



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

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PUBLIC HEALTH ADVISORY

Mpox Virus Activity in Marin County and the Bay Area

Background

Marin County Public Health (MCPH) continues to monitor ongoing mpox activity through disease reporting and [wastewater surveillance](#). Mpox is a viral illness caused by two different clades of the mpox virus, a species of the genus Orthopoxvirus. On October 30, 2023, California Department of Public Health (CDPH) [issued an advisory](#) to health care providers in response to a statewide increase in mpox cases. Marin's first case in 2023 was reported in early October, which coincided with the year's first mpox detection in local wastewater.

Clinicians should assume mpox activity has resumed, at least at low levels, in our community.

Studies have shown that persons who receive vaccination are less likely to be hospitalized with mpox. The risk of severe disease is greater in persons with HIV and less than 30% of people with HIV have received at least one dose of JYNNEOS in California.

This Advisory provides guidance to health care providers on how to recognize mpox, collect appropriate specimens, and provide treatment, including pre-exposure prophylaxis (PrEP)

JYNNEOS Mpox Vaccine

[JYNNEOS](#) is an attenuated, live, non-replicating smallpox and mpox vaccine that elicits humoral and cellular immune responses to orthopoxviruses. The vaccination series with JYNNEOS consists of 2 doses given 28 days apart, both for post-exposure prophylaxis (PEP) and pre-exposure vaccination (PrEP). If the second dose is not administered during the recommended interval, it should be administered as soon as possible based on [best practices](#). There is no need to restart the series.

Mpox vaccination with JYNNEOS reduces the risk of severe illness, hospitalization, and death. The vaccine is available to anyone who requests it. However, people [in high-risk groups for exposure should be offered mpox vaccination](#), which includes:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who have had one of the following in the last 6 months:
 - a new diagnosis of one or more STIs
 - more than one sexual partner
 - sex at a commercial venue
- People with HIV infection or other causes of immunosuppression who have had a recent or anticipate potential mpox exposure
- [People in certain occupational exposure risk groups](#)

Persons [exposed to mpox](#) can receive vaccination up to 14 days after exposure to reduce the risk of infection (i.e., post-exposure prophylaxis).

Mpox Specimen Collection, Lab Procedures and Reporting Requirements

- Testing for mpox virus is currently available through multiple commercial laboratories and local public health laboratories.
- Contact your laboratory to determine criteria for acceptable specimens. Many laboratories now accept swabs in viral transport medium.
- Mpox and other Orthopoxvirus infections are reportable by healthcare providers and laboratories to MCPH (Sections 2500 and 2505 of Title 17 of the California Code of Regulations).

Mpox Treatment Options and Access

- Supportive care and treatment of symptoms should be initiated for all patients with mpox infection. This may include topical medicines or other clinical interventions to control itching, nausea, vomiting, and pain ([CDC Mpox Pain Management](#)). For further information, see [CDPH Supportive Care Suggestions](#).
- Tecovirimat (TPOXX), an oral antiviral medication, is available through the [STOMP study](#). Clinical suspicion and a pending test are sufficient to initiate treatment with oral TPOXX in eligible patients.

Actions Requested of Providers

1. Remember that any person, regardless of gender identity or sexual orientation, can become infected and transmit mpox if exposed, though men who have sex with men in non-monogamous relations are at much higher risk.
2. Take a sexual history, perform a complete physical exam (skin, oral mucosa, genital and anal areas), and consider mpox in the differential diagnosis of people with any diffuse or localized rash. Consider mpox in people who are already fully vaccinated or have been infected before, as [mpox has occurred in people with prior infection](#) or [a partial or complete vaccination course](#).
 - Mpox may present with atypical, subtle, or mild symptoms and clinical presentation may depend on vaccination status or stage of lesion.
 - Mpox infection may be concurrent with other STIs; thus, a diagnosis of another STI does not exclude mpox.
 - Review clinical presentations of mpox and mpox look-alikes, at [CDC's Mpox 101: What Clinicians Need to Know](#).
3. [Provide comprehensive preventative sexual health counseling and education](#) to all sexually active individuals, including HIV/STI screening, condom use, [doxy-PEP](#), [HIV PrEP](#) /[HIV PEP](#), [vaccinations](#)(e.g., Hepatitis A/B, [Human Papilloma Virus](#), [Mpox](#), [Meningococcal/MenACWY](#)), [expedited partner therapy](#) and/or contraception, when appropriate.
4. Provide [infection control instructions](#) for patients suspected of mpox. Marin County Public Health will determine the duration of isolation.
5. Inform eligible patients about STOMP and recommend they consider [enrollment in STOMP](#). For more information on prescribing or accessing tecovirimat for your patients, please contact MCPH.

6. Review and implement appropriate [infection prevention and control strategies](#), including [personal protective equipment \(PPE\)](#).
7. Contact MCPH if you identify a suspected case for consultation, testing support, and guidance for potential occupational exposures. During business hours, call (415) 473-4163. After hours, call the Health Officer On Duty at (415) 499-7237.