

Mpox Information for Alexandria Healthcare Providers & Staff

Alexandria Health Department

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Mpox Update – August 2025

Rise in Cases:

19 cases have been reported in Virginia January – August 2025 (compared to 27 total in 2024).

Clade II Cases Continue Domestically

Read more about Clade I (more dangerous, common in Africa) vs. Clade II on slide 5

Clinicians reminded to **stay vigilant** & keep recommending vaccines.



2025 Case Profiles

Among the people who had cases with available info:

- Most were adult males.
- 76% (13 of 17) were not vaccinated.
- 65% (11 of 17) had not recently traveled. This suggests that most infections were locally acquired.
- 25% (4 of 16) had HIV



2025 Mpox Clinician Checklist - Prevention

- ☐ Recommend vaccines for eligible people, including recent exposures (Clade I/II).
- ☐ Advise travelers to affected countries on prevention & risk reduction
- ☐ Ask about travel & sexual history in the past 21 days.



2025 Mpox Clinician Checklist – Diagnosis

☐ Consider mpox in patients with exposure, risk factors, symptoms, or lesions.

☐ Immediately report **suspected** and **confirmed** cases to AHD at 703-746-4951. Follow voicemail instructions if you call outside of business hours.

☐ Test all suspected cases, regardless of vaccination or prior infection.

☐ Notify AHD if recent travel/contact involves Central/Eastern Africa.



Build Capacity and Prevent Infection:

Share	Share this presentation with all staff including registration/front desk staff
Take	Take sexual health histories at every well adult visit and recommend JYNNEOS® mpox vaccine based on risk.
Educate	Educate clients on mpox symptoms, including mpox's range of lesions from pimple-like to umbilicated.
Counsel	Counsel patients on proper and consistent condom use and partner with the VDH Condom Distribution Program to receive free condoms for patients.
Keep	Keep clinical areas stocked with recommended PPE for examining patients with suspected or confirmed mpox.



About Mpox

Clades, Transmission, Symptoms, and More



Mpox Clade I vs Clade II

- **Clade I:** more severe illness and deaths
 - Contact AHD* to coordinate clade-specific testing if you have a patient suspected of having mpox who:
 - Has traveled to the Democratic Republic of Congo (DRC) or neighboring countries including Central African Republic, Republic of Congo, Rwanda, Uganda, and Burundi.
 - Had contact with someone who traveled to the above countries in the 21 days before symptom onset
- **Clade II:** cases occur in Virginia, the U.S., and worldwide and peaked August 2022.
 - Immunocompromised persons are at increased risk for severe outcomes
 - People at risk should get vaccine (2 doses) and take other prevention steps



Transmission

Mpox spreads through;

