



**Massachusetts Department of Public Health**

# **Mpox Guidance Refresher for Local Health**

**August 2023**

# Situational Update – Global Mpox Outbreak 2022

- **In the US:** **30,000+** mpox cases and **42** deaths have been reported since May 2022.
  - In recent months, cases have declined to one case/day on average nationally.
  - Most jurisdictions in the United States may be at risk for resurgence of mpox outbreaks without continued efforts to vaccinate people at risk.
  - CDC modeling suggests that Suffolk County, MA, with an at-risk population immunity of 64%, has a 21% risk for recurrent outbreak.
- **In MA:** **467** confirmed and probable mpox cases and **0** deaths have been reported as of August 2, 2023.

Potential for Recurrent Mpox Outbreaks Among Gay, Bisexual, and Other Men Who Have Sex with Men — United States, 2023 | MMWR (cdc.gov)  
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a1.htm>

# What's NEW for Mpox in 2023?

- **Mpox Disease:** On [November 28, 2022](#) the term “mpox” was adopted by the CDC to refer to monkeypox disease. MA has adopted mpox as well.
  - Note: “monkeypox virus” is still accurate. Mpox is the name for the disease, monkeypox virus is still the name of the virus.
- **Data:** Case volume has been down in 2023.
  - MA vaccination campaign has been successful, but national modeling suggests that there is some low risk of reemergence.
- **Vaccine:** Supply of JYNNEOS vaccine is ample in MA.
- **Testing:** Commercial testing for mpox began in July 2022 making testing more widely available.
- **Transmission:** New evidence that some cases may be infectious 4 days before symptom onset. It's not clear how many people this has affected during the current outbreak.
- **Updates:** MA monthly mpox dashboard available here: <https://www.mass.gov/info-details/mpox-data-reporting>

# Mpox Signs and Symptoms

- **Symptoms of mpox can include:**

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.

Visual Examples of Monkeypox Rash



Photo Credit: NHS England High Consequence Infectious Diseases Network

- The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.

# Mpox Signs and Symptoms

- **Classically**
  - Starts with viral prodrome – fever/chills, headache, myalgia, sore throat or cough
  - Lymphadenopathy
  - Rash starts within 5 days of symptom onset
    - Rash more often on face and extremities than trunk
    - Lesions may be on palms or soles
    - Lesions often painful
    - Rash evolution: often oral lesions first
      - macules, papules, vesicles, pustules (umbilication), scabs
  - Can resemble more common diseases –syphilis, herpes, chickenpox

# Mpox Signs and Symptoms

- **Cases in the current US outbreak have different presentations**
  - Fewer lesions
  - Unusual distribution – initial lesions often in genital, anal/perianal area
  - Cases may experience all or only a few symptoms
    - Sometimes, people have flu-like symptoms (prodrome) before the rash.
    - Some people get a rash first, followed by other symptoms.
    - Others only experience a rash.
  - Generally, very mild illness not requiring hospitalization
    - A few post-vaccine cases have been reported in MA. Those cases subjectively report very mild symptoms and have not been hospitalized.

# Mpox Clinical Complications

- Infections with the type of monkeypox virus identified in this US outbreak—the West African type—are [rarely fatal](#). Over 99% of people who get this form of the disease are likely to survive.
  - However, people with weakened immune systems, children under 8 years of age, people with a history of eczema, and people who are pregnant or breastfeeding may be more likely to get seriously ill or die.
- Although the West African type is rarely fatal, symptoms can be extremely painful, and people might have permanent scarring resulting from the rash.
- There are also dangers of ocular complications, including scarring or blindness. (Cases should avoid use of contact lenses to prevent inadvertent infection of the eye.)
- *(The Congo Basin type of monkeypox virus has a fatality rate around 10%.)*

# Testing and Treatment

- **Testing for Mpox**

- At this time, only swabs of lesions can be tested for monkeypox. So if there isn't a rash or at least one lesion, the patient cannot be tested.
  - **There is no test for an asymptomatic contact.**
- Testing is widely available through most commercial labs and positive test results will automatically generate a confirmed or probable MAVEN event.

