



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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In reply, please refer to:  
File:

October 26, 2023

### **MEDICAL ADVISORY: NEW CASES OF MPOX IN HAWAII**

- Three cases of mpox have been diagnosed in Hawaii residents since early September; healthcare providers should consider mpox as a potential diagnosis in any patient with compatible symptoms and risk factors for mpox.
- Report any suspected cases of mpox to the Disease Outbreak Control Division (DOCD).
- Encourage JYNNEOS vaccination for eligible persons at increased risk of mpox infection.
- For patients with mpox consider enrollment in the STOMP trial being run to determine efficacy of Tecovirimat.

Dear Healthcare Provider:

While cases of mpox (formerly monkeypox) have declined since their peak in the United States in August 2022, the outbreak is not over. After no new cases of mpox being diagnosed in Hawaii for over eight months, mpox has been diagnosed in three Hawaii residents since early September 2023. This new case brings the total number of cases reported in Hawaii since June 3, 2022 to 44, including four non-residents. The Department of Health (DOH) continues to conduct contact tracing and follow up with all reported cases.

Providers should be on the alert for new cases of mpox and to encourage complete vaccination with two doses of JYNNEOS for individuals at risk.

Prompt diagnosis of mpox facilitates disease control through isolation of infectious persons, enables better symptom management for patients and enable identification of individuals exposed who may benefit for post-exposure prophylaxis (PEP). As PEP, vaccine should be given as soon as possible, ideally within four days of exposure; however, administration 4 to 14 days after exposure may still provide some protection against mpox.

#### **Vaccination**

Although vaccine-induced immunity is not complete, vaccination with JYNNEOS continues to be one of the most important prevention measures. New cases among previously vaccinated people are expected to occur, but people who have completed their two-dose JYNNEOS vaccine series may experience less severe symptoms than those who have not.

The JYNNEOS vaccine is available statewide. Those at higher risk for mpox and who should consider being vaccinated include:

- Individuals who meet **both** the following criteria:
  1. Gay, bisexual, and other men who have sex with men, as well as transgender people who have sex with men; **and**
  2. have multiple or casual sex partners (such as through dating apps) or expect to have this mpox risk in the future.
- People who have a sex partner who meets both of the criteria described above;
- Anyone with close contact in the last 14 days to a person with known or suspected mpox infection;
- Persons with severely compromised immune systems; and
- Anyone in any of these categories who has received only one mpox vaccine dose.

The DOH and healthcare providers in each county continue to vaccinate high-risk individuals. Find a provider offering the vaccine here: <https://health.hawaii.gov/mpox>

### **Recommendations for Clinicians Evaluating and Treating Patients**

Conduct a thorough patient history to assess possible mpox exposures or epidemiologic risk factors. Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact in the current global outbreak. It is important to take a detailed sexual history for any patient with suspected mpox. Perform a complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination. Doing so can detect lesions of which the patient may be unaware.

Consider mpox when determining the cause of a diffuse or localized rash, including in patients who were previously infected with mpox or vaccinated against mpox. Differential diagnoses include herpes simplex virus (HSV) infection, syphilis, herpes zoster (shingles), disseminated varicella-zoster virus infection (chickenpox), molluscum contagiosum, scabies, lymphogranuloma venereum, allergic skin rashes, and drug eruptions. Specimens should be obtained from lesions (including those inside the mouth, anus, or vagina), if accessible, and tested for mpox and other sexually transmitted infections (STI), including human immunodeficiency virus (HIV), as indicated. The diagnosis of an STI does not exclude mpox, as a concurrent infection may be present.

Patients with mpox benefit from supportive care and pain control. Additionally, Tecovirimat is considered first-line among options that have not been approved by the U.S. Food and Drug Administration to treat eligible patients with mpox. If a clinician intends to prescribe oral tecovirimat, consider seeking access through enrollment in the AIDS Clinical Trials Group (ACTG) Study of Tecovirimat for Human Monkeypox Virus (STOMP) so that the trial can determine efficacy of this drug. For patients not eligible for the STOMP trial or who decline to participate, stockpiled oral tecovirimat is available upon request for mpox patients who meet treatment eligibility (e.g., have severe disease or are at increased risk for severe disease) under the Centers for Disease Control and Prevention (CDC) Expanded Access Investigational New

MEDICAL ADVISORY: New Cases of Mpox in Hawai'i

October 26, 2023

Page 3

Drug (IND) protocol. More information about evaluating and treating patients can be found on the CDC's mpox Clinical Guidance web pages.

Report any suspected cases of mpox to DOCD. Do NOT wait for laboratory confirmation:

Oahu (Disease Reporting Line) .....(808) 586-4586  
Maui District Health Office .....(808) 984-8213  
Kauai District Health Office .....(808) 241-3563  
Hawai'i District Health Office (Hilo) .....(808) 933-0912  
Hawai'i District Health Office (Kona) .....(808) 322-4877  
After hours on Oahu .....(808) 600-3625  
After hours on neighbor islands .....(800) 360-2575 (toll free)

We appreciate your assistance in protecting the health of Hawai'i's residents and visitors.

Sincerely,



Sarah K. Kemble, MD  
State Epidemiologist