

**Communicable Disease Epidemiology
and Immunization Section**

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Health Advisory: Potential Risk for New Mpox Cases in the United States - May 31, 2023

Action Requested

- **Be aware that mpox (formerly monkeypox) cases continue to be reported, reflecting ongoing community transmission globally, including in King County, Washington.**
- **Encourage [vaccination](#) for people at greater risk for mpox infection and administer vaccine to those who identify as [being high risk](#)**
 - [Vaccination](#) against mpox remains an important risk-reduction measure
 - People who develop mpox after completing a two-dose JYNNEOS vaccine series may experience less severe symptoms than those who have not.
 - Extensive risk assessment should not be conducted in [people who request vaccination](#) to avoid barriers due to stigma experienced by many who could benefit from vaccine.
 - People who previously received only one JYNNEOS vaccine dose should receive a second dose as soon as possible.
 - Mpox vaccine may also be given as post-exposure prophylaxis (PEP) both to people with known or presumed exposure to mpox virus; as PEP, vaccine should be given as soon as possible, ideally within 4 days of exposure but administration 4-14 days after exposure may still provide some protection against mpox.
 - Additional vaccination administration considerations for specific populations are available [on the CDC website](#).
- **Refamiliarize yourself with mpox [symptoms](#), [specimen collection](#), [laboratory procedures](#), and [treatment options](#)**
 - Consider mpox when determining the cause of a diffuse or localized rash, including patients who were previously infected with mpox or vaccinated against mpox.
 - Details noted in patient history, including sexual history may identify possible mpox exposures or epidemiological risk factors.
 - Perform a complete physical examination, including a through skin and mucosal (e.g., oral, genital, anal) examination which may reveal lesions that the patient was unaware of.
 - Patients benefit from individually tailored supportive care and [pain management strategies](#).
 - Continue to consider [tecovirimat](#) (also known as TPOXX or ST-246) as first-line therapy for [patients](#) with mpox especially among those with severe complications, severe disease or who are at high risk for severe disease.
- **Counsel at risk patients about [how to reduce the risk of mpox transmission](#), which often occurs through close, sustained physical contact, almost exclusively associated with sexual contact in the current outbreak.**
- **Report all cases of mpox immediately to Public Health at 206-296-4774.**

Background

The CDC issued a [Health Alert Network \(HAN\)](#) on May 15, 2023, to communicate that reports of mpox cases persist, reflecting ongoing community transmission nationally and internationally, including a recent

cluster of 13 cases reported in Chicago, IL. Nine of the 13 cases were among men who had received 2 JYNNEOS vaccine doses, highlighting the need to consider mpox even when fully vaccinated. CDC reports only 23% of the estimated national population at risk for mpox has been fully vaccinated.

As of May 16, 2023, 526 cases of mpox have been identified among King County residents, with 18 hospitalizations. In 2023, we have continued to identify 3-10 new cases monthly. The majority of King County cases report no travel during their exposure period indicating local transmission. Cases are predominantly among men, ages 18-49 years; particularly among men who have sex with men. Overall, 30,332 doses of vaccine have been administered in King County with 320 doses administered in the past month. Local epidemiology data is updated monthly on the [King County mpox online dashboard](#).

Mpox virus is acquired through close contact with an infected person or animal. In the 2022 global outbreak of mpox, cases spread rapidly across much of the world through person-to-person contact, disproportionately affecting gay and bisexual men, other men who have sex with men (MSM), and transgender people. However, anyone who has close, personal, skin-to-skin contact with an infected person is at risk of developing mpox. The risk of spread is considered low through touching contaminated objects, fabrics, and surfaces, even without disinfection. This includes items like clothing, bedding, towels, fetish gear, or sex toys. Most patients with mpox have mild disease, although some, particularly those with advanced or untreated HIV infection, may experience more severe outcomes.

Additional resources

- [CDC COCA call – Mpox Update: Stay Up to Date on Testing, Treatment, and Vaccination, 05/18/23](#)
- [CDC Vaccination Administration Considerations for Specific Populations](#)
- [CDC Mpox Treatment Information for Healthcare Professionals](#)
- [CDC Risk Assessment of Mpox Resurgence and Vaccination Considerations](#)
- [Public Health – Seattle & King County Mpox resources](#)
- [CDC HAN – Potential Risk for New Mpox Cases, 05/15/2023](#)
- [CDC Guidance for Tecovirimat Use](#)
- [CDC Morbidity and Mortality Weekly Report \(MMWR\): Reduced Risk for Mpox After Receipt of 1 or 2 Doses of JYNNEOS Vaccine Compared with Risk Among Unvaccinated Persons — 43 U.S. Jurisdictions, July 31–October 1, 2022](#)
- [CDC Outbreak Cases and Data](#)
- [King County Case and Vaccine Dashboard](#)