- **Therapeutics for Mpox**

- Antivirals, such as [tecovirimat \(TPOXX\)](#), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.
  - Patients should consult with their medical provider to determine if TPOXX is right for them.



# Transmission - General

- **Largely person-to-person by close, personal, often skin-to-skin contact including:**
  - Direct contact with infectious skin rash or scabs OR contact with saliva, upper respiratory secretions (snot, mucus), and areas around the anus, rectum, or vagina.
  - Can be spread to a fetus during pregnancy or to the newborn by close contact during and after birth.
- Other potential transmission modes that are **lower risk**:
  - Touching objects, fabrics, and surfaces that have been used by someone with mpox and not disinfected, such as clothing, bedding, towels, fetish gear, or sex toys.
  - Brief interactions or interactions between people in close proximity for a long duration (e.g., passengers seated near a person with mpox on an airplane) is unlikely (very low risk).
- Impact of **respiratory secretions** on spread is still unknown.

# Transmission – 2022 Outbreak

- **For this current outbreak**, most infections have been transmitted among men during male-to-male sexual contact, however the following transmission modes have been reported nationally:
  - heterosexual sexual transmission
  - transmission to children through close non-sexual skin-to-skin contact with a caregiver
  - transmission through needlestick with a skin lesion-contaminated sharp
  - through body piercing and tattooing
  - occupational exposures in absence of full or sufficiently effective personal protective equipment (PPE)

# Infectious Period

- **Infectious Period:** From the time symptoms start (any symptom – could be prodromal symptom) until the rash has fully healed and a fresh layer of skin or healthy tissue has formed.
- **New Data!** Some people can be infectious up to four days **prior** to symptom onset\*
  - Sexual contacts of cases can be considered exposed if they had intimate contact within 4 days prior to case's symptom onset and any time after onset.
  - For non-sexual contacts of cases, the case's symptom onset is the beginning of infectious period.

*\* We are recommending this updated infectious period only for sexual contacts of cases. This is based on new national evidence from February 2023 that describes the presence of culturable live virus prior to symptoms and epidemiologic evidence related to serial intervals of transmission. Pre-symptomatic transmission does not happen in all cases but does seem to be associated with mucosal surfaces. CDC is continuing to monitor how mpox is spreading.*

# Vaccination – JYNNEOS Vaccine

- **JYNNEOS Vaccine**
  - 2 doses, 28 days apart
  - Ample supply
  - Can be given subcutaneously or intradermal (as of August 2023)
- **JYNNEOS Vaccine Eligibility**
  - Can be given as post-exposure vaccine (PEP) for known or presumed contacts within 14 days
  - Or as pre-exposure vaccine (PrEP) for people who self identify as being at an increased risk
- **Where to Get Vaccinated?**
  - **Vaccination clinics and events:** <https://www.mass.gov/info-details/mpox-vaccination>
    - Between June 1, 2022 and August 2, 2023, **36,615** JYNNEOS vaccine doses have been administered to **21,502** people in Massachusetts.
    - 6,401 people have received only one dose of vaccine and 15,101 have received two doses.

# Local Health's Role

- **Case Investigation:**
  - Conduct case interview, monitoring and release from isolation.
  - Contact tracing to identify contacts.
- **Contact Monitoring:**
  - Contacts should be instructed to monitor their temperature twice daily for the 21 days following exposure. No traditional quarantine.
    - If symptoms develop, contacts should isolate and test.

# Mpox Cases (Isolation) & Contacts (Monitoring)

## CASES

**Infectious Period:** From the time symptoms start (any symptom) until the rash has fully healed and a fresh layer of skin has formed.

**\*Some people are infectious 4 days prior to symptom onset. Concern is for sexual contacts in this time period.**

**Isolation Period:** People with mpox should isolate from symptom onset until rash has fully resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.

## CONTACTS

**Incubation Period:** Up to 21 Days (typically 1-2 wks)

**Quarantine: No traditional quarantine.** May continue routine activities if asymptomatic.

- **Monitoring Period:** Contacts of mpox cases should be monitored for symptoms for 21 days after their last exposure.

