To: CAHAN San Diego Participants
Date: October 25, 2023
From: Public Health Services

Health Advisory Update #7: Local Increase in Mpox Cases

Key Messages

- Mpox cases are increasing in San Diego County, with seven confirmed and three probable cases reported so far this month, compared to three confirmed cases in September 2023.
- Of the ten recently reported cases, five (50%) were unvaccinated or had received only one dose of the JYNNEOS mpox vaccine at the time of diagnosis. Five cases (50%) were fully vaccinated (i.e., received two vaccine doses with the second dose administered at least 28 days after the first dose).
- Completion of the JYNNEOS vaccine series is the most effective way to prevent new mpox infections and reduce the risk of severe illness. Providers should offer mpox vaccine to people who are vulnerable to mpox, provide the vaccine to anyone who requests it, and make efforts to provide second doses to people who have initiated but not completed the vaccine series.
- Providers should consider and test for mpox when patients at risk for mpox present with rash or sores, regardless of vaccination status or previous history of mpox.
- Referral to the Study of Tecovirimat for Human Mpox Virus (STOMP) study is the preferred mechanism for initiation of oral tecovirimat (TPOXX).

Situation

As of October 23, 2023, seven confirmed and three probable cases of mpox have been reported in San Diego County during the month of October. This represents a 233% increase from three confirmed cases in September 2023. Following a peak of 60 mpox cases reported during the week, ending on August 6, 2022, there was a progressive decline in cases, with 0-2 cases reported per month from January to August 2023. There was a period of almost four months between mid-February and mid-June 2023 with no reported cases.

Since June 2022, a total of 491 mpox cases have been reported in the region, including 18 hospitalizations and no deaths. While mpox can affect anyone, 479 (98%) cases have been cisgender men. Also, 90% of cases for whom sexual orientation is known identified as gay, lesbian, same gender-loving, or bisexual. Of the ten cases reported in October 2023, four (40%) were unvaccinated, one (10%) was partially vaccinated, and five (50%) were fully vaccinated with the JYNNEOS mpox vaccine.

Background

Vaccination with the JYNNEOS mpox vaccine is the most effective way to prevent new mpox infections and decrease the risk of complications. JYNNEOS is approved by the Food and Drug Administration (FDA) for prevention of mpox and smallpox for persons aged ≥18 years and available to persons aged <18 years under emergency use authorization. Two doses are recommended, with an interval of 28 days between the first and second doses. While no vaccine is 100% effective, the JYNNEOS vaccine is safe and effective at reducing the risk of mpox infection,

symptomatic illness, hospitalization, and death. Completion of the two-dose series provides better protection than one dose, and second doses should be provided to people even if they present >28 days after the first dose (i.e., restarting the series is not necessary). Currently, there is no recommendation for booster doses. There are no limitations on vaccine supply; therefore, people can receive the vaccine even if they do not report risk factors. Mpox vaccination is not routinely recommended for persons under 16 years of age. However, vaccination may be considered on a case-by-case basis with appropriate consent.

Tecovirimat (TPOXX) is recommended for patients who have or are at high risk for severe mpox or have involvement of anatomic areas that might result in serious sequelae. It is not currently approved by the FDA for treatment of mpox but is available under an expanded-access investigational new drug (EA-IND) protocol held by the Centers for Disease Control and Prevention (CDC). CDC recommends enrollment in the National Institute of Allergy and Infectious Disease (NIAID)-funded Study of Tecovirimat for Human Mpox Virus (STOMP) as the preferred mechanism for providers to access oral tecovirimat for patients. Anyone with laboratory-confirmed or presumptive mpox whose symptoms began ≤14 days prior to enrollment, who have ≥1 active lesion(s), and who have not previously used oral or intravenous (IV) TPOXX are eligible for STOMP. Pregnant people, children, and participants with severe mpox, immunosuppression, or specific skin conditions (e.g., eczema) receive TPOXX. Participants with mild to moderate mpox will be randomized in a 2:1 fashion to receive TPOXX or placebo. For patients who decline or are unable to participate in STOMP, TPOXX can be obtained from the state supply through the Medical and Health Operational Area Coordinator (MHOAC).

