

## **DELAWARE HEALTH ALERT #513: DPH Identifies First Mpox Case of 2024**

The Delaware Division of Public Health (DPH) is issuing this health alert to notify clinicians about the state's first case of Mpox (formerly Monkeypox) in 2024.

### **Summary**

In the United States, cases of Mpox have declined since peaking in August 2022, but the outbreak is not over. At this time, Mpox cases are still being detected at low levels throughout the country, including a recent increase in Philadelphia cases.

### **Background**

This is the first reported case of Mpox in Delaware since March 2023. This case occurred in an individual with no history of travel outside the United States. DPH has identified that household and non-household contacts may have been exposed to this individual and is working quickly to investigate further and to determine which contacts might benefit from post-exposure prophylaxis with the Mpox vaccine (Jynneos). The Philadelphia Department of Public Health issued a Health Advisory on the [‘Increase in Mpox Cases in Philadelphia’](#) on March 12, 2024

In addition, The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network Health Advisory in December 2023, to notify clinicians and health departments about the occurrence, geographic spread, and sexually associated human-to-human transmission of Clade I Monkeypox virus (MPXV) in the Democratic Republic of the Congo (DRC). MPXV has two distinct genetic clades (subtypes), and cases of Clade I MPXV have not been reported in the United States at this time, however, clinicians should be aware of the possibility of Clade I MPXV in travelers who have been in DRC. Clinicians should also maintain a high index of suspicion for Mpox in persons with consistent signs and symptoms, even in the absence of a history of recent travel. Clinicians should notify DPH if they have a patient with [mpox-like symptoms](#), which may include a constitutional symptoms rash and lymphadenopathy.

[Signs and Symptoms | Mpox | Poxvirus | CDC](#)

Spring and summer season in 2024 could lead to a resurgence of mpox as people gather for festivals and other events.

### **Recommendations for Clinicians Evaluating and Treating Patients**

#### ***Diagnosis***

Clinicians should continue to consider mpox when evaluating the cause of rashes. [Mpox lesions](#) vary in appearance and may be small, firm and rubbery, deep-seated, and well-circumscribed, or they may be large, with diffuse, centrifugal lesion distribution. Lymphadenopathy may also be present. The presentation of mpox may be different and more severe in persons with underlying immunocompromising conditions such as HIV

Clinicians should Conduct a thorough patient history to assess possible mpox exposures or epidemiologic risk factors (including travel from mpox-endemic regions such as DRC within 21 days of illness onset). Mpox is usually transmitted through close, sustained physical including, but not limited to sexual contact. See additional information from the CDC at

<https://www.cdc.gov/poxvirus/mpox/if-sick/transmission.html>

When mpox is suspected, perform a complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination. Doing so can detect [lesions](#) of which the patient may be unaware.

Differential diagnoses for mpox include herpes simplex virus (HSV) infection, syphilis, herpes zoster (shingles), disseminated varicella-zoster virus infection (chickenpox), molluscum contagiosum, scabies, lymphogranuloma venereum, allergic skin rashes, and drug eruptions. Specimens should be obtained from lesions (including those inside the mouth, anus, or vagina), if accessible, and tested for mpox and other sexually transmitted infections (STI), as indicated. The diagnosis of another STI does not exclude mpox, as a concurrent infection may be present.

### **Recommendations for Diagnostic Testing**

When mpox is suspected, follow CDC's guidance on specimen collection procedures available at this webpage: "[Guidelines for Collecting and Handling Specimens for Mpox Testing | Mpox | Poxvirus | CDC](#)"

Ensure that appropriate personal protective equipment is used and that specimen is handled following CDCs guidelines for specimen handling available at the link above

### **Treatment**

Patients with mpox benefit from supportive care and pain control.

Oral tecovirimat is available upon request for mpox patients who meet treatment eligibility (such as those who have severe disease or who are at increased risk for severe disease) under [CDC's Expanded Access Investigational New Drug \(IND\) protocol](#). More information about evaluating and treating patients can be found on the CDC mpox [Clinical Guidance](#) web pages.

Clinicians should notify DPH of any suspected or confirmed mpox cases **immediately**.

### **Prevention**

[Pre-exposure prophylaxis \(vaccination\)](#)

[The Advisory Committee on Immunization Practices \(ACIP\)](#) recommends that people ≥18 years of age with [risk factors for mpox](#) be vaccinated, before an exposure, with two doses of the JYNNEOS vaccine 28 days apart unless they were previously infected with mpox or already received two doses. There is no recommendation regarding vaccination for travelers who do not otherwise meet the eligibility criteria.

Post-exposure prophylaxis (vaccination)

People who have been exposed to mpox may be vaccinated to prevent the development of disease. See additional information about mpox vaccination at this webpage:

<https://www.cdc.gov/poxvirus/mpox/clinicians/vaccines/vaccine-considerations.html>

### **Infection Prevention and Control**

[Healthcare personnel](#) who evaluate and provide care to patients with mpox should continue to follow existing CDC guidance on infection prevention including hand hygiene, the use of appropriate personal protective equipment (PPE) including gowns, gloves, eye protection, particulate respirator (N95 or

higher), with special attention paid to patient placement, covering of lesions until scabbed over and avoiding activities (such as use of fan) that could lead to suspension of lesion material in the air. See CDC infection control page for details at <https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html>

For outpatients (or patients being discharged) with mpox, provide the patient and/or household members with CDC guidance on infection control in the home, available at <https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-home.html>

### **Reporting**

Mpox is a reportable disease in Delaware. It is imperative that mpox cases are reported in a timely manner because of the need for time-sensitive administration of post-exposure prophylaxis (PEP) to those exposed. All confirmed and suspected mpox cases should be reported to the Delaware Office of Infectious Disease Epidemiology at 302-744-4990 (Monday to Friday, 8:00 a.m. to 4:30 p.m.), 1-888-295-5156 (24/7) or at email at [reportdisease@delaware.gov](mailto:reportdisease@delaware.gov).

### **For More Information**

- The Philadelphia Department of Public Health issued a Health Advisory on the 'Increase in Mpox Cases in Philadelphia' on March 12, 2024. See here: <https://hip.phila.gov/document/4266/PDPH-HAN-0438V-03.12.24.pdf/>
- [Delaware Mpox Webpage](#)