



Potential Risk for New Mpox Cases May 22, 2023

Background

As of May 17, a total of 30,401 mpox (formerly monkeypox) cases have been reported in the United States, 3,007 in Texas, and 213 in Public Health Region (PHR) 8. In the US, cases of mpox have declined since peaking in August 2022, however public health departments continue to receive reports of mpox cases that reflect ongoing community transmission in the US and internationally. Earlier this month, Chicago reported a cluster of new mpox cases, and there are concerns about re-emergence of mpox infections over the summer.

To help prevent a resurgence of cases during the spring and summer months, public health departments are urging clinicians to be on alert for new cases of mpox and to encourage vaccination for people at risk. If mpox is suspected, test even if the patient was previously vaccinated or had mpox. Clinicians should also refamiliarize themselves with mpox symptoms, specimen collection, laboratory testing procedures, and treatment options. Most patients with mpox have mild disease, although some, particularly those with advanced or untreated HIV infection, may experience more severe outcomes.

Recommendations for Clinicians Evaluating and Treating Patients

- **Conduct a thorough patient history, including sexual history and identity, to assess possible mpox exposures or epidemiologic risk factors.** Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact in the current global outbreak, disproportionately affecting gay and bisexual men, other men who have sex with men (MSM), and transgender people.
- **Perform a complete physical examination,** including a thorough skin and mucosal (e.g., oral, genital, anal) examination. Doing so can detect lesions of which the patient may be unaware.
- **Consider mpox when determining the cause of a diffuse or localized rash,** including in patients who were previously infected with mpox or vaccinated against mpox. Differential diagnoses include herpes simplex virus (HSV) infection, syphilis, herpes zoster (shingles), disseminated varicella-zoster virus infection (chickenpox), molluscum contagiosum, scabies, lymphogranuloma venereum, allergic skin rashes, and drug eruptions.
- **Specimens should be obtained from lesions** (including those inside the mouth, anus, or vagina), if accessible, and tested for mpox and other sexually transmitted infections (STI), including HIV, as indicated. The diagnosis of an STI does not exclude mpox, as a concurrent infection may be present.

- **Patients with mpox benefit from supportive care and pain control.** Mpox can commonly cause severe pain and can affect anatomic sites, including the anus, genitals, and oropharynx, which can lead to other complications. Assess pain in all patients with mpox virus infection and recognize that substantial pain may exist from mucosal lesions not evident on physical exam. Topical and systemic strategies should be used to manage pain. Pain management strategies should be tailored to the needs and context of an individual patient.
- **Tecovirimat is considered first-line among options that have not been approved by the U.S. Food and Drug Administration to treat eligible patients with mpox.** If a clinician intends to prescribe oral tecovirimat, consider seeking access through enrollment in the AIDS Clinical Trials Group (ACTG) Study of Tecovirimat for Human Monkeypox Virus (STOMP) so that the trial can determine efficacy of this drug. For patients not eligible for the STOMP trial or who decline to participate, stockpiled oral tecovirimat is available upon request for mpox patients who meet treatment eligibility under CDC’s Expanded Access Investigational New Drug (IND) protocol. Healthcare providers interested in pursuing treatment for individuals diagnosed with mpox should contact their local public health department (contact information below).
- **Clinicians should notify their local public health departments of any suspected or confirmed mpox cases (contact information below).**

Vaccines

Currently, routine immunization against mpox for the general public is **not** recommended. Individuals with high potential for exposure to mpox can be referred to one of the public health departments offering mpox vaccines in PHR 8, listed below.

Public Health Departments offering mpox vaccinations in PHR 8:

Organization	City	Contact Information
San Antonio Metropolitan Health District	San Antonio	512 E Highland Blvd Suite 150, San Antonio, TX 78210 210-207-8830 <i>Walk-ins accepted</i>
DSHS Region 8 – Guadalupe County	Seguin	830-372-0841
DSHS Region 8 – Kerr County	Kerrville	830-896-5515
Comal County Public Health Department	New Braunfels	830-221-1150
Victoria County Public Health Department	Victoria	361-578-6281

For More Information:

- [Clinical Quick Reference](#)
- [Vaccination Basics for Healthcare Professionals](#)
- [Clinical Recognition](#)
- [Clinical Considerations for Treatment and Prophylaxis of Mpox Infection in People Who are Immunocompromised](#)
- [Treatment Information for Healthcare Professionals](#)

For questions or to report a suspected case of mpox, contact your local health department:

Bexar County Residents:

San Antonio Metropolitan Health
District Epidemiology Program
Phone: (210) 207-8876
Fax: (210) 207-2007

Residents of Other Counties:

Texas Department of State Health
Services Public Health Region 8
Phone: (210) 949-2121
Fax: (512) 206-3995

