



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

RESURGENCE OF MPOX **Provider Update** **May 9, 2023**

Summary and Action Items

- Chicago Department of Public Health (CDPH) has identified a resurgence of cases of mpox (formerly monkeypox).
- From April 17th-May 5th 2023, 12 confirmed and one probable case of mpox were reported to CDPH. All cases were among symptomatic men. **Nine (69%) of 13 cases were among men who were fully vaccinated for mpox.**
- Transmission of mpox continues locally and disproportionately affects the same populations affected by Sexually Transmitted Infections (STIs) and human immunodeficiency virus (HIV).
- Healthcare providers are urged to remain diligent in screening and vaccinating at risk populations.
- Vaccination is an important tool in stopping the spread of mpox, although vaccine-induced immunity is not complete. **People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.**
- JYNNEOS is a 2-dose vaccine approved for the prevention of mpox and smallpox. All eligible Chicagoans should receive both doses of the vaccine for the best protection against mpox. The second dose should be given 4 weeks after the first dose. If more than 35 days has elapsed since the first dose was given, administer the second dose as soon as possible. **Vaccine boosters are not recommended at this time.**
- CDPH encourages healthcare providers to adopt a syndemic approach to addressing mpox and including incorporating mpox, STI and HIV screening, treatment and prevention into existing sexual health services.

Epidemiological Update

From April 17th- May 5th 2023, 12 confirmed and one probable case of mpox were reported to CDPH. All cases were among men. Confirmed cases were non-Hispanic (NH) White 9 (69%), 2(15%) were NH Black, and 2 (15%) were NH Asian. The median age was 34 years (range 24-46). Of 13 confirmed and probable cases, 33% were living with HIV and all were virally suppressed. Among confirmed cases, one individual was diagnosed with primary & secondary syphilis at the time of mpox diagnosis. Among these 13 cases there have been no hospitalizations reported. Travel history was available for 9 cases; 4 recently travelled (New York City, New Orleans, and Mexico). Vaccination status was available for all cases– 69% of mpox cases were fully vaccinated.

Ongoing transmission of mpox highlights the importance of sustaining clinical awareness for new [lesions and rash associated with mpox infection](#), administration of vaccine, and treatment for eligible individuals.

Anyone can get and spread mpox.

Evaluating Patients:

- Clinicians should conduct a detailed sexual history for any patient with suspected mpox.
- Perform a thorough physical examination of the skin and mucosa to examine determine whether patients have a characteristic vesiculo-pustular rash. Patients may not be aware of rashes.

- Differential diagnoses can include HSV, syphilis, herpes zoster, disseminated varicella infection and molluscum contagiosum among others. Some patients may have concurrent Sexually Transmitted Infections (STIs) and an STI diagnosis does not rule out mpox.

Treatment:

Most patients with mpox have mild disease and recover with supportive care. Patients with mpox benefit from supportive care and pain control that is implemented early in the illness. Mpox can commonly cause severe pain and can affect vulnerable anatomic sites, including the genitals and oropharynx, which can lead to other complications. Ocular involvement should be referred for treatment and ophthalmologic follow up.

Treatment should be considered for use in people who have severe disease or involvement of anatomic areas that might result in serious sequelae that include scarring or strictures. Treatment should also be considered for use in people who are at high risk for severe disease, such as individuals with immunocompromising conditions or people with advanced HIV. For access to TPOXX, providers may contact their HIV or Infectious Disease colleagues. Questions regarding access to TPOXX may be directed to MPXtherapeutics@cityofchicago.org

Vaccination:

Administration of the [JYNNEOS vaccine](#) is subcutaneous or intradermal and consists of two doses; the second dose should be administered 28 to 35 days after the first dose. However, if the second dose is delayed beyond 35 days, the second dose should be administered as soon as possible to complete the series. Peak immunity is expected 14 days after the second dose of vaccine. An alternative regimen involving intradermal (ID) administration with an injection volume of 0.1mL may be used under an Emergency Use Authorization (EUA).¹

Recommendations for the dosing schedule have not changed at this time.

- Regardless of vaccination status, all individuals with potential exposures to mpox should monitor for symptoms for 21 days. Contacts who remain asymptomatic can continue routine daily activities. If symptoms develop, they should immediately self-isolate and contact their healthcare provider for testing. Clinicians may contact the health department 312-742-2883 for questions during business hours.
- Decisions regarding [post-exposure prophylaxis \(PEP\)](#) depend primarily upon the type of exposure. Mpox vaccine can be given as PEP to those with known or presumed exposure to mpox virus. When given as PEP, vaccine should be given as soon as possible and ideally within 4 days of exposure; administration 4 to 14 days after exposure still may provide protection and is recommended. For selected persons at high risk for mpox virus infection due to behavioral, pre-exposure prophylaxis with the JYNNEOS vaccine is highly recommended. To be most effective, mpox vaccination should be included as part of broader prevention activities and sexual health care.

For more information about mpox, visit <https://www.chicago.gov/city/en/sites/monkeypox/home.html>

References:

1. <https://www.cdc.gov/poxvirus/mpox/clinicians/vaccines/vaccine-considerations.html> (Accessed May 8, 2023)