

# Health Advisory: CDC HAN Potential Risk for New Mpox Cases

Minnesota Department of Health

## Action Steps

***Local and tribal health department***: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

***Hospitals, clinics, and other facilities***: Please forward to infection preventionists, internists, infectious disease doctors, emergency department staff, sexual health clinics, dermatology clinics, and all other health care providers who might see patients presenting with a rash-like illness.

***Health care providers***:

This is a follow-up to the [CDC Health Alert Network (HAN) - 00490 | Potential Risk for New Mpox Cases (https://emergency.cdc.gov/han/2023/han00490.asp)](https://emergency.cdc.gov/han/2023/han00490.asp) released Monday, May 15.

**Recognize and Report Mpox:**

* Consider mpox *(regardless of JYYNEOS vaccine history* or *prior mpox infection)* in those who have an unexplained rash illness and:
	+ Contact with a person with confirmed or suspected mpox.
	+ Close or intimate in-person contact with individuals in social networks experiencing mpox activity or at risk for mpox activity. This includes men who have sex with men who meet partners at parades, festivals, outdoor events; or through websites, digital “apps”, or social events.
* Report suspect cases of mpox to MDH at 651-201-5414 or 1-877-676-5414.

**Test for Mpox**

* Test for mpox using a dry swab to collect lesion fluids, surfaces, or crusts by rubbing the surface of the lesion(s) and sending for PCR. De-roofing or removing crusts is neither warranted nor recommended.
	+ Many commercial laboratories offer testing for mpox.
	+ MDH can also provide free testing through our MDH-PHL. For more information: [Mpox Information For Health Professionals (www.health.state.mn.us/diseases/monkeypox/hcp.html)](https://www.health.state.mn.us/diseases/monkeypox/hcp.html).
* Test for other STIs such as syphilis, HSV (if consistent lesions present), and HIV. Differential diagnosis for rash illness can also include varicella, enterovirus, and allergy.
* Take a detailed sexual history if mpox is suspected [CDC: A Guide to Taking a Sexual History (www.cdc.gov/std/treatment/sexualhistory.htm)](https://www.cdc.gov/std/treatment/sexualhistory.htm).
* Follow [CDC: Infection Prevention and Control of Mpox in Healthcare Settings (www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html)](https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html).
* Review treatment guidelines [CDC: Treatment Information for Health Professionals (https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html)](https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html)

**Prevent Mpox**

* Consider post exposure vaccine for those who had close contact with someone with mpox. MDH can assist in obtaining vaccine.
* Educate patients on reducing the risk for mpox infection: talk to partners about mpox symptoms, reduce the number of new or anonymous partners, use condoms correctly and consistently. More strategies at [CDC: Safer Sex, Social Gatherings, and Mpox (https://www.cdc.gov/poxvirus/mpox/prevention/sexual-health.html)](https://www.cdc.gov/poxvirus/mpox/prevention/sexual-health.html)
* Promote and administer mpox vaccine in communities and persons at risk: Mpox Information For Health Professionals (www.health.state.mn.us/diseases/monkeypox/hcp.html).

## Background

The Centers for Disease Control and Prevention (CDC) continues to receive reports of cases that reflect ongoing community transmission in the United States and internationally. Spring and summer season in 2023 could lead to a resurgence of mpox as people gather for festivals and other events. This week, CDC and local partners are investigating a cluster of mpox cases in the Chicago area. Of note, more than half of the cases identified in the Chicago cluster had previously received 2 doses of Jynneos vaccine.

Although vaccine-induced immunity is not complete, vaccination continues to be one of the most important prevention measures. Vaccine effectiveness of 2 doses of JYNNEOS has been estimated to be about 70%. Therefore, new cases among previously vaccinated people may occur. People who have completed their two-dose JYNNEOS vaccine series may experience less severe symptoms due to mpox than those who have not. It is important to test for HIV infection among people who have a clinical syndrome consistent with mpox since poorly controlled HIV is a risk factor for fulminant and fatal mpox.

Individuals with either suspect or confirmed mpox infection can benefit from early treatment, including pain management and other supportive therapies. While there is currently no treatment specifically approved for mpox infection, therapeutics developed for smallpox infection, including tecovirimat, brincidofovir, cidofovir, and vaccinia immune globulin may be considered, especially in immunocompromised individuals, those with severe disease or at risk for severe disease, and those with lesions in anatomically concerning areas. The NIH is sponsoring a clinical trial on the use of tecovirimat at ([STOMP: Now Enrolling (https://www.stomptpoxx.org/main)](https://www.stomptpoxx.org/main)). For further information on treatment of mpox, see CDC: Treatment Information for Health Professionals (https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html)

## Current MDH Strategies to Promote Vaccine and Mpox Awareness

MDH continues to enroll new clinics into the mpox vaccination program. We are particularly interested in enrolling clinics that serve people disproportionally impacted by mpox, including people living with HIV. If your clinic is interested in offering vaccine, please reach out to health.mdhvaccine@state.mn.us to start the process.

If you are not able to offer vaccine at your clinic location, use the Mpox Vaccine Locator, located on the right-hand side of [CDC: Mpox Vaccination Basics (www.cdc.gov/poxvirus/mpox/vaccines/index.html)](https://www.cdc.gov/poxvirus/mpox/vaccines/index.html/view/), to find locations to refer your patients.

Additionally, MDH has patient-centric materials about mpox, please refer to the following links for a variety of resources: [About Mpox (www.health.state.mn.us/diseases/monkeypox/basics.html)](https://www.health.state.mn.us/diseases/monkeypox/basics.html#mats).

## For More Information

* [MDH Monkeypox (https://www.health.state.mn.us/diseases/monkeypox/index.html)](https://www.health.state.mn.us/diseases/monkeypox/index.html)
* [CDC Monkeypox (https://www.cdc.gov/poxvirus/monkeypox/index.html)](https://www.cdc.gov/poxvirus/monkeypox/index.html)
* [CDC: Get Healthy and Ready for Summer 2023 (www.cdc.gov/lgbthealth/summer/index.html)](https://www.cdc.gov/lgbthealth/summer/index.html)
* [WHO Monkeypox (https://www.who.int/news-room/fact-sheets/detail/monkeypox)](https://www.who.int/news-room/fact-sheets/detail/monkeypox)

For question call MDH at 651-201-5414 or 877-676-5414. A copy of this HAN is available at: [MDH Health Alert Network (www.health.state.mn.us/han)](http://www.health.state.mn.us/han)
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.