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State Health Advisory Monkeypox Update #5 Wyoming Department of Health October 13, 2022

SUMMARY

As of October 13, 2022, 27,096 monkeypox cases have been reported from 50 states. Two deaths due to *Monkeypox virus* infection have occurred in the United States. Four cases of monkeypox have been reported in Wyoming from Campbell, Natrona, Laramie, and Teton Counties.

Based on new CDC guidance, WDH is expanding eligibility for JYNNEOS monkeypox vaccine pre-exposure prophylaxis of at-risk individuals in Wyoming. New eligibility criteria are as follows:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past year have had:
 - A new diagnosis of one or more nationally reportable sexually transmitted diseases (i.e., acute HIV, chancroid, chlamydia, gonorrhea, or syphilis) OR
 - Anonymous or multiple sex partners
- People who have had any of the following in the past year:
 - Sex at a commercial sex venue OR
 - Sex in association with a large public event in a geographic area where monkeypox transmission is occurring
- Sex workers (of any sex)
- Sexual partners of people with the above risks
- People who anticipate experiencing the above risks

People who are immunocompromised due to HIV or other conditions are at higher risk for severe manifestations of monkeypox than people who are immunocompetent. Diagnostic and clinical management strategies that may help address severe manifestations of monkeypox are addressed in this Health Advisory.

MONKEYPOX (JYNNEOS) VACCINE ELIGIBILITY

Based on new CDC guidance, WDH is expanding eligibility for JYNNEOS monkeypox vaccine pre-exposure prophylaxis of at-risk individuals in Wyoming. New eligibility criteria are as follows:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past year have had:
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 - Anonymous or multiple sex partners
- People who have had any of the following in the past year:
 - Sex at a commercial sex venue OR
 - Sex in association with a large public event in a geographic area where monkeypox transmission is occurring
- Sex workers (of any sex)
- Sexual partners of people with the above risks
- People who anticipate experiencing the above risks

JYNNEOS vaccine continues to be available as post-exposure prophylaxis for the following persons:

- Individuals with sexual or other close contact with another individual known or suspected to have monkeypox within the last 14 days
- Individuals who had close contact in the past 14 days with others at a venue, event or social gathering where a suspected or confirmed monkeypox case or outbreak was identified.

Providers should notify WDH by calling 1-888-996-9104 if a patient reports being exposed to monkeypox and is eligible for post-exposure vaccination.

WDH asks providers to refer patients who are eligible for pre- or post-exposure prophylaxis and are interested in receiving JYNNEOS vaccine to their local public health nursing office for vaccine administration. While the vaccine doses are being provided by the federal government, a small administration fee may be charged.

WDH currently has courses of tecovirimat (TPOXX) available in the state to treat patients with monkeypox. Providers wishing to use TPOXX for specific patients should contact WDH by calling 1-888-996-9104. Because use of TPOXX for monkeypox treatment is under an Expanded Access Investigational New Drug protocol, informed consent and other documentation is required (<https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html>).

Information on monkeypox cases and vaccine eligibility in Wyoming as well as monkeypox-related health advisories can be found here:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/monkeypox/>

Monkeypox information for healthcare providers from the CDC can be found here:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>

SEVERE MANIFESTATIONS OF MONKEYPOX AMONG PEOPLE WHO ARE IMMUNOCOMPROMISED DUE TO HIV OR OTHER CONDITIONS

Some patients with monkeypox in the United States have experienced prolonged hospitalizations or substantial morbidity; deaths have occurred. Severe manifestations of monkeypox can occur in both immunocompetent and immunocompromised people; however, most people diagnosed with monkeypox have had mild-to-moderate clinical courses. Of the people with severe manifestations of monkeypox for whom CDC has been consulted, the majority have had HIV with CD4 counts <200 cells/ml, indicating substantial immunosuppression. Healthcare providers should recognize underlying risk factors for severe disease, optimize immune function, and when appropriate, initiate medical countermeasures (such as tecovirimat and vaccinia immunoglobulin) early to prevent or mitigate severe disease.

During the current outbreak, CDC has received reports of people with monkeypox who have severe manifestations of disease, including but not limited to

- Atypical or persistent rash with coalescing or necrotic lesions, or both, some which have required extensive surgical debridement or amputation of an affected extremity.
- Lesions on a significant proportion of the total body surface area, which may be associated with edema and secondary bacterial or fungal infections among other complications.
- Lesions in sensitive areas (including mucosal surfaces such as oropharynx, urethra, rectum, vagina) resulting in severe pain that interferes with activities of daily living.
- Bowel lesions that are exudative or cause significant tissue edema, leading to obstruction.
- Severe lymphadenopathy that can be necrotizing or obstructing (such as in airways).
- Lesions leading to stricture and scar formation resulting in significant morbidity such as urethral and bowel strictures, phimosis, and facial scarring.
- Involvement of multiple organ systems and associated comorbidities, including:
 - Oropharyngeal lesions inhibiting oral intake
 - Pulmonary involvement with nodular lesions
 - Neurologic conditions including encephalitis and transverse myelitis
 - Cardiac complications including myocarditis and pericardial disease
 - Ocular conditions including severe conjunctivitis and sight-threatening corneal ulcerations
 - Urologic involvement including urethritis and penile necrosis

Healthcare providers should be aware of risk factors for severe manifestations of monkeypox and should conduct HIV testing for people with confirmed or suspected monkeypox. Providers should also consider other immunocompromising conditions and medications that may increase risk of severe manifestation of monkeypox. Examples include severe immunocompromise due to leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, or high-dose corticosteroids, being a recipient of a hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component.

