

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

October 16, 2024

MEDICAL ADVISORY: CONTINUED CLADE II MPOX CASES IN U.S. AND CLADE I MPOX OUTBREAK IN THE DRC

- Clade II mpox cases continue to occur in the United States and Hawai'i.
- Providers should continue to offer vaccination to persons at risk for mpox as part of broader prevention activities and routine sexual healthcare. Two doses of JYNNEOS given four weeks apart are required for maximal protection.
- An outbreak of clade I mpox in the Democratic Republic of the Congo and neighboring countries has led CDC to expand groups recommended to receive vaccine to include travelers with sexual transmission risk, regardless of gender identity or sexual orientation.
- Ask about travel history in suspected mpox cases and their sexual partners. Clade testing should be arranged through DOH for persons with history of travel to areas with clade I transmission. To date, clade I mpox has not been detected in the United States.
- Recommended treatment for clade I mpox is the same as for clade II mpox. Tecovirimat is antiviral medication available for treatment of certain patients with mpox and may be obtained through the STOMP trial or a CDC held EA-IND protocol.

Dear Healthcare Provider:

As part of an ongoing global clade II mpox outbreak that began in 2022, mpox cases continue to occur in the United States and Hawai'i. U.S. [case counts](#) have remained consistent at about 250 or less a month since October 2023 after the initial outbreak that peaked in July and August 2022.

Similarly, Hawai'i continues to have sporadic mpox cases. There have been seven mpox cases diagnosed in Hawai'i in 2024, bringing the total number of cases reported to the Hawai'i DOH since June 3, 2022, to 53. In one of the two most recent cases, no out-of-state exposure or link to other prior cases was identified, suggesting the mpox infection was locally acquired. To date, only clade II mpox has been detected in the U.S. and Hawai'i.

Providers should continue to offer vaccination to persons at risk for mpox as part of broader prevention activities and routine sexual health care. Two doses of JYNNEOS given four weeks apart are required for maximal protection. JYNNEOS vaccination should be considered in prevention activities

- Offering the mpox vaccine alongside other vaccines like COVID-19 or flu vaccine.
- Including mpox prevention in discussions about HIV PEP, HIV PReP, or doxy PEP with patients and clients.
- Allowing individuals to self-attest their vaccine eligibility (i.e., providing mpox vaccination without requiring individuals to specify which criterion they meet).
- Discussing [behavioral strategies to minimize risk](#) when vaccine is not an option for the patient.

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In addition to the global outbreak of clade II mpox impacting Hawai‘i, an outbreak of [clade I mpox](#) in the Democratic Republic of the Congo (DRC) is occurring. In previous outbreaks in endemic African countries, clade I mpox virus has caused a higher proportion of severe disease and been more transmissible. This current outbreak in the DRC is the largest on record, more widespread than any previous DRC outbreak, and has spread to some neighboring countries. Since January 2023, the DRC has reported more than 31,000 suspect mpox cases with nearly 1,000 related deaths.

This outbreak of [clade I mpox virus](#) in the DRC and some neighboring countries has [led CDC to expand groups recommended to receive vaccine](#) to include travelers with sexual transmission risk, regardless of gender identity or sexual orientation. For people traveling to countries with [clade I outbreaks](#), providers should recommend vaccination with the 2-dose JYNNEOS vaccine series to any adult, regardless of gender identity or sexual orientation, if they anticipate experiencing any of the following:

1. Sex with a new partner
2. Sex at a commercial sex venue, like a sex club or bathhouse
3. Sex in exchange for money, goods, drugs, or other trade
4. Sex in association with a large public event, such as a rave, party, or festival

As of October 7, 2024, these [countries with clade I mpox virus transmission](#) include: Burundi, Central African Republic, Democratic Republic of the Congo, Republic of the Congo, Rwanda, and Uganda.

The JYNNEOS vaccine is available statewide including at select retail pharmacy locations. Current mpox vaccination recommendations as well locations of vaccine in Hawai‘i can be found [here](#). Providers wishing to offer JYNNEOS directly to their patients may do so by obtaining JYNNEOS through commercial wholesalers.

Identify risk for clade I mpox by asking about travel history in suspected mpox cases and their sexual partners. Given the widespread clade I outbreak in Central and Eastern Africa, a case diagnosed in an occasional returning traveler is not unexpected and has occurred outside of Central and Eastern Africa. Clade testing should be arranged through DOH at time of initial evaluation when recent travel to areas with clade I transmission is identified. To date, clade I mpox has not been detected in the United States.

Recommended treatment for clade I mpox is the same as for clade II mpox. Supportive care and pain control will help most patients with mpox recover without extra medical treatment. Patients who are immunocompromised or have other high-risk conditions may be at increased risk of severe mpox and may require additional treatment.


Tecovirimat is an antiviral available for treatment of certain patients with mpox and may be obtained through the [Study of Tecovirimat for Mpox](#) (STOMP) trial or Expanded Access-Investigational New Drug (EA-IND) Protocol. STOMP is a clinical trial to assess the efficacy of tecovirimat that includes a randomized arm as well as an open-label arm for patients who are severely immunocompromised, have certain active skin conditions or severe disease, for pregnant or lactating people and children under 18 years of age. Patients should be [informed about STOMP](#) and encouraged to consider enrollment which can be arranged by the patient through calling 1-855-876-9997.

Access to tecovirimat through CDC held EA-IND protocol also remains for certain patients with (or who are at high risk for) protracted or life-threatening illness and can be coordinated through DOH's disease reporting line listed below. Providers and affiliated facilities must be registered online as participating providers/sites under the CDC-held EA-IND protocol for tecovirimat.

Finally, urgently report suspected cases of mpox at time of initial evaluation to the Disease Outbreak Control Division reporting line at:

- 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,


Nathan C.Y. Tan, M.D.
Deputy State Epidemiologist

Additional Resources

DOH Disease Outbreak Control Division Mpox website listing mpox case counts, vaccination recommendations and sites: https://health.hawaii.gov/docd/disease_listing/mpox/

CDC Preventing Mpox: <https://www.cdc.gov/mpox/prevention/>

CDC HAN: Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries:
<https://emergency.cdc.gov/han/2024/han00513.asp>

CDC HAN: Strategies for Mpox, including Vaccinating People at Risk via Sexual Exposure, for U.S. Travelers Visiting Countries with Clade I Mpox Outbreaks:
<https://emergency.cdc.gov/han/2024/han00516.asp>

CDC Clade I Mpox Outbreak Originating in Central Africa:
<https://www.cdc.gov/mpox/outbreaks/2023/index.html>

Study of Tecovirimat for Mpox (STOMP): <https://www.stomptpox.org/main>