To: CAHAN San Diego Participants
Date: November 22, 2024
From: Public Health Services

Health Advisory Update #3: First Case of Clade I Mpox Diagnosed in California and the United States in Returning Traveler

Key Messages

- On November 15, 2024, the first case of clade I monkeypox virus (MPXV) infection in California and the United States (U.S.) was confirmed in a patient who recently traveled from an affected country where clade I MPXV is actively spreading.
- No additional cases have been detected to date, and no clade I mpox cases have been identified in San Diego County. The overall risk of clade I MPXV to the general population in California and the U.S. remains low.
- Healthcare providers are advised to follow infection prevention and control recommendations for all patients with mpox signs and symptoms and to have a high index of suspicion for clade I MPXV in patients with signs and symptoms of mpox who report travel to Central or Eastern Africa in the 21 days prior to symptom onset or close or intimate contact with symptomatic people who have been in these regions.
- If clade I MPXV infection is suspected, notify County of San Diego Public Health Services immediately and obtain clade-specific MPXV testing (available through the San Diego Public Health Laboratory).
- Providers should offer the two-dose JYNNEOS mpox vaccine series to persons who are vulnerable to mpox and to people who are planning to travel to areas of Central and Eastern Africa with ongoing person-to-person transmission of clade I MPXV and anticipate engaging in sexual activities.

Situation

On November 15, 2024, the California Department of Public Health (CDPH) confirmed the first reported case of mpox infection from clade I monkeypox virus (MPXV) in the United States (U.S.). The patient recently traveled from a country where clade I MPXV is actively spreading, has a relatively mild illness, and is recovering after seeking medical care for mpox symptoms in San Mateo County. CDPH, along with local health departments and the Centers for Disease Control and Prevention (CDC), is investigating potential contacts to the patient, and no additional cases have been detected to date. The overall risk of clade I MPXV to the general population in California and the U.S. continues to be low. No cases of clade I MPXV infection have been reported in San Diego County, although cases of clade IIb MPXV continue to be reported.

Background

Since March 2024, CDC has been working with local, tribal, state, and territorial public health authorities to prepare for potential cases of clade I MPXV infection in the U.S. by enhancing surveillance, detection, and reporting capacities of existing public health systems and structures. As reported on August 15, 2024, clade I MPXV has caused an ongoing outbreak in Central and Eastern African countries, with about 12,000 confirmed cases of clade I mpox and at least 47 deaths reported from January 1 through November 15, 2024. These countries include Burundi, Central

African Republic, Democratic Republic of the Congo (DRC), Republic of Congo, Rwanda, and Uganda. Data from affected countries indicate that a large proportion of clade I MPXV cases among adults were associated with heterosexual contact. Transmission to close contacts within households, including to children, also has been reported. In addition to the California case, travel-associated clade I MPXV cases have been reported in Germany (1), India (1), Kenya (17), Sweden (1), Thailand (1), the United Kingdom (U.K.)(4), Zambia (1), and Zimbabwe (2) so far in 2024, and no onward spread has been reported except to close household contacts in Kenya and the U.K.

Historically, clade I MPXV has been associated with a higher case fatality rate than clade II MPXV, the cause of the ongoing global mpox outbreak that began in 2022. However, current data suggest that subclade Ib, a clade I variant that has been implicated in the ongoing clade I MPXV outbreak in Africa and travel-associated clade I MPXV cases in countries outside of Africa, may be less severe. Clade Ib MPXV has a lower death rate (less than 1%) than clade Ia both in and outside of Africa. No deaths have occurred in travel-associated clade Ib mpox cases in countries outside of Africa, and relatively mild disease courses were described for the subset of these cases for which clinical data are available.

The reported California case demonstrates that the public health systems in California and the U.S. are working as intended, and the overall risk of clade I MPXV to the public in the U.S. remains low. Given the widespread outbreaks in Central and Eastern Africa, additional travel-associated cases may be reported in the future in the U.S. Medical countermeasures used in the ongoing clade IIb global outbreak, including the mpox vaccine (JYNNEOS), are anticipated to be effective for clade I MPXV. In August 2024, initial results from a study in the DRC showed that tecovirimat (TPOXX) was safe but did not decrease time to symptom resolution for clade I MPXV infection. Additional data analyses are underway to better understand the results of this study, including if there was any benefit to a subset of people who received TPOXX. The study did indicate that better outcomes among people with mpox can be achieved when they are hospitalized and provided high-quality supportive care. Enrollment continues for the Study of Tecovirimat for Mpox (STOMP) Trial to evaluate the safety and effectiveness of TPOXX for clade IIb MPXV infection in the U.S., Argentina, Brazil, Mexico, Peru, and Thailand.

