



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: Updates on Mpox Surveillance, Testing, Treatment, and Vaccination in Maine
Date / Time: Tuesday, February 28, 2023, at 1:15 PM
Pages: 3
Priority: Normal
Message ID: 2023PHADV006

Updates on Mpox Surveillance, Testing, Treatment, and Vaccination in Maine

Summary:

- Mpox infections continue to occur in the United States. Since May 2022, more than 30,000 cases of mpox have been reported nationwide, primarily among gay, bisexual, and other men who have sex with men. In Maine, there have been 13 cases of mpox (preliminary data as of February 28, 2023) [reported](#) among residents in 2022 and none in 2023.
- In February 2023, Maine CDC received reports of intermittent detections of mpox virus DNA from wastewater samples taken from one location in Maine. Detections in wastewater do not equate to a number of mpox infections. Additionally, there could be infections in the community even when there are no detections of mpox virus DNA in wastewater. Patients with symptoms consistent with mpox infection should be tested. Multiple specimens should be obtained from lesions, including those inside the mouth, anus, or vagina, if accessible. Patients tested for mpox should also be tested for other sexually transmitted infections (STIs), per the [2021 CDC STI Treatment Guidelines](#), including (but not limited to) HIV, syphilis, gonorrhea, and chlamydia.
- Patients with mpox benefit from early initiation of [supportive care](#) and pain management. Prognosis depends on multiple factors, and some patients should be considered for additional treatment with antiviral medication. A positive laboratory test is not needed prior to initiating antiviral medication.
- The mpox vaccine Jynneos, is available at [several locations in Maine](#) for pre-exposure prophylaxis and post-exposure prophylaxis for individuals of all ages who meet [specific criteria](#).

Background

As of February 15, 2023, a total of 30,193 cases of mpox and 32 deaths have been reported nationwide as part of the 2022 mpox outbreak. Mpox case counts have fallen in recent months, from an average of over 400 cases a day in August 2022 to less than five per day in February 2023. Thirteen mpox cases were reported in Maine residents in 2022 (preliminary data as of February 28, 2023) and no cases have been reported so far in 2023.

In the current outbreak, most people have been infected during sexual activity from contact with mpox lesions on the skin or mucosal surfaces, such as the throat, anus, or rectum, of a person with mpox. Gay, bisexual, and other men who have sex with men make up the majority of cases. Anyone, regardless of sexual orientation or gender identity, can become infected with mpox if they have close or intimate contact with someone who is pre-symptomatic for or has symptoms of mpox.

In December 2022, eight sites in Maine began testing wastewater for presence of mpox virus DNA in addition to testing that was already occurring for detection of SARS-CoV-2, in collaboration with the U.S. Centers for Disease Control and Prevention's National Wastewater Surveillance System. In February 2023, Maine CDC received reports of intermittent detections of mpox virus DNA from wastewater samples from one Maine site. This suggests that there are, or recently were, individuals with mpox infection contributing to the wastewater site where samples were collected. Wastewater testing is an important public health surveillance tool and testing for mpox virus DNA is still new. Mpox virus DNA detections do not equate to a number of mpox infections and results only represent a portion of the population present in Maine who contribute to the sampling location. There can be mpox infections in people even when there are no detections of mpox virus DNA in wastewater. **Healthcare providers should remain alert for, test, and treat patients with signs and symptoms consistent with mpox infection, even when mpox virus DNA is not detected in local wastewater surveillance systems.**

Recommendations for Clinicians

Testing

Skin lesion material, including swabs of lesion surface, exudate, or lesion crusts are the recommended specimen types for laboratory testing of mpox virus specimens. Multiple lesions, if present, should be tested. Unroofing or aspiration of lesions for mpox testing, or otherwise using sharp instruments before swabbing, is not necessary and is not recommended due to the risk for sharps injury. Testing is available at several commercial laboratories and is also available at Maine's Health and Environmental Testing Laboratory. Maine CDC strongly encourages healthcare providers to use commercial laboratories for mpox testing. There are no commercially available tests available for people without any visible lesions.

Collection methods such as swab type, transport medium, and shipping temperature may vary by laboratory. For more information on mpox testing see [Guidelines for Collecting and Handling Specimens for Mpox Testing](#).

Mpox has a classic clinical presentation that has been seen for many years in endemic countries. Clinicians should be aware that cases of mpox seen in the 2022 U.S. outbreak appear somewhat different in terms of the distribution of lesions and the lack of prodrome. Key clinical characteristics are described [here](#). Patients tested for mpox should also be tested per the [2021 CDC STI Treatment Guidelines](#) for other sexually transmitted infections (STIs), including (but not limited to) HIV, syphilis, gonorrhea, and chlamydia.

Treatment

For most patients, treatment includes early initiation of [supportive care](#) and pain management. The prognosis depends on multiple factors, such as previous vaccination status, initial health status, concurrent illnesses, and comorbidities, among others. Additional treatment with tecovirimat (TPOXX), an antiviral medication, should be considered for persons with certain clinical manifestations and for persons at high risk for severe disease. [Other medications](#) can be considered as additive or alternative therapy for treating mpox in certain situations.

The [Study of Tecovirimat for Human Monkeypox Virus \(STOMP\)](#) is now the preferred method for obtaining TPOXX. Remote participation is available. For patients not eligible for STOMP or who decline to participate in that study, TPOXX can be provided under an [expanded access protocol](#). A positive laboratory test is not needed prior to starting treatment and several [locations in Maine](#) have TPOXX available free of charge.

Vaccination

[Jynneos](#) is a live, non-replicating viral vaccine for prevention of smallpox and mpox. Jynneos is administered in a series of two doses given 4 weeks apart.

The FDA-approved standard regimen is a 0.5mL dose administered subcutaneously.

- Under an Emergency Use Authorization, an alternative regimen of 0.1 mL administered intradermally may be used for adults aged ≥ 18 years. The alternative regimen safely provides a similar immune response against mpox as the approved two-dose subcutaneous regimen.
- Healthcare providers can now decide whether to offer the intradermal or subcutaneous regimen based on balancing optimal vaccine use and acceptance, feasibility of administration, and available vaccine supply.

The mpox vaccine is available at [locations across Maine](#) to individuals who meet at least one of these criteria:

1. Gay, bisexual, or other men who have sex with men.
2. Transgender, gender non-conforming, or non-binary individuals who have sex with men.
3. Any individual who has or anticipates having multiple sexual partners, anonymous sexual partners, or sexual partners from an app.
4. Any individual who is or anticipates being a sexual partner of a person in categories 1, 2, or 3.
5. Individuals exposed to someone with mpox in the past 14 days who were notified of the exposure by a public health agency or a by person with mpox.

Reporting

Any confirmed case of mpox is reportable to Maine CDC within 24 hours. All mpox virus or non-variola orthopoxvirus test results (positive or negative) are reportable within 24 hours. Reports can be provided to Maine CDC through electronic laboratory reporting, by fax at 207-287-8186, or by phone at 800-821-5821.

For more information

- [2022 Mpox Outbreak Cases and Data](#)
- [Maine CDC Mpox Information](#)
- [Maine CDC Wastewater Testing Data](#)
- [U.S. Mpox Virus Wastewater Data](#)
- [Interim Clinical Guidance for the Treatment of Mpox](#)
- [Interim Clinical Considerations for Mpox Vaccination during the 2022 U.S. Mpox Outbreak](#)