COUNTY OF LOS ANGELES
Public Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

ANISH P. MAHAJAN, M.D., M.S., M.P.H.
Chief Deputy Director

RITA SINGHAL, M.D., M.P.H.
Director, Disease Control Bureau

MARIO J. PÉREZ, M.P.H.
Director, Division of HIV and STD Programs
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005
TEL (213) 351-8001

www.publichealth.lacounty.gov

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Dear Colleague,

I am writing to share some mpox updates as the Pride season has begun. We anticipate a significant increase in cases this summer as weekly case counts over the last few months have been higher than in 2023; we recently issued a press release regarding a concerning increase in cases in Los Angeles County (LAC) over the past few weeks.

To keep our providers up to date on the latest mpox clinical information, we have attached a Mpox Clinical Training Presentation that covers the following:

1) LAC DPH Clinical Resources
2) Mpox Epidemiology
3) Clinical presentation
4) Testing and Reporting
5) Treatment
6) Infection Control
7) Vaccination.

Please share this presentation with your colleagues. We also wanted to highlight some important information regarding mpox vaccination and treatment:

Vaccination:
Please continue to offer vaccination to your patients who are at risk of mpox. Vacination is an important- yet underutilized- tool in preventing the spread of mpox. The Jynneos vaccine is a two-dose vaccine, and patients are not considered fully vaccinated until 14 days after the second dose. The coverage for eligible populations has remained low with 40% coverage with one dose and 25% with two doses of the Jynneos vaccine. Severe manifestions of mpox have been observed among people living with HIV (PLWH), underscoring the particular importance of improving vaccine coverage for this population, which remains at 26% for one dose, and 19% for two doses of Jynneos. Third doses or boosters are not indicated or recommended at this time unless patients are specifically at risk through occupational exposure with mpox . Individuals with prior mpox infection are not recommended to receive the vaccine.

Jynneos can also be utilized as post-exposure prophylaxis (PEP) for those with known or presumed exposure to mpox. The vaccine should be given as soon as possible after exposure, ideally within 4 days. If administered between 4 to 14 days after exposure, the vaccine might still provide some protection. If past 14 days, then consider the benefits on a case-by-case basis, especially for those that are severely immunocompromised.

Our Department has ample doses of Jynneos for your clinic's use this summer, and a new incentive program has been created for PLWH that are in or out of care as well as those that are on HIV-PrEP or taken HIV-PEP to encourage vaccine uptake. Additional details are available in the enclosed presentation. Please note that doses from the national stockpile will be phased out as Jynneos vaccine is transitioned to commercial production and supply processes by August 1.

Treatment:
Two years into this global outbreak, we are fortunate to be able to say that for most individuals with mpox, symptoms resolve well with only symptom-focused treatment. In consideration of this experience, the lack of adequate clinical trial data of antiviral efficacy, and emerging evidence of tecovirimat's vulnerability to drug resistance, CDC recently released revised guidance regarding the eligibility for tecovirimat under the Expanded Access-Investigational New Drug protocol. Eligible groups include those with severe mpox clinical manifestations at presentation (with new very specific criteria that do not include severe pain or anatomic locations), those at high risk of severe mpox clinical manifestations, and special populations (including pregnant/lactating individuals and children, regardless of disease severity). Additional details are available in the enclosed presentation. Given these changes, providers will need to refer most persons interested in the antiviral treatment to the STOMP trial, which is critical to obtain data to determine whether tecovirimat should receive FDA approval for use in the treatment of mpox. The STOMP study call center is (855)-876-9997. Patients with mild or moderate mpox are randomized 2:1 to receive tecovirimat; those with severe symptoms or at high risk for complications are assigned to receive tecovirimat.

For complex cases or very ill patients, DHSP can arrange a CDC consult on a business day (email tpoxx@ph.lacounty.gov) to ascertain the potential use of other options, such as IV tpoxx and other antivirals (Brincidofovir, VIGIV). Providers can also opt to directly contact the CDC Emergency Operations Center 770-488-7100. For non-STOMP related treatment issues please call the DHSP STD Consult Line: 213-368-7441 8am-4:30pm or email tpoxx@ph.lacounty.gov

Resources:
Los Angeles County Department of Public Health Mpox Provider Page
CDC Tecovirimat EA-IND Changes
STOMP Trial
CDC ACIP Orthopoxviruses (Smallpox and Mpox) Vaccine Recommendations
LAC DPH Press Release on Mpox
California Department of Public Health's Mpox Job Aids

Thank you for your continued support to serve and protect the community. Please reach out if we can be of assistance.

Sincerely,

Sonali Kulkarni
Medical Director, Division of HIV and STD Programs
skulkarni@ph.lacounty.gov