In immunocompromised people, monkeypox treatment should include optimizing immune function by limiting the use of immunosuppressive medications if not otherwise clinically indicated, and, for those with HIV, providing antiretroviral therapy. In addition, there are medical countermeasures that may have a role in treating severe illness, including oral and intravenous tecovirimat (TPOXX), cidofovir or brincidofovir, and vaccinia immune globulin intravenous (VIGIV), although there are no data on effectiveness in treating human monkeypox with these medical countermeasures. Decisions on whether and when to use these medical countermeasures must be made individually for each person and can depend on a variety of clinical and other parameters.

CDC offers a clinical consultation service (email eocevent482@cdc.gov or healthcare providers may contact the CDC Emergency Operations Center [EOC] at (770) 488-7100) and can provide additional guidance to clinicians with patient management questions. Healthcare providers of people with monkeypox who are at risk for or who have severe manifestations of disease should reach out to WDH and CDC for guidance about appropriate treatment. People with severe manifestations of monkeypox may benefit from multidisciplinary consultation with specialists such as infectious disease, ophthalmology, dermatology, urology, or critical care medicine. Clinicians seeking treatments should work with WDH and CDC to access appropriate treatments as soon as potential need becomes apparent. WDH asks that any providers that reach out to CDC for clinical guidance also notify WDH by calling 1-888-996-9104.

Worsening, non-healing, recurrent, and new skin lesions while receiving antiviral treatment have been observed among immunocompromised people with severe manifestations of monkeypox. Clinicians are encouraged to obtain repeat lesion swabs to assess for persistent monkeypox DNA. In such people, clinicians may consider continuing tecovirimat beyond 14 days, until there is clinical improvement (no more than 90 days). In certain clinical situations, modifications to the dose, frequency, and duration may be necessary depending on the individual patient's clinical condition, disease progression, therapeutic response, and/or clinical judgment in consultation with CDC and U.S. Food and Drug Administration (FDA) as appropriate. To request clinical consultation regarding dosing adjustments, contact the CDC EOC at (770) 488-7100 or send an email to eocevent482@cdc.gov.

Currently, CDC is conducting surveillance to monitor for the development of resistance to tecovirimat primarily from specimens that were sent to CDC for monkeypox confirmatory testing; however, resistance testing results are not CLIA-waived (approved) for use in clinical decision making. For the purposes of public health surveillance, CDC encourages clinicians to submit specimens for further monkeypox virus characterization through genetic sequencing to identify mutations that could potentially result in resistance to antiviral therapy. At this time, after evaluating more than 600 samples, there have been no specimens with mutations associated with tecovirimat resistance; however, it is not clear how many of those samples were collected from people with disease progression while on tecovirimat.

Recommendations for Healthcare Providers

- Upon initial presentation of signs and symptoms consistent with monkeypox, in addition to monkeypox, test all sexually active adults and adolescents for HIV (including acute

infection) and other sexually transmitted infections (such as syphilis, herpes, gonorrhea, and chlamydia), and assess for other immunocompromising conditions.

- Be familiar with severe manifestations of monkeypox and risk factors for severe disease.
- Contact WDH and CDC early when there is concern for progression to severe manifestations or severe manifestations are present for guidance on management and securing necessary resources for treatment.
- Consider treating immunocompromised people diagnosed with monkeypox with tecovirimat early in the course of disease and consider a prolonged course of tecovirimat for those with more refractory and severe monkeypox infection. In certain clinical situations, modifications to the dose, frequency, and duration may be necessary depending on the individual's clinical condition, disease progression, therapeutic response, and clinical judgment in consultation with WDH, CDC and FDA as appropriate. To request clinical consultation regarding dosing adjustments, contact the CDC EOC at (770) 488-7100 or send an email to eocevent482@cdc.gov.
- Where available, healthcare providers should encourage people with monkeypox to be assessed for enrollment in the ACTG STOMP trial (<https://clinicaltrials.gov/ct2/show/NCT05534984>) evaluating the efficacy of tecovirimat.
- Have a low threshold to use multiple medical countermeasures, including tecovirimat, cidofovir or brincidofovir, and VIGIV in immunocompromised people who present with severe manifestations of monkeypox or are at high risk of progression to severe manifestations.
- Optimize immune function among immunocompromised people with suspected or confirmed monkeypox, specifically by ensuring those with HIV are on effective antiretroviral therapy.
- Discuss HIV Pre-exposure prophylaxis (PrEP) (<https://www.cdc.gov/hiv/risk/prep/index.html>) with those who are HIV negative and at risk for HIV.
- Consider consultation with CDC Monkeypox Response Clinical Escalations Team (email eocevent482@cdc.gov or healthcare providers may contact the CDC EOC at (770) 488-7100), and multidisciplinary consultation with specialists such as infectious disease, ophthalmology, dermatology, urology, or critical care medicine.

Additional information can be found here: <https://emergency.cdc.gov/han/2022/han00475.asp>