



WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: First reported case of clade I mpox in California

Date: November 22, 2024

This is a Provider Alert from the Washington State Department of Health (DOH) Office of Infectious Disease regarding a recent case of clade I mpox that was reported in California.

1. The California case is associated with travel to an area with heightened clade I mpox activity. They are reporting mild illness and are recovering as expected.
2. A Washington resident was named as a close contact of the case in California. The U.S. Centers for Disease Control (CDC), WA DOH, and the local health jurisdiction are currently monitoring the situation.
3. No additional cases of clade I mpox have been reported in the United States.
4. CDC considers [the overall risk of clade I mpox to the U.S. public to be low](#) at this time.
5. Read the recent [CDC Health Alert](#) and [news release from the California Department of Public Health](#) for further details.

Current Situation in Washington

To date, no cases of clade I mpox have been reported in Washington (WA). [WA DOH mpox reporting and surveillance guidelines](#) were updated in October to incorporate additional guidance for clade I mpox. There was a low-risk exposure to a WA resident from this reported clade I mpox case in California. The contact was asymptomatic throughout their incubation period, they received post-exposure prophylaxis, and they reported no risk of transmission within Washington. WA DOH and the local health jurisdiction are continuing to monitor the situation. [Cases of clade II mpox continue to be identified weekly in WA](#), although current rates are much lower when compared to 2022. The majority of recent cases have been associated with transmission during sexual and intimate contact and among those who identify as gay, bisexual, or other men who have sex with men (MSM). Due to the potential for clade I mpox to continue being detected within the United States, DOH recommends that health care providers screen individuals who exhibit signs and symptoms of mpox and fit current epidemiologic criteria for mpox. DOH also recommends that providers continue to offer vaccination to [those who are currently at high risk for acquiring mpox](#), and be on alert for suspected cases of mpox clade I.

Actions Requested:

- Continue to consider the diagnosis of and test for mpox in all patients with [compatible signs and symptoms](#).
 - This includes individuals with symptoms who have traveled to Central or Eastern Africa in the 21 days before symptoms onset (including, but not limited to: Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of the Congo, Rwanda, Uganda, Zambia, or Zimbabwe).
- Management for clade I mpox is the same for clade II mpox; local health jurisdictions and health care providers should follow [WA DOH](#) and [CDC guidance](#).
- Health care providers should continue to vaccinate [individuals who are eligible](#) to receive mpox vaccination and order vaccine supply off of the commercial market for their own clinics and practices.
- Be aware of the [ongoing outbreak of clade I mpox](#) circulating in Central and Eastern Africa.
- Consider mpox when seeing patients with genital ulcers, sores, or rashes, even if diagnosis of syphilis and herpes is considered more likely, and regardless of the patient's vaccination status.
- Immediately report all suspected mpox cases or pending mpox tests to [your local health jurisdiction](#) (LHJ).
- Ask patients about their travel history, as well as their sexual health history.
- Use a polymerase chain reaction (PCR) test – ideally one specific to monkeypox virus and one that can determine clade – to test patients with suspected mpox.
 - WA Public Health Laboratory (PHL) now has [a mpox rule out test with clade determination](#) that is available for LHJs and providers.
 - Do NOT send specimens to the PHL without prior approval from LHJ/DOH.
- Send specimens to the WA PHL for patients with clinically compatible signs of mpox **AND**
 - Report recent travel to [countries Central or Eastern Africa](#) (or other areas with ongoing clade I mpox transmission) **AND/OR**
 - Contact with a confirmed clade I mpox case.
- Provide appropriate [isolation recommendations](#) to patients while their test results are pending and after a positive test result.
- Medical care providers who provide care to gay or bisexual men, their partners, or members of the community should talk to their patients about [mpox vaccination](#), as well as [PrEP to prevent HIV](#) and [doxy PEP](#) to prevent STIs.
 - The [Early Intervention Program](#) (WA's AIDS Drug Assistance Program) and the [PrEP Drug Assistance Program](#) both cover JYNNEOS for those with and without health insurance who are eligible.
- Travel health providers should conduct a sexual health history with their patients and offer mpox vaccination to travelers visiting a country where clade I mpox is spreading between people regardless of the patient's gender identity or sexual orientation if they anticipate experiencing any of the following:

- Sex with a new partner,
- Sex at a commercial sex venue, like a sex club or bathhouse,
- Sex in exchange for money, goods, drugs, or other trade,
- Sex in association with a large public event or festival.
- Consider referring patients with mpox to the antiviral Tecovirimat clinical trial, as the TPOXX EA-IND has limited provider's ability to prescribe outside of the clinical trial.
 - Medical providers can refer patients for evaluation for enrollment in the Study of Tecovirimat for Human Mpox Virus (STOMP) trial by calling 206-773-7129 (text or call) or 1-855-876-9997 or sending an email to uwpositiveresearch.com.

Background

In May 2022, the World Health Organization (WHO) reported multiple cases of mpox (formerly known as monkeypox) in countries where the disease was not regularly occurring. This outbreak, unlike previous mpox outbreaks in the past, was primarily driven by transmission through close sexual and intimate contact, which disproportionately but not exclusively affected men who have sex with men (MSM). Mpox continues to be reported in WA, but at a much lower rate when compared to the outbreak in 2022. Mpox is often associated with a painful rash, along with other symptoms, that progresses through several stages. Mpox is spread through close contact with a person with mpox, direct contact with contaminated materials, or direct contact with infected animals. There are two clades of mpox, clade 1 and clade 2. While both clades of mpox have similar symptoms, there is historical evidence that clade 1 mpox is more transmissible, and potentially more severe, with case fatality rates reported up to 10%, with higher risk for children. However, [initial analysis](#) from the ongoing clade 1 outbreak in the Democratic Republic of the Congo indicates that people with clade 1 mpox who are provided high-quality supportive care have a significantly lower mortality than those who were not connected to care.

Resources

- [General information about mpox](#)
- [Mpox FAQ](#)
- [Specimen collection and submission instructions for rule out mpox and clade determination testing at WA PHL](#)
- [Mpox notifiable conditions information](#)
- [WA DOH mpox data dashboard](#)
- [WA DOH guidelines for JYNNEOS vaccine use](#)
- [DOH Care-a-Van Vaccine Events](#)

Contact

To report suspected cases, to arrange for testing at the WA PHL, or for any other questions, please contact your [local health jurisdiction](#).