

Mpox Provider Information

Is there a vaccine against Mpox?

- Jynneos is a 2 dose vaccine that is given by injection 28 days apart. There are no additional booster after the initial 2 doses.
- If you are interested in becoming a Mpox vaccination provider, please contact mpoxvaccine@ph.lacounty.gov.
- Public Mpox Vaccination Sites:
<http://publichealth.lacounty.gov/media/monkeypox/docs/PublicVaccinationSites.pdf>
Can also visit myturn.ca.gov to find a vaccination site near them.
- If unable to access internet, then patient can be instructed to call DPH call Center at 1-833-540-0473.

Are there reporting requirements for Mpox?

- Yes, healthcare providers must report all Mpox or orthopoxvirus infections, hospitalizations, and deaths within 1 working day from identification.
- LA County Online Reporting Form:
<https://dhspredcap.ph.lacounty.gov/surveys/?s=RN83NYLJ4N8PTEPP>
- If hospitalized patients are worsening clinically, please contact Los Angeles County DPH Division of HIV and STD Programs with the times listed below:
 - DPH's STD Provider Consultation Line 213-368-7441, Monday-Friday 8:00am - 4:30pm
 - After 5pm & Weekends: Call 213-974-1234 and ask for the physician on call



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For providers who need help regarding Mpox, please contact

DPH's STD Provider Consultation Line 213-368-7441, Monday-Friday 8:00am - 4:30pm
After 5pm & Weekends: Call 213-974-1234 and ask for the physician on call

What is Mpox?

- Mpox, formerly known as monkeypox, is a viral illness caused by the mpox virus (MPXV), which is part of the same family of viruses as the smallpox virus.
- Mpox is less severe and transmissible than smallpox.

Are there different "variants" of Mpox virus?

- There are two distinct genetic types of Mpox virus: Clade I and Clade II.
- The 2022-2023 Mpox outbreak within the USA was mostly associated with Clade II Mpox virus, specifically Clade IIb, which is less severe.
- Clade I is more transmissible and severe compared to Clade II. Clinical suspicion for Clade I should be high for people with recent travel to Democratic Republic of Congo within 21 days of illness onset, and clade-specific testing should be performed. Providers who suspect Clade I infection should notify the Division of HIV and STD Programs' STD Provider Consult Line to arrange testing at the LA County Public Health Laboratory.

How is Mpox transmitted?

- Direct skin-to-skin contact with sores or scabs of people with Mpox.
- Direct contact with body fluids of people with Mpox (saliva, drainage from skin sores).
- Contact with respiratory secretions of people with Mpox (saliva, face-to-face contact such as kissing, cuddling, sex).
- Sharing items (clothing, bedding, towels) used by people with Mpox.

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What are the different Mpox Stages?

- **Incubation period:** A 1-2 week period during which the patient might not experience symptoms. Patient is not contagious during this period and recommended to monitor for 21 days.
- **Prodrome:** A patient may develop generalized symptoms during the prodrome period including fever, malaise, sore throat, swollen lymph nodes (submandibular, cervical, axillary, or inguinal). **Patient may be contagious during this time and need to be instructed to isolate if symptomatic.**
- **Rash:** Patients might develop a rash without a prodrome. Lesions typically start from macules, papules, vesicles, pustules, and then scab over. **The person is contagious until the scab has fallen off and a fresh layer of intact skin is formed.** If patients are fever free for 48+ hours without use of fever-reducing medications, no new lesions in the past 48 hours, and their lesions can be covered with clothing, they may leave their household for limited activities. DPH Isolation Instructions are available at <http://publichealth.lacounty.gov/acd/Monkeypox/docs/MonkeypoxIsolation.pdf>.

What are some Mpox signs and symptoms?

- **The primary symptom can be a rash**
 - Appearance: Look like pimples or blisters that can be painful, and once healed and crusted over can be itchy.
 - Location: Face, inside the mouth, hands, feet, chest, genitals, and/or anus.
 - Rash can be limited to one area or spread all over the body.
- **Other generalized symptoms include:** fever/chills, exhaustion, body aches, headache, swollen lymph nodes, respiratory symptoms.

How is Mpox diagnosed?

- Collect a sample of the lesion utilizing the CDC guidelines (link below). Mpox is diagnosed utilizing orthopoxvirus PCR on the lesion swabs collected. https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-AdequateSpecimenCollection_508.pdf
- If possible, collect and submit separate swabs from two or more lesions to enhance the sensitivity of testing.
- Obtain the HIV status of all sexually active patients with Mpox by history and/or HIV testing.
- Offer STI testing for syphilis, gonorrhea, and chlamydia. Mpox co-infection with bacterial STIs is very common.

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Are there treatments for Mpox?

- There are no FDA approved treatments specifically for Mpox infection, but there are medical countermeasures that are available to use from the Strategic National Stockpile such as tecovirimat (TPOXX, oral and IV formulations), Brincidofovir, and Vaccinia immune globulin intravenous (VIGIV). Cidofovir is available commercially.
- If patients are willing and likely to enroll in a Mpox TPOXX study, please refer them to the STOMP Trial (www.stomptpox.org) and contact the STOMP study call center at (855)-876-9997. Some sites offer remote enrollment and medications are sent overnight.
- LA County DPH Checklist for Providers to Initiate Treatment with Tecovirimat: <http://publichealth.lacounty.gov/acd/monkeypox/docs/TPOXXChecklist.pdf>
- Please refer to CDC's guidelines regarding treatments and associated protocols and contact information: <https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html>

What are some considerations for Mpox treatments?

- Most Mpox patients might have a mild and self-limited disease course and recover without the need for antiviral medications.
- Mpox prognosis depends on multiple factors including disease severity, risk factors for severe disease, lesion location, and previous vaccination.
- Treatment should be utilized for those with severe disease, involvement of anatomic areas that can have serious sequelae, or people who are at high risk for severe disease including those that are immunocompromised such as those with HIV, pediatric populations, pregnancy, or those with skin conditions.
- **Treatment should be given early in the course of the disease along with supportive care and pain control.**