

## Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries

<b>DATE:</b>	August 9, 2024
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Debra L. Bogen, M.D., FAAP, Secretary of Health
<b>SUBJECT:</b>	<b>Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries</b>
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	Statewide
<b>STREET ADDRESS:</b>	N/A
<b>COUNTY:</b>	N/A
<b>MUNICIPALITY:</b>	N/A
<b>ZIP CODE:</b>	N/A

**This transmission is a “Health Update” that provides updated information regarding an incident or situation; unlikely to require immediate action.**

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

### Summary

- On August 7, 2024 the Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(HAN\) Health Update](#) to provide additional information about the outbreak of monkeypox virus (MPXV) in the Democratic Republic of the Congo (DRC).
- Since January 2023, the DRC has reported the largest number of yearly suspected clade I mpox cases on record. While [clade I MPXV](#) is endemic in the DRC, the current outbreak is more widespread than any previous DRC outbreak and has now resulted in clade I mpox transmission to some neighboring countries.
- No cases of clade I mpox have been reported outside central and eastern Africa at this time.
- Since there is a risk of additional spread of clade I MPXV, the CDC recommends that clinicians maintain a heightened index of suspicion for mpox in patients who have recently travelled to the DRC or to any country [sharing a border](#) with DRC (ROC, Angola, Zambia, Rwanda, Burundi, Uganda, South Sudan, CAR) and who present with [signs and symptoms consistent with mpox](#).
- If a clinician suspects clade I MPXV, they should contact the Pennsylvania Department of Health (DOH) or the local health department to discuss clade specific testing for clade I MPXV.
- If you have any questions, please call the DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

## Background

On August 7, 2024 the Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(HAN\) Health Update](#) to provide additional information about the outbreak of clade I monkeypox virus (MPXV) in the Democratic Republic of the Congo (DRC).

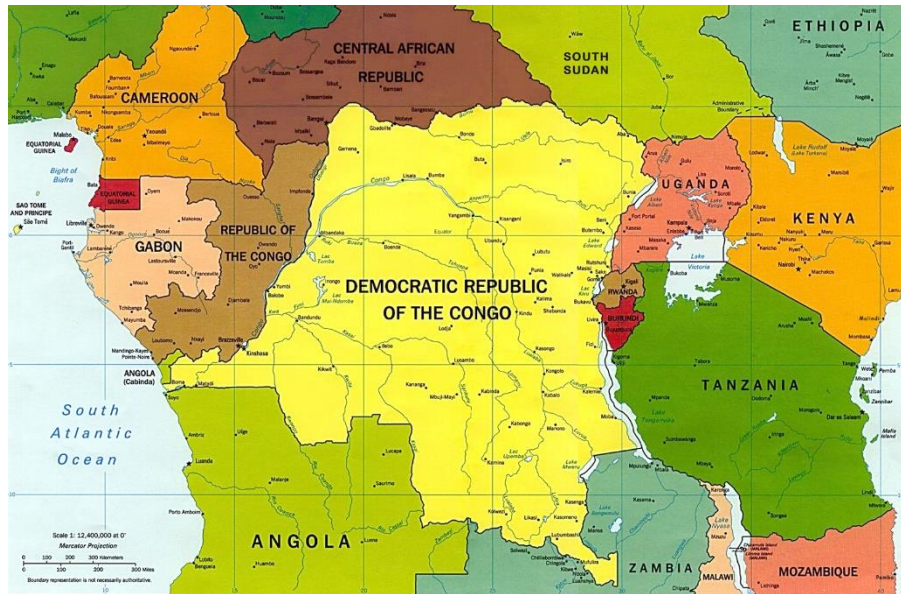
MPXV has two distinct genetic clades (subtypes of MPXV), I and II, which are endemic to central and west Africa, respectively. Clade I MPXV has previously been observed to be more transmissible and to cause a higher proportion of severe infections than clade II MPXV. The [ongoing global mpox outbreak](#) that began in 2022 is caused by clade II MPXV, and cases continue to be reported worldwide.

Clade I MPXV is endemic in DRC and several other Central African countries, and cases are reported annually. More than 22,000 suspect cases, with more than 1,200 suspected deaths, have been reported in DRC since January 1, 2023, a substantial increase from the median 3,767 suspect [clade I mpox cases reported annually in DRC](#) during 2016–2021. Clade I mpox cases have been reported from every DRC province, including areas where clade I mpox does not normally occur, such as the capital city Kinshasa. Outbreaks of clade I MPXV associated with sexual contact among men who have sex with men and female sex workers and their contacts have been reported in some provinces. Since January 2023, the DRC has reported the largest number of yearly suspected clade I mpox cases on record. While [clade I MPXV](#) is endemic, or naturally occurring, in DRC, the current outbreak is more widespread than any previous DRC outbreak and has resulted in clade I mpox transmission to some neighboring countries. The Republic of the Congo (ROC), which borders DRC to the west, declared a clade I mpox outbreak in April 2024, and there have been confirmed cases in the Central African Republic (CAR). While clade I mpox is endemic in ROC and CAR, the epidemiologic pattern of recent cases suggests a possible link to DRC.