- **Direct contact with:**

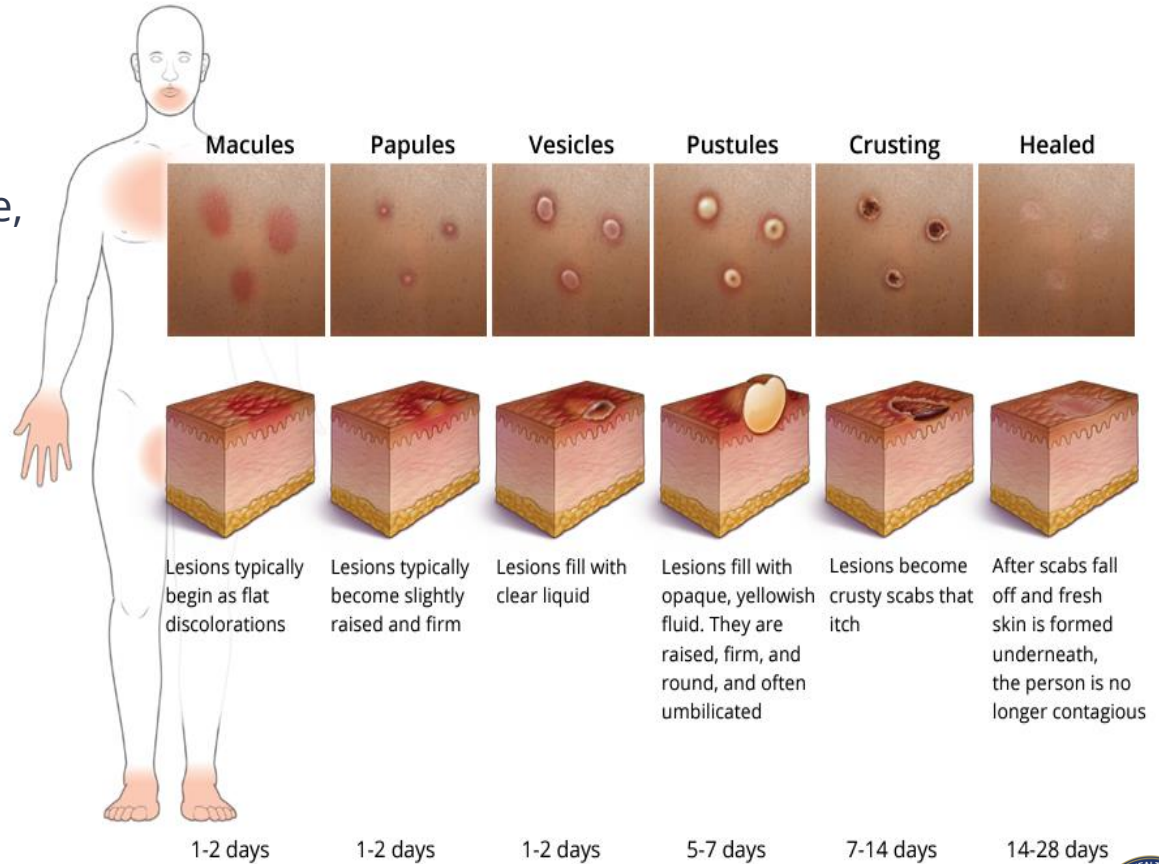
- an infected person or animal (e.g., sexual, intimate, etc.)
- contaminated objects or materials (e.g., furniture, clothing, or other objects)

- **Exposure to:**

- large respiratory droplets during extended contact with an infected person
- infectious rash, scabs, or bodily fluids

Mpox Symptoms

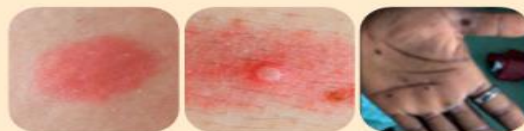
- Characterized by an incubation period, prodrome, and rash
- Patient can have no prodrome or can have prodrome of:
 - fever, malaise, headache, sore throat, cough,
 - lymphadenopathy: on both or one side-submandibular, cervical, axillary, inguinal
 - Rash progression shown on the right →



Total time: 2 - 4 weeks

Mpox Clinical Recognition and Testing Quicksheet: Mpox Presentations vs Common Exanthems

Mpox



Macular/
Papular



Vesicular



Pustule/
Scab



Ulcerative
Lesions



Oral
Lesions

Mimickers



Secondary Syphilis

Disseminated Gonorrhea



Herpes

Disseminated Gonorrhea



Varicella

Acne

Molluscum
Contagiosum

Hidradenitis
Suppurativa



Primary Syphilis



Hand-foot-mouth



Herpes

Hand-foot-
mouth

Aphthous ulcer
(canker sore)

Secondary syphilis
mucous patch

Prevention of Mpox Through Vaccination

JYNNEOS® is a 2-dose vaccine 4-weeks apart; not recommended for those with previous mpox infection

- Two indications: (1) prevention for those at high-risk (2) postexposure prophylaxis (PEP) for people who have been exposed to mpox (within 4 days)
- Vaccinating **those who are at** high-risk regardless of age
 - Men who have sex with men (MSM), transgender, nonbinary people, and **all** persons who in the past 6 months have had:
 - New STI
 - More than 1 sexual partner
 - Sex at a commercial sex venue
 - Sex associated with a large public event in an area where mpox transmission is occurring
 - Sex in exchange for money or other items
 - People who have sex with the partners with the risks above or anticipate experiencing any of the above scenarios



Promote Vaccination to Patients

- Recommend JYNNEOS® as part of comprehensive healthcare
- JYNNEOS® is both FDA approved and recommended by ACIP
- As of August 2025, 3 select pharmacies in Alexandria stock Jynneos. Call AHD at the number below for more info.
 - Refer to AHD by telling clients to call AHD at 703-746-4988 to make an appointment.
- Email mpxquestions@vdh.virginia.gov to learn how you can stock the vaccine.