Actions Requested

1. ***Vaccinate*** people who are vulnerable to mpox or who request the vaccine, with two doses of JYNNEOS vaccine separated by 28 days.
   - **a.** Ensure low-barrier and patient-centered access to the vaccine by:
     1) Making it readily available, even if a patient does not report a specific risk factor for mpox;
     2) Addressing stigma by discussing mpox vaccine in a similar manner to routine vaccines, such as influenza and COVID-19;
     3) Using a shared decision-making process with patients regarding route of administration (subcutaneous vs. intradermal) and anatomic site of administration; and
     4) Helping patients address barriers (e.g., transportation) that may impede access to the vaccine.
   - **b.** Encourage people who have received one dose of JYNNEOS to get their second dose.
2. ***Educate*** patients, regardless of vaccination status or previous history of mpox, who are vulnerable to mpox about non-pharmaceutical protective measures that can reduce risk of infection.
3. ***Consider*** and ***test*** for mpox when determining the cause of a diffuse or localized rash, including in patients who were previously infected with mpox or vaccinated against mpox.
   - **a.** Have a high index of suspicion for mpox for patients with anogenital lesions or proctitis who are vulnerable to mpox, regardless of whether prodromal symptoms are reported.
   - **b.** Collect, process, and submit specimens for mpox testing based on the specific requirements of the laboratory that will perform the testing, which is widely available.
   - **c.** Also consider other infections that can cause lesions similar to mpox (e.g., syphilis, genital herpes, molluscum contagiosum, varicella zoster virus), although the presence of these does not rule out mpox (i.e., co-infections can occur).
4. ***Offer*** referral to the STOMP trial to any patient with laboratory-confirmed or presumptive mpox who has at least one active lesion(s) with symptom onset within 14 days.
   - **a.** Patients who have used oral or IV TPOXX or are likely to need IV TPOXX are not eligible for STOMP.
   - **b.** Inform patients that participation can be in-person and/or 100% remote via video, and travel to a study site is not required. Reassure pregnant people, children, and participants with severe mpox, immunosuppression, or specific skin conditions (e.g., eczema) that they will receive TPOXX and will not be in the randomized part of the study.

   c. For people who decline participation in STOMP and have a medical indication for TPOXX, obtain TPOXX through MHOAC and enroll as a TPOXX provider under CDC's EA-IND protocol.
5. ***Provide*** supportive care and pain control to all patients who are diagnosed with mpox.
6. ***Report*** confirmed, probable, or suspected cases of mpox to the County HIV, STD, and Hepatitis Branch within one working day using a Confidential Morbidity Report faxed to (619) 692-8541 or sent by secure e-mail to phs-hshb-stdreporting-fax.hhsa@sdcounty.ca.gov.

Resources

- Federal
  - Interim Considerations for JYNNEOS Vaccine (CDC)
  - Guidance for Tecovirimat Use (CDC)
  - Mpox Clinical Guidance (CDC)
- State
  - Considerations for Mpox Vaccination in California (CDPH)
  - ACTG STOMP Trial
  - Provider and Patient Resources for STOMP Trial (California Prevention Training Center)
- Local
  - County of San Diego Mpox Website

Thank you for your participation.

CAHAN San Diego
County of San Diego Health & Human Services Agency
HIV, STD, and Hepatitis Branch
Phone (for providers, M-F 8AM-5PM): (619) 692-5500 (referrals for mpox evaluation, testing, and/or treatment), (619) 609-3245 (clinical consultations for challenging cases); Fax: (619) 692-8541
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Secure Website: http://cahan.ca.gov
Public Website: http://www.cahansandiego.com