clade 1 mpox have been identified in the United States, we encourage you 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 (Republic of the Congo (ROC), Angola, Zambia, Rwanda, Burundi, Uganda, South Sudan, Central African Republic (CAR)) and present with [signs and symptoms consistent with mpox](#).
- Ensure [all eligible patients are vaccinated against mpox](#), especially if they are planning travel to these areas.

Background

Monkeypox virus (MPXV) has two distinct genetic clades (subtypes of MPXV), I and II, which are endemic to central and west Africa, respectively. Clade I MPXV has previously been observed to be more transmissible and to cause a higher proportion of severe infections than clade II MPXV. The [ongoing global mpox outbreak](#) that began in 2022 is caused by clade II MPXV, and cases continue to be reported worldwide.

Signs and Symptoms of Mpox

Signs and symptoms of mpox include a rash that may be located on the hands, feet, chest, face, mouth, or near the genitals; fever; chills; swollen lymph nodes; fatigue; myalgia (muscle aches and backache); headache; and respiratory symptoms like sore throat, nasal congestion, and cough.

Clade I Mpox Outbreak

Clade I MPXV is endemic in DRC and several other Central African countries. However, the DRC has reported more than 22,000 suspect cases since January 1, 2023, a substantial increase from the median 3,767 suspect [clade I mpox cases reported annually in DRC](#) during 2016–2021, and the largest number of yearly suspected clade I mpox 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.

[One case of clade I mpox has been reported outside the African continent in the country of Sweden](#) in an individual with recent travel to Africa.

On August 14, [the World Health Organization determined that this upsurge in mpox constitutes a public health emergency of international concern](#).

Mpox in Maryland

No Clade 1 mpox cases have been identified in Maryland, or elsewhere in the United States. Following a surge of Clade II mpox cases in late 2022, there continue to be Clade II cases identified in Maryland, including 12 cases since April 1, 2024. A total of 787 have been confirmed in Maryland since the 2022 outbreak began. An estimated 11,243 Marylanders have been fully vaccinated against mpox. Additional information is available at <https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx>

Recommendations for Clinicians

Evaluation and Diagnosis

- Follow CDC guidance on [infection prevention and control](#) for mpox to minimize transmission risk when evaluating and providing care to patients with suspected mpox.
- Consider mpox as a possible diagnosis in patients with [epidemiologic characteristics](#) and [lesions or other clinical signs and symptoms](#) consistent with mpox. This includes persons who have been in DRC or any of its neighboring countries (ROC, CAR, Rwanda, Burundi, Uganda, Zambia, Angola, Tanzania, and South Sudan) in the previous 21 days.
- Ask patients with signs and symptoms of mpox but no recent travel whether they have had contact with people who had recently been in any of the above countries and who were symptomatic for mpox.
- Consider mpox as a possible diagnosis if a clinically consistent presentation occurs, even in people vaccinated for or [previously diagnosed with mpox](#).
- Advise all patients suspected of having mpox to [isolate themselves](#) from others.
- **If mpox is suspected in a patient who traveled from DRC or its neighboring countries, or had close or intimate contact with symptomatic people from these countries, notify your local health department immediately.**
- Evaluate all suspected cases related to DRC or its neighboring countries with laboratory testing (rather than clinical diagnosis alone). For these cases, specimens should be sent to the Maryland Department of Health (MDH) Laboratory for clade-specific testing, after prior approval is obtained by first calling your local health department. Clade-specific testing will help distinguish between cases that are part of the ongoing clade II mpox global outbreak and those associated with this clade I outbreak. Information about MDH

Laboratory specimen collection and submission guidance can be found at <https://health.maryland.gov/laboratories/docs/MonkeypoxGuidanceOctober2022.pdf>.

- Avoid unroofing or aspiration of lesions or otherwise using sharp instruments for mpox testing to minimize the risk of a sharps injury.

Treatment and Prevention

- Recommend [mpox vaccine to people exposed to MPXV](#) to help prevent the spread of mpox.
- Offer mpox vaccination to people ≥ 18 years of age with risk factors for mpox, following [the Advisory Committee on Immunization Practices \(ACIP\) recommendation](#) for vaccination before an exposure with two doses of the JYNNEOS vaccine 28 days apart.
 - Two doses of JYNNEOS vaccine [offer substantial protection against mpox](#), and is expected to offer protection regardless of clade.
 - Additional JYNNEOS vaccine doses (“boosters,” more than two doses) are not currently recommended.
- Offer mpox vaccination to patients [eligible for mpox vaccination](#) and planning travel to affected countries, with two doses of JYNNEOS vaccine. Eligible patients who received one dose of the JYNNEOS vaccine more than 28 days ago should receive the second dose as soon as possible.
- There is no vaccination recommendation for travelers who do not meet current vaccine eligibility.
- Health care providers may obtain mpox vaccine through commercial purchase, the Vaccine for Children’s Program, or by contacting your local health department. In addition, MDH has a limited supply of Jynneos vaccine available; please email mpx.response@maryland.gov to request vaccine.
- Consult your health department or CDC (poxvirus@cdc.gov) promptly about any mpox cases for which severe manifestations might occur (e.g., those with advanced HIV infection). [Medical countermeasures](#) (e.g., tecovirimat, brincidofovir, and vaccinia immune globulin intravenous) used during the ongoing clade II mpox outbreak are expected to be effective for clade I MPXV infections.
- Inform all patients with mpox, including those with mild disease, about the [STOMP Trial](#) and recommend that they enroll. Oral tecovirimat (TPOXX) is available through the STOMP Trial. To enroll in STOMP, call 1-855-876-9997. It is recommended that patients and providers seek out the STOMP trial as a first line of obtaining TPOXX.
- Contact the local health department to see if oral TPOXX remains available from prior prepositioned supplies for patients who are ineligible for STOMP’s open-label arm (e.g., illness ≥ 14 days or prior TPOXX receipt) but [meet expanded use Investigational New Drug \(EA-IND\) eligibility](#) for tecovirimat treatment for mpox.

- If clinicians are in need of TPOXX for patients, you can also contact mpx.response@maryland.gov or poxvirus@cdc.gov.
- Clinicians should counsel patients about [what to do if they are sick](#) to prevent household transmission, if they have mpox symptoms.

For More Information

- Mpox Clinical Recognition and Vaccine Information for Healthcare Providers: [Information For Healthcare Professionals | Mpox | Poxvirus | CDC](#)

Thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Monique Duwell". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

Monique Duwell, MD, MPH
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