Testing & Clinical Precautions

How to Test & Keep Staff and Patients Safe



Considerations for Mpox Testing

- ✓ **If testing for mpox, conduct STI co-infection testing** including HIV, syphilis, gonorrhea, chlamydia, & herpes
- ✓ Testing is still warranted among persons who were previously vaccinated or had previous mpox infection
- ✓ Have a lower threshold for mpox testing if any of the following are on your differential diagnosis:



	Infectious Mpox Mimickers	Non-infectious Mpox Mimickers
Genital Lesions	<ul style="list-style-type: none"> • Herpes simplex virus (HSV; genital herpes) • Primary or secondary syphilis • Molluscum contagiosum • Lymphogranuloma venereum (LGV) • Chancroid • Granuloma inguinale 	<ul style="list-style-type: none"> • Recurrent aphthous ulcers • Behçet’s disease • Hidradenitis suppurativa • Squamous cell carcinoma • Drug-induced • Trauma
Diffuse Rash	<ul style="list-style-type: none"> • Secondary syphilis • Primary varicella (chickenpox) • Disseminated varicella zoster (VZV) • Disseminated HSV • Molluscum contagiosum • Scabies • Disseminated fungal or gonococcal infection • Hand, foot, and mouth disease (coxsackievirus) 	<ul style="list-style-type: none"> • Atopic dermatitis (eczema) • Contact dermatitis • Psoriasis • Pityriasis rosea • Autoimmune • Drug-induced
Proctitis	<ul style="list-style-type: none"> • Gonorrhea (GC) • Chlamydia (CT), including LGV • HSV • Syphilis 	<ul style="list-style-type: none"> • Inflammatory bowel disease (Ulcerative colitis or Crohn’s disease) • Anal fissure • Hemorrhoids

Testing- Checklist & Reminders

- 1) If you suspect mpox, call AHD as soon as possible while the patient is still in the clinic and **prior to testing**. Call AHD at: **703.746.4951***
- 2) Collect specimens for testing: see image on slide 16
 - ★ ☐ Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs (do not use cotton swabs). **Do not unroof any lesions**
 - ☐ Collect two swabs per site (2 pairs = 4 swabs total)
 - ☐ Place each swab in a separate sterile **dry** tube
 - ☐ Store samples in the refrigerator or in a container with ice packs
- 3) Approval is required to test through public health. If your office is using commercial testing (e.g. LabCorp), you still should call AHD at the time of testing to notify us!
- 4) *Call the local health department where your clinic is located (not based on the patient's address). If your office is in Alexandria, call us!



PPE & Waste Management

[U.S. guidance](#) for diagnostic samples and clinical waste contaminated with Clade I or Clade II of mpox is designated as Category B infectious substances except when they contain or are contaminated with laboratory cultures of Clade I mpox virus

Soiled material may be disposed of in the same way as any other infectious medical waste in accordance with U.S. Department of Transportation Hazardous Materials Regulations (HMR; 49 CFR parts 171-180.)



[Watch Our PPE Guide](#)



Mpox Testing Quick Reference

CDC's [Specimen Collection](#) Guide

If searching for mpox testing orders within electronic health systems, consider searching: "mpox," "monkeypox," or "orthopoxvirus."

Common lab links and test codes:

[Quest Diagnostics](#): 12084

[LabCorp](#): 140230

[Mayo Clinic](#): FMPVP

Public Health- DCLS Testing

Call AHD Epi at: 703.746.4951*

*Approval is required to test through public health



OVERVIEW

Collect 2 specimens from at least 2 lesions



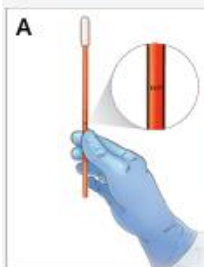
SUPPLY LIST

- At least 4 synthetic swabs
- Container for each swab*
- Specimen bags
- Patient labels
- Sterile gauze
- EPA-registered disinfectant wipes
- Any supplies needed for basic patient care

*The type of container, swab, and transport medium may differ per local laboratory guidelines; please ask your local testing site for preference.