Actions Requested

1. ***Consider*** mpox as a possible diagnosis in patients with epidemiologic characteristics and lesions or other clinical signs and symptoms consistent with mpox, regardless of previous vaccination against mpox or previous MPXV infection.
2. ***Have a heightened suspicion for clade I MPXV*** for patients with mpox-like symptoms or probable/confirmed MPXV infection who have been in affected Central or Eastern African countries in the previous 21 days and/or have had close or intimate contact with symptomatic people who have been in those countries. An up-to-date list of countries affected by clade I outbreaks is available on the CDC website.
3. ***Follow*** infection prevention and control recommendations for all patients with mpox symptoms.
4. ***Immediately report*** probable, suspected, and confirmed clade I MPXV cases to the County of San Diego Health and Human Services Agency as soon as possible and no later than 24 hours after diagnosis by submitting a Confidential Morbidity Report (by fax to (619) 692-8541 or by secure e-mail to phs-hshb-stdreporting-fax.hhsa@sdcounty.ca.gov).
5. ***Test*** for clade I MPXV by submitting clinical specimens for clade-specific MPXV testing if clade I MPXV is suspected. General (i.e., clade-nonspecific) MPXV testing is available through commercial laboratories and the San Diego County Public Health Laboratory (SDCPHL). If clade I MPXV is suspected, refer to SDCPHL Guidelines to obtain approval for clade-specific MPXV testing and for detailed instructions on sample collection, storage, and transport.
6. ***Encourage vaccination*** for people who are vulnerable to mpox or who request the vaccine, particularly for people with weakened immune systems due to human immunodeficiency virus (HIV) infection or other conditions, as they are at risk for severe disease.

- The Advisory Committee on Immunization Practices (ACIP) recommends vaccination for people aged 18 years or older who may be at risk for mpox, which now includes people who are traveling to countries with ongoing person-to-person transmission of clade I MPXV who anticipate sexual activities, with two doses of the JYNNEOS vaccine (at least 28 days apart).
- JYNNEOS may also be given as post-exposure prophylaxis to asymptomatic persons ideally within four days but up to 14 days after exposure if they have not already received two doses of the vaccine or been previously infected with MPXV.
- Further information regarding vaccine eligibility is available through the CDC website.

7. ***Inform*** all patients, including those with mild disease, about the STOMP (Study of Tecovirimat for Mpox) Trial.
8. For patients who are not eligible for inclusion in the STOMP Trial and who meet CDC's expanded use Investigational New Drug (EA-IND) eligibility for tecovirimat treatment, ***treat*** with tecovirimat under the CDC EA-IND protocol or contact the MHOAC (MHOAC.HHSA@sdcounty.ca.gov) for assistance in obtaining tecovirimat.

Resources

National

First Case of Clade I Mpox Diagnosed in the United States | Health Alert Network (November 18, 2024)
Clinical Features of Mpox | Mpox | Poxvirus | CDC
Interim Clinical Considerations for Use of Vaccine for Mpox Prevention in the United States | Mpox | Poxvirus | CDC
Tecovirimat (TPOXX) for the Treatment of Mpox | Mpox | Poxvirus | CDC
Mpox in the United States and Around the World: Current Situation | Mpox | Poxvirus | CDC
Mpox Infection Prevention and Control in Healthcare Settings | Mpox | Poxvirus | CDC

State

First Clade I Mpox Case Confirmed in California and the United States in a Returning Traveler (November 19, 2024) | CDPH
Mpox Clinical Recognition and Testing Quicksheet and Overview | California Prevention Training Center

County

Health Advisory: Clade I Mpox Virus in Travelers to the Democratic Republic of the Congo (December 15, 2023)
Health Advisory Update #2: Clade I Mpox Human-to-Human Transmission and Geographical Spread in Africa (August 15, 2024)
Mpox in San Diego County
Mpox Vaccine

Thank you for your participation.

CAHAN San Diego
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HIV, STD, and Hepatitis Branch
Phone (for providers, M-F 8AM-5PM): (619) 692-5500 (referrals for mpox evaluation, testing, and/or treatment), (619) 609-3245 (clinical consultations for challenging cases); Fax: (619) 692-8541
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Secure Website: https://www.cahan.ca.gov
Public Website: http://www.cahansandiego.com