NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
KELLY KIMPLE • Acting Director, Division of Public Health

From: Emma Doran, MD, MPH, Medical Epidemiologist
To: North Carolina Clinicians
Subject: Mpox Update
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The North Carolina Division of Public Health (NC DPH) is providing updated information to clinicians regarding clinical management of mpox cases and the ongoing outbreak of clade I mpox in Central and Eastern Africa, which includes travel-associated clade I mpox cases reported in in Africa, Asia, Europe, and North America including in the United States. The risk of clade I mpox to the public remains low, and there continues to be sporadic clade II mpox cases in the United States.

Enrollment in the National Institutes of Health (NIH)-sponsored Study of Tecovirimat for Mpox (STOMP) clinical trial closed as of November 27, 2024. The findings from the clinical trials suggest that Tecovirimat did not reduce the time to lesion resolution or have an effect on pain among adults with mild to moderate clade II mpox and a low risk of developing severe disease and that most patients with mpox who do not have severe disease or risk factors for severe disease (e.g., severe immunocompromise) will recover with supportive care, including pain management. Tecovirimat from the Strategic National Stockpile will remain available for treatment of mpox in patients who meet eligibility criteria under the CDC's EA-IND protocol.

Background
Mpox virus (MPXV) has two distinct genetic clades, I and II, endemic to Central and West Africa respectively. A subclade of clade II (clade IIb) has been associated with the 2022-23 mpox outbreak that has predominantly affected gay, bisexual, or other men who have sex with men (MSM) in the United States and globally. Clade I has previously been observed to be more transmissible and cause more severe illness than clade II.

From January 1 through November 15, 2024, about 12,000 confirmed cases of clade I mpox and at least 47 deaths have been reported in Central and Eastern African countries. Data from affected countries indicate that a large proportion of clade I mpox cases among adults were associated with heterosexual contact. Transmission to close contacts within households, including to children, has also been reported. The current outbreak is more widespread than any previous clade I mpox outbreak and has resulted in transmission in multiple countries including Burundi, Central African Republic, Democratic Republic of the Congo, Republic of the Congo, Rwanda, and Uganda. Travel-associated clade I cases have also been reported in Africa, Asia, Europe, and North America so far in 2024. On August 14, 2024, the World Health Organization (WHO) declared the ongoing outbreaks a public health emergency of international concern (PHEIC).

On November 15, 2024, the California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC) confirmed the first reported case of clade I mpox in the United States. This individual had recently traveled to areas experiencing clade I mpox transmission and sought medical care for mpox symptoms in the United States. Consistent with other recent clade I mpox cases, the patient has relatively mild illness and is recovering. No additional cases in the United States have been detected as of November 18, 2024.

Testing and Reporting
Consider mpox as a possible diagnosis in patients with lesions and other clinical signs and symptoms consistent with mpox. The early presentation of mpox infection can be confused with other STIs and therefore mpox should be considered as a part of the differential diagnosis during all sexual health assessments. Test all suspected cases for MPXV. For individuals with suspected mpox infection and travel to Central or Eastern Africa (including, but not limited to, Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of the Congo, Rwanda, Uganda, Zambia, or Zimbabwe) in the 21 days preceding symptom onset or close contact with someone with such recent travel, clinicians should contact the Communicable Disease Branch epidemiologist on call at 919-733-3419 for consultation on clade-specific MPXV testing.

Testing for individuals with suspected mpox infection without a travel history is widely available and can be performed through commercial laboratories or through the NC State Laboratory of Public Health. Personal protective equipment should be worn when collecting specimens from a person with suspected mpox. Unroofing or aspiration of lesions, or otherwise using sharp instruments for mpox testing, is not recommended due to the risk of sharps injury. **Cases of mpox should be reported to your local health department.**

Follow CDC guidance on mpox infection prevention and control to minimize transmission risk when evaluating and providing care to patients with suspected mpox. Advise all patients suspected of having mpox to stay at home and isolate themselves from others until mpox has been ruled out by laboratory testing. In the event of a positive mpox diagnosis, advise patients to isolate until their mpox lesions have resolved and fresh skin has formed, which could take several weeks.

