



DHSS HEALTH UPDATE

Date: September 4, 2022

The Missouri Department of Health & Senior Services (DHSS) uses four types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Phone: 800-392-0272
Fax: 573-751-6041
Web: health.mo.gov

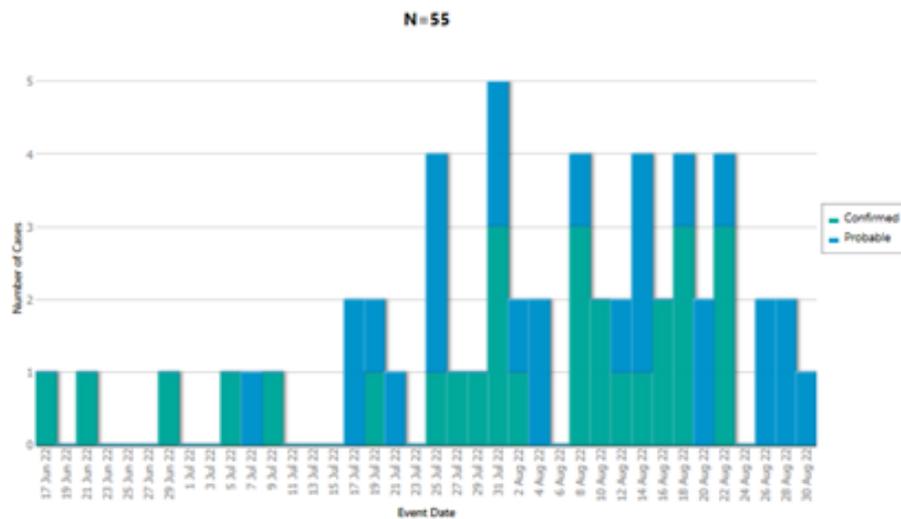
FROM: Paula F. Nickelson, Acting Director

SUBJECT: Update for Clinicians on Missouri Monkeypox Vaccination Plans Outbreak Response Status

Outbreak Response Status

As of September 2, 2022, a total of 55 cases of Monkeypox have been reported in Missouri from 10 different local jurisdictions: 39 (71%) St Louis Metro; 9 (16%) KC Metro; 7 (13%) from 5 other jurisdictions. Fifty-one (93%) of cases report male gender at birth. Median age of cases is 32 years; range (18 – 58) years. No deaths due to Monkeypox have been reported in Missouri or nationally. The latest Epi Curve is provided below.

Confirmed and Probable Monkeypox Cases, MO, 2022



Since May 2022, the U.S. Centers for Disease Control and Prevention (CDC) has been urging healthcare providers in the United States to be on alert for patients who have rash illnesses consistent with Monkeypox. The public health