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March 12, 2024

MEDICAL ADVISORY: NEW CASES OF MONKEYPOX IN HAWAI'I

- Cases of mpox continue to be diagnosed in Hawai'i. Healthcare providers should consider mpox as a potential diagnosis in any patient with compatible symptoms and risk factors for mpox.
- In addition to the ongoing global mpox outbreak of Clade IIa that began in 2022, there is currently an outbreak of concern of Clade I Monkeypox Virus in the Democratic Republic of the Congo. Obtain a detailed travel and contact history in all patients being evaluated for mpox.
- Urgently report suspected cases of mpox to the Disease Outbreak Control Division.
- Encourage vaccination with **two** doses of JYNNEOS 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, cases continue to be reported both nationally and locally. After no new cases of mpox being diagnosed in Hawai'i for several months, mpox has been diagnosed in six Hawai'i residents since early September 2023, with the most recent case reported to the Department of Health (DOH) in February 2024. This recent case brings the total number of cases reported in Hawai'i since June 3, 2022, to 47 including four non-residents. The DOH continues to conduct contact tracing and follow up with all reported cases.

Internationally, there is an outbreak of concern of <u>Clade I Monkeypox Virus (MPXV) in the</u> <u>Democratic Republic of the Congo (DRC)</u>. Clade I MPXV is endemic to Central Africa and has previously been observed to be more transmissible and cause more severe infection than Clade II MPXV. The ongoing global mpox outbreak that began in 2022 is a Clade IIb strain and has disproportionately affected gay, bisexual, and other men who have sex with men (MSM). The Centers for Disease Control (CDC) is currently working with the government of DRC to determine which populations are most at risk in the current Clade I outbreak.

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Although spread outside of the DRC is possible, at the time of this advisory there have been no reported cases of Clade I MPXV in the United States and no evidence of transmission of Clade I MPXV outside of endemic countries of central Africa, including DRC. The CDC is taking a proactive stance to support the outbreak response in the DRC, including monitoring for spread beyond DRC, and advancing domestic readiness should there be cases within the United States.

Locally, providers should work to ensure all persons at higher risk of contracting MPXV are fully vaccinated with **two** doses of JYNNEOS vaccine as soon as possible and prior to the possible introduction of Clade I MPXV within the community. Initial data show that JYNNEOS vaccine is equally effective, regardless of Clade. Recommendations regarding persons who should be vaccinated with JYNNEOS remain unchanged and there is no recommendation regarding vaccination for travelers who do not otherwise meet the eligibility criteria. Refer to DOH's October 26, 2023 *Medical Advisory: New Cases of Mpox in Hawai'i* regarding detailed recommendations for vaccination and as well as for evaluating and treating patients with mpox.

Be on the alert for new cases of mpox and assess the risk for Clade I MPXV. Conduct a thorough patient history, including detailed travel and sexual histories, 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 Clade IIa global outbreak. Travel to or prolonged close contact to persons with travel to the DRC in the 21 days prior to symptom onset in suspect patients raises the possibility of Clade I MPXV. For these patients with increased risk of Clade I MPXV, clinicians should pursue MPXV clade-specific testing starting with a consultation with DOH for testing options (e.g., molecular testing or genetic sequencing).

Tecovirimat (TPOXX) as well as other therapeutics developed for treatment of smallpox are available for use as investigational drugs for Clade I and II MPVX when clinically warranted. Oral TPOXX is available through Study of Tecovirimat for Human Monkeypox Virus (STOMP), see the STOMP website or contact the STOMP call center at (855) 876-9997 for more information.

Infection Prevention and Control

<u>Healthcare personnel</u> who evaluate and provide care to patients with mpox and <u>laboratory</u> <u>personnel</u> should continue to follow existing CDC guidance on infection prevention and control for mpox. These are effective in minimizing transmission.

The CDC advises that diagnostic samples and clinical waste containing MPXV in Clade I or II should be designated as Category B infectious substances except when they contain or are contaminated with cultures of Clade I MPXV. The U.S. Department of Transportation (DOT)/Pipeline and Hazardous Materials Safety Administration (PHMSA) issued a Safety Advisory Notice on March 11, 2024, sharing this advice from CDC regarding diagnostic samples and clinical waste containing MPXV in Clade I or II. The safety notice from PHMSA can be

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reviewed online <u>here</u>. PHMSA will continue to monitor the current mpox outbreak—as well as any future outbreaks—in partnership with the CDC and will update its guidance regarding the transportation of these infectious substances as necessary. Healthcare facilities should continue to closely monitor and follow guidance from PHMSA regarding MPXV.

Finally, urgently report any suspected cases of mpox to the Disease Outbreak Control Division. Do NOT wait for laboratory confirmation:

Oahu (Disease Reporting Line)	
Maui District Health Office	
Kauai District Health Office	
Hawai'i District Health Office (Hilo)	
Hawai'i District Health Office (Kona).	
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,

SauchKluble

Sarah K. Kemble, M.D. State Epidemiologist