In late July 2024, Burundi, Rwanda, and Uganda, which sits on the eastern border of DRC, reported confirmed cases of mpox, with some cases having linkages to DRC. Rwanda and Uganda have confirmed these cases are due to clade I MPXV; in Burundi, clade-specific testing is underway, but cases are presumed to be clade I due to DRC's proximity. Mpox is not known to be endemic in these countries.

No cases of clade I mpox have been reported outside central and eastern Africa at this time. Due to the limited number of travelers and lack of direct commercial flights from DRC or its neighboring countries to the United States, the [risk of clade I mpox importation](#) to the United States is considered to be very low.

The CDC recommends clinicians and jurisdictions in the United States maintain a heightened index of suspicion for mpox in patients who have recently been in DRC or to any country [sharing a border](#) with DRC (ROC, Angola, Zambia, Rwanda, Burundi, Uganda, South Sudan, CAR) and present with [signs and symptoms consistent with mpox](#).



The United States has robust mpox testing capacity in state public health laboratories and several commercial laboratories, including clade-specific testing, sequencing, and/or flagging high-likelihood clade I MPXV samples (i.e., negative for clade II MPXV but positive for orthopoxvirus). DOH's Bureau of Laboratories (BOL) provides non-Variola orthopoxvirus testing to aid in the rule out MPXV samples along with facilitation of samples to the CDC MPXV confirmation and clade specification, when applicable. In addition, CDC continues to receive a subset of MPXV samples from across the United States that were not differentiated during the initial diagnosis to test for MPXV clade and to look for mutations using genetic sequencing. The CDC is helping communities monitor for the presence of both clades of [MPXV in wastewater samples](#), including from select airports. Data from samples can provide an early warning of mpox activity and spread in communities.

## Recommendations for Clinicians

### *Evaluation and Diagnosis*

- Follow CDC guidance on [infection prevention and control](#) for mpox to minimize transmission risk when evaluating and providing care to patients with suspected mpox.
- Consider mpox as a possible diagnosis in patients with [epidemiologic characteristics](#) and [lesions or other clinical signs and symptoms](#) consistent with mpox. This includes persons who have been in DRC or, due to the demonstrated risks of regional spread, any of its neighboring countries (ROC, CAR, Rwanda, Burundi, Uganda, Zambia, Angola, Tanzania, and South Sudan) in the previous 21 days.
- Ask patients with signs and symptoms of mpox but no recent travel whether they have had contact with people who had recently been in any of the above countries and who were symptomatic for mpox.
- Consider mpox as a possible diagnosis if a clinically consistent presentation occurs, even in people vaccinated for or [previously diagnosed with mpox](#).
- Advise all patients suspected of having mpox to [isolate themselves](#) from others.
- Evaluate all suspected cases related to DRC or its neighboring countries with laboratory testing (rather than clinical diagnosis alone). Clinicians should contact the DOH at 1-877-PA-HEALTH (1-877-724-3258) or their local health department to discuss testing at the

**BOL. Specimen submission to BOL for clade specific testing must be coordinated through the local health department or the DOH.**

- Follow [specimen collection guidelines](#) (including collecting two swabs per ~2-3 lesions) to ensure specimen availability for clade-specific testing. This testing will help distinguish between cases that are part of the ongoing clade II mpox global outbreak and those associated with this clade I outbreak.
- Avoid unroofing or aspiration of lesions or otherwise using sharp instruments for mpox testing to minimize the risk of a sharps injury.

### ***Treatment and Prevention***

- Recommend [mpox vaccine to people exposed to MPXV](#) to help prevent the spread of mpox.
- Offer mpox vaccination to people ≥18 years of age with risk factors for mpox, following [the Advisory Committee on Immunization Practices \(ACIP\) recommendation](#) for vaccination before an exposure with two doses of the JYNNEOS vaccine 28 days apart.
  - Two doses of JYNNEOS vaccine [offer substantial protection against mpox](#), and are expected to offer protection regardless of clade.
  - Additional JYNNEOS vaccine doses (“boosters,” more than two doses) are not currently recommended.
- Consider vaccinating patients [eligible for mpox vaccination](#) and planning travel to affected countries with two doses of JYNNEOS vaccine. Eligible patients who received one dose of the JYNNEOS vaccine more than 28 days ago should receive the second dose as soon as possible.
- There is no vaccination recommendation for travelers who do not meet current vaccine eligibility.
- Consult the PA DOH or local health department about any mpox cases for which severe manifestations might occur (e.g., those with advanced HIV infection). [Medical countermeasures](#) (e.g., tecovirimat, brincidofovir, and vaccinia immune globulin intravenous) used during the ongoing clade II mpox outbreak are expected to be effective for clade I MPXV infections.
- Inform all patients with mpox, including those with mild disease, about the [STOMP Trial](#) and recommend that they enroll. Oral tecovirimat (TPOXX) is available through the STOMP Trial. To enroll in STOMP, call 1-855-876-9997.
- Clinicians should counsel patients about [what to do if they are sick](#) to prevent household transmission.