1 Before swabbing: Perform hand hygiene and don PPE prior to entering patient room.

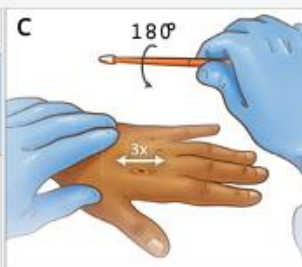
2 At first lesion site: Do NOT clean the lesion area with ethanol or other disinfectant prior to swabbing.



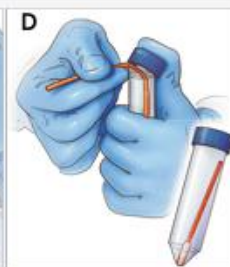
Grasp swab firmly. Avoid touching shaft at least an inch before the tip.



Vigorously rub the swab back and forth on lesion surface 3x. If lesion ruptures, ensure swab collects lesion fluid. Unroofing the lesion is not recommended and is unnecessary



Rotate the swab 180 degrees. Vigorously swab the lesion 3x again.



Place swab in appropriate container, breaking shaft if necessary. Wipe down with EPA-approved disinfectant.



REPEAT Step 2, A through D on the same lesion with a second swab.

3 At second lesion site: At second lesion site, repeat step 2, A through E.



The second lesion is ideally on a different part of the body and/or has a different appearance.

4 Label and package specimens:



Label, package, store, and ship specimens following specifications put forth by testing laboratory.

Precautions in your health setting

- Suspected mpox patients should be placed in a single-person room
 - Special air handling is not required. The door should be kept closed
 - Movement of the patient outside of the room should be limited
 - If possible, patient should have access to private bathroom
- Wear gown, gloves, eye protection and NIOSH approved respirator during exam
- Standard cleaning procedures using disinfectant with an emerging viral pathogen claim (i.e. Lysol) [EPA Q-list](#)
 - Avoid dry dusting, sweeping, or vacuuming as this could disperse dried material from lesions.
 - Wet cleaning methods are preferred
- If an employee comes into contact with lesions while not wearing PPE:
 - May benefit from a post-exposure prophylaxis (PEP) vaccine arranged through AHD



Mpox Treatment: High Risk for a Severe Case

- No treatment approved specifically for mpox infection
- Review [CDC's Treatment guidance](#) for healthcare professionals
- Provide supportive care and pain management to all patients
- Antiviral treatments, such as [tecovirimat\(TPOXX\)](#) are recommended for people with severe illness or those at high risk of severe mpox.
 - Only accessible via CDC's Expanded Access-Investigational New Drug (EA-IND) protocol, if the patient is eligible. Contact AHD to access TPOXX through the EA-IND.
 - STOMP Trial no longer in use
- CDC provides a clinical consultation service (email eocevent482@cdc.gov or call 770-488-7100).



Supportive Care for All Patients

- Assess and provide care for management of pain, skin and oral lesions, proctitis, gastrointestinal symptoms
- Pruritis/Itching
 - Oral antihistamines
 - Topical agents i.e., calamine lotion, petroleum jelly, or colloidal oatmeal
- Proctitis: Rectal pain is a common complication of mpox infection
- Stool softeners to reduce pain associated with bowel movements
- Warm sitz baths symptomatic relief
- Additional clinical considerations:
 - **Treating severe lesions**
 - **Caring for the Skin** (Patient Handout)
 - **Clinical Considerations for Pain Management of Mpox**



Patient Evaluation & Home Care Reminders

- ☐ Conduct a complete physical examination, including skin and mucosal (e.g., oral, genital, anal) examination
- ☐ Identify lesions the patient may not notice
- ☐ Evaluate patients for pain and provided recommendations for OTC meds if appropriate
- ☐ Instruct patients to monitor for signs of infection at lesion sites, particularly lesions around waist bands, genital and ocular areas
- ☐ Encourage frequent handwashing, not sharing towels/linens at home
- ☐ Notify patient that the health department will be contacting them



Electronic Resources

Virginia Department of Health

How Do I Know If My Facility's Disinfectant Will Kill Mpox Virus?
Healthcare Provider MPOX Information

Centers for Disease Control

CDC's Clinical Consultation service email eocevent482@cdc.gov or call
770-488-7100

Treatment Information for Healthcare Professionals
Considerations for Mpox Vaccination

Association for Professionals in Infection Control and Epidemiology

Mpox Playbook

