



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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From: Emma Doran, MD, MPH, Medical Epidemiologist
To: North Carolina Clinicians
Subject: Human-to-human transmission of Clade I Monkeypox virus in Africa
Date: August 15, 2024

The North Carolina Division of Public Health and the Centers for Disease Control and Prevention are alerting clinicians to [ongoing Clade I Monkeypox virus \(MPXV\) outbreaks](#) involving human-to-human transmission in the Democratic Republic of the Congo (DRC) with spread to neighboring countries. The World Health Organization (WHO) declared these outbreaks a [public health emergency of international concern \(PHEIC\)](#).

Background

MPXV has two distinct genetic clades, I and II, endemic to central and west Africa respectively. A subclade of Clade II (Clade IIb) has been associated with [the 2022-23 mpox outbreak](#) that has predominantly affected gay, bisexual, or other men who have sex with men (MSM) in the United States and globally. Clade I has previously been observed to be more transmissible and cause more severe illness than Clade II.

Since January 1, 2023, DRC has reported more than 22,000 suspected cases and more than 1,200 suspected deaths, the largest number of yearly suspected clade I mpox cases on record. Human-to-human transmission via sexual contact [has also been reported](#). The current outbreak is more widespread than any previous DRC outbreak and has resulted in clade I mpox transmission to some neighboring countries including Central African Republic, Republic of the Congo, Burundi, Rwanda, Kenya, and Uganda. Clade I MPXV is not known to be endemic in Burundi, Rwanda, Kenya or Uganda. A [Clade I MPXV case has also been reported in Sweden](#) in an individual with recent travel to a region in Africa with an ongoing outbreak.

Although it's important to note that mpox can affect anyone, the main route of transmission in the current global outbreak associated with Clade IIb has been through sexual contact. Consistent with national reports, North Carolina has seen coinfection with mpox, HIV, and other sexually transmitted infections. Additional information about mpox cases in North Carolina can be found [here](#).

Testing and Reporting

For individuals with suspected MPXV infection and travel to DRC or neighboring countries in the 21 days preceding symptom onset or close contact with someone with such recent travel, clinicians should contact the Communicable Disease Branch epidemiologist on call at 919-733-3419 for consultation on clade-specific MPXV testing. Neighboring countries include Republic of the Congo, Angola, Zambia, Rwanda, Burundi, Uganda, South Sudan, Kenya, and Central African Republic. Affected countries may continue to expand, please check the [CDC mpox outbreak site](#) for the most up to date list of countries.

Testing for individuals without travel and suspected MPXV infection is widely available and can be performed through commercial laboratories or through the [NC State Laboratory of Public Health](#). Personal protective equipment should be worn when [collecting specimens](#) from a person with suspected mpox. Unroofing or aspiration of lesions, or otherwise using sharp instruments for mpox testing, is not recommended due to the risk for sharps injury. Confirmed cases of mpox should be reported to your [local health department](#).

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Prevention and Control

No Clade I MPXV infections have been reported in the United States. However, the North Carolina Division of Public Health is urging clinicians to increase efforts to vaccinate those who might be at higher risk to mitigate against the potential for imported cases leading to local transmission.

JYNNEOS became available on the commercial market on April 1, 2024, at a cost between \$229.50 and \$270 per dose, but some supplies of free vaccine still remain in the state until they expire on October 31, 2024. Making a strong recommendation to encourage vaccination in populations at highest risk while supplies of free vaccine are available should be a high priority for providers.

- JYNNEOS vaccines are available through the Vaccines for Children (VFC) program for eligible 18-year-olds as of August 1, 2024.
- For assistance procuring non-commercial JYNNEOS vaccine, please complete the allocation request [here](#).
- Providers can procure commercial vaccine by working with an authorized distributor to order JYNNEOS Vaccines [here](#).
- Funding from HRSA's Ryan White HIV/AIDS Part C and D Programs may be used to purchase vaccines.
- Medicare and Medicaid should provide full coverage for all beneficiaries within the recommended populations. (Ryan White Part A funds could possibly be used; contact Part A Administrator at Mecklenburg County Health Department.)

Vaccination can protect against mpox infection from both Clades I and II and can reduce severity of illness if infection does occur. The 2-dose JYNNEOS vaccine series is recommended for persons aged 18 years and older at risk for mpox, including the following:

- Anyone who has or may have multiple or anonymous sex partners; or
- Anyone whose sex partner is eligible per the criteria above; or
- People who know or suspect they have been exposed to mpox in the last 14 days; or
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact.

Vaccination is NOT recommended for travelers who do not meet at least one of these criteria. The [mpox vaccine locator](#) can be used to find local vaccine providers.

Treatment

Treatments that have been used during the ongoing Clade IIb outbreak, including tecovirimat, brincidofovir, and vaccinia immune globulin intravenous, are expected to be effective for Clade I MPXV infections.

Patients with mpox benefit from supportive care and pain control that is implemented early in the illness ([Clinical Considerations for Pain Management of Mpox](#)). For information about skin and wound care for individuals with mpox lesions, please visit [Mpox: Caring for the Skin](#) and [Mpox: Treating Severe Lesions](#). For most patients with intact immune systems, only supportive care and pain control is needed. However, supportive care and pain control may not be enough for some patients, for example, those with weakened immune systems. In these cases, [treatment should be considered](#).

Tecovirimat is available by enrolling patients in the STOMP [clinical trial](#) or through an investigational new drug (IND) protocol. Additional information on ordering and prescribing therapeutics is available under resources on the [North Carolina mpox website](#).

Please contact the Communicable Disease Branch Epidemiologist on Call at 919-733-3419 for any questions regarding testing and reporting.

Additional Information

[Mpox Communications Toolkit](#)

[Mpox Frequently Asked Questions](#)

[Mpox: What You Need to Know](#)