### **Recommendations for Laboratories**

- Follow CDC guidance on [infection prevention and control](#) for mpox to minimize transmission risk when working with suspected mpox specimens.
- Send clinical specimens collected from patients who traveled from DRC or its neighboring countries or had close or intimate contact with symptomatic people from these countries to a laboratory that can perform clade-specific testing **as quickly as possible**.
- If clade-specific testing is warranted based on epidemiologic criteria but is not available in a jurisdiction, [specimen submission](#) to a public health laboratory, such as BOL, with this capability or to CDC is encouraged; specimen submission to CDC can be coordinated through your state or local health department. Specimens that cannot be accepted at CDC for clinical

testing under [Clinical Laboratory Improvement Amendments \(CLIA\)](#) will be redirected for surveillance purposes and tested, providing critical data on MPXV clade(s) circulating in the United States.

- [Laboratory Response Network](#) laboratories and commercial laboratories using CDC's non-variola orthopoxvirus (NVO) polymerase chain reaction (PCR) test should continue submitting duplicate specimens to CDC from all patients with positive NVO PCR test results for routine MPXV clade-specific testing. This testing will assist with national surveillance.
- Some non-CDC laboratories may also have other options available for clade-specific testing, (e.g., molecular testing or genetic sequencing). These laboratories should alert their [state health department](#) and CDC ([poxvirus@cdc.gov](mailto:poxvirus@cdc.gov)) if results from such tests indicate detection of clade I MPXV.

## Recommendations for the Public

- The [risk of clade I mpox spreading to the United States](#) is very low at this time.
- Seek medical care immediately and avoid contact with others if you have been in the DRC or its neighboring countries in the last 21 days and develop a new, [unexplained skin rash \(lesions on any part of the body\), with or without fever and chills.](#)
- Consider getting vaccinated against mpox if you have [risk factors and are eligible for vaccination](#). CDC continues to recommend that people who are eligible for vaccination receive two doses of the JYNNEOS vaccine for the best protection. People at risk for mpox who have only received one dose more than 28 days prior should receive a second dose as soon as possible. JYNNEOS vaccine is believed to protect against both mpox clades.
- Review [CDC Travel Health Notices for the DRC and neighboring countries](#) before traveling. People with risk factors for MPXV infection who are not able to be vaccinated or (e.g., pregnant people, infants less than 1 year, people with eczema or active skin conditions, and people who are immunocompromised) should avoid [situations that might increase their risk](#) for mpox.
- All travelers to areas with mpox cases should [protect themselves](#) by avoiding close contact with people who have skin or genital lesions; avoiding contact with dead or live wild animals; avoiding contact with materials used by sick people like clothing, bedding, or in health care; avoiding materials that came into contact with wild animals; and avoiding eating or preparing meat from wild animals (bushmeat), or using products made from wild animals in countries where mpox occurs in animals.

## For More Information

### For clinicians and laboratory staff

- Mpox Clinical Recognition and Vaccine Information for Healthcare Providers: [Information For Healthcare Professionals | Mpox | Poxvirus | CDC](#)
- Biosafety and Select Agent Considerations: [Laboratory Procedures | Mpox | Poxvirus | CDC](#)
- Diagnostic Specimen Packaging and Shipping: [Transporting Infectious Substances Safely.pdf \(dot.gov\)](#)
- CDC Poxvirus and Rabies Branch: [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or for emergencies, CDC's 24/7 Emergency Operations Center (EOC): 770-488-7100.
- State and Local Health Department Contacts: [After Hours/Epi-on-Call Contact Lists – Council of State and Territorial Epidemiologists \(cste.org\)](#)

## Additional information

- About Mpox: Discover, History, and Virus Types: [About Mpox | Mpox | Poxvirus | CDC](#)
- Mpox Information for the Public: [Your Health | Mpox | Poxvirus | CDC](#)
- [August 2024 Travel Health Notice: Mpox in DRC and Neighboring Countries](#)

If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Individuals interested in receiving further PA-HANs are encouraged to register at [HAN Notification Registration \(mir3.com\)](#)

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of August 9, 2024, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.