Prevention and Control
NC DPH is urging clinicians to increase efforts to vaccinate people who might be at higher risk for mpox to mitigate against the potential for imported cases leading to local transmission. Vaccination can protect against mpox infection from both clades I and II and can reduce severity of illness if infection does occur. The 2-dose JYNNEOS vaccine series is recommended for persons aged 18 years and older who are at risk for mpox, including the following:

- Anyone who has or may have multiple or anonymous sex partners; or
- People who know or suspect they have been exposed to mpox in the last 14 days; or
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact; or
- Anyone whose sex partner is eligible per the criteria above; or
- If you are traveling to a country with a clade I mpox outbreak and anticipate any of the following activities during travel, regardless of gender identity or sexual orientation:
    - Sex with a new partner
    - Sex at a commercial sex venue (e.g., a sex club or bathhouse)
    - Sex in exchange for money, goods, drugs, or other trade
    - Sex in association with a large public event (e.g., a rave, party, or festival)

CDC issued guidance for travelers to countries in Central and Eastern Africa experiencing mpox outbreaks earlier this year. CDC only recommends vaccination for travelers if they are eligible, which includes people who plan to travel to a country with a clade I mpox outbreak and anticipate participating in sexual activities.

JYNNEOS became available on the commercial market on April 1, 2024, at a cost between $229.50 and $270 per dose. Over 5,000 free Strategic National Stockpile doses of JYNNEOS vaccine remain in the state including multiple lots that were extended through August 31, 2026. Locations with these free mpox vaccines in North Carolina are available here.

Treatment
Clinical management of mpox, regardless of clade, is based on the severity of illness at diagnosis and the potential for severe or prolonged mpox. Patients with mpox benefit from supportive care and pain control that is implemented early in the illness (Clinical Considerations for Pain Management of Mpox). For information

about skin and wound care for individuals with mpox lesions, please visit Mpox: Caring for the Skin and Mpox: Treating Severe Lesions.

Enrollment in the National Institutes of Health (NIH)-sponsored Study of Tecovirimat for Mpox (STOMP) clinical trial closed as of November 27, 2024, due to interim results showing that tecovirimat was safe, but the antiviral did not reduce the time to resolution of mpox lesions or have an effect on pain among adults with mild to moderate clade II mpox and low risk of developing severe illness when compared to placebo. These findings suggest that most patients with mpox who do not have severe disease or risk factors for severe disease (e.g. severe immunocompromise) will recover with supportive care, including pain management.

Tecovirimat from the Strategic National Stockpile (SNS) remains available for treatment of mpox in patients who meet eligibility criteria under the CDC's EA-IND protocol. The compassionate use is for:

- Persons with severe immunocompromise (i.e. HIV with CD4 <200 or comparable severe immunocompromise) or protracted life-threatening manifestations of mpox as defined in the protocol.
- Persons with active skin conditions (e.g. atopic dermatitis, eczema, impetigo) that place them at higher risk of disseminated infection.
- Pregnant or lactating persons and children, regardless of disease severity or underlying comorbidities.

Providers with patients who meet the above EA-IND eligibility for tecovirimat treatment for mpox should contact NC Public Health Preparedness and Response (NC PHP&R) by emailing phpr.nc@dhhs.nc.gov or by calling 1-888-820-0520 for assistance with acquiring Tecovirimat. For more information regarding mpox treatment, see CDC's Clinical Treatment of Mpox and Tecovirimat (TPOXX) for Treatment of Mpox.

Please contact the Communicable Disease Branch Epidemiologist on Call at 919-733-3419 for any questions.

Additional Information
NC DHHS's Mpox Website
CDC's Mpox Current Situation Website
CDC's Mpox Vaccine Website
CDC's Clinical Treatment of Mpox