**Vaccination:** PEP a possibility depending on risk level & speed of notification. (<14 days post exposure)

# Local Health's Role – Case Investigation

- **Conduct Case Interview Using MAVEN Question Packages**
  - Remember to ask about Vaccine Status and Demographic Information (employment information, current housing status, and SOGI variables (Sexual Orientation & Gender Identity)).
    - MDPH Epi can assist by providing an interview tool
    - Contact trace
- **Isolation Monitoring Period:** Local Health can determine the frequency of check-ins with a case during their isolation period. LBOH should officially release the case from isolation when applicable.
- **When to Reach Out to MDPH Epi:**
  - If case traveled during infectious period
    - Flight information, symptom onset/type of symptoms (lesion location, respiratory symptoms, etc.), PPE worn, fever
  - If case is a healthcare worker that worked while infectious
    - Please document symptoms, PPE used, PPE worn by exposed patients, dates worked while infectious
  - If case needs any social services (rental assistance, food, etc.)
- **Reminder!** HIV status or any HIV-related testing results (positive or negative) should NOT be recorded in a MAVEN mpox event.

# Case Investigation – Case Isolation

CDC recommends that people with mpox remain isolated during the duration of illness  
(Typically 2-4 weeks)

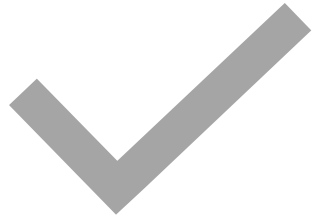
- Avoid close or physical contact with other people and animals.
- Cover lesions, wear a well-fitting mask, and avoid public transportation (if they need to seek medical care or for an emergency).

## Flight Restrictions

- People with mpox should not travel.
- If a person with mpox must travel, they should be afebrile, not have respiratory symptoms, and be advised to cover all lesions and wear a well-fitting mask.
- If a person has the above symptoms or refuses to wear appropriate PPE and states they will be traveling, notify MDPH Epi.



# Case Investigation



## Clearing from Isolation

**Cases should be cleared by their BOH or provider.**

**People with mpox should isolate until rash has fully resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.**



## Lost to Follow-Up

# Local Health's Role – Contact Monitoring

- For [identified contacts](#), LBOH of contact residence will be notified and expected to follow-up.
  - **Verify contact is a MA resident.**
    - If contact resides in another state, collect demographic information and let them know their state health department will contact them. Inform MDPH Epi, who will notify other state.
  - **Discuss post-exposure vaccination - JYNNEOS (2 dose, 28 days apart).** Mass.gov lists [vaccination locations](#).
  - **Establish a MONITORING PLAN for 21 days from the exposure (Day 0).**
    - **There is no quarantine for contacts.** May continue routine activities if asymptomatic.
    - Contacts should be aware that IF they develop symptoms, they can spread to sexual contacts four days prior to symptom onset.
    - For [high-risk exposures](#) once/weekly public health monitoring check-in is recommended.
    - For intermediate/low risk, passive (self) monitoring for the 21-day period following official notification is recommended.
    - Contacts should monitor for symptoms (2X/day temp check) for 21 days.
    - For active monitoring, ask the case once/week if they have symptoms. If so, obtain information including where they sought care.
    - IF contact develops symptoms, they should wear a well-fitted mask and cover lesions prior to seeking medical care.
    - Document notes in MAVEN and once contact monitoring has been completed, complete steps 4&5 in Admin QP.
- **MDPH Epis are here to assist if you have questions (617-983-6800).**

# Infectious Disease Resources and Information for Local Health

- **MDPH Epi Program:** 617-983-6800
- **MDPH MAVEN Help Desk:** MavenHelp@mass.gov
  - **MAVEN Onboarding:** MavenTraining@mass.gov
  - **MDPH MAVEN Help Desk:** 617-983-6801
  - **MDPH MAVEN Fax:** 617-983-6813

**MAVEN Help has Guidance Documents and Previous Webinars:**

<http://www.maven-help.maventrainingsite.com/toc.html>

# Connect with DPH



@MassDPH



Massachusetts Department of Public Health



[mass.gov/dph](https://mass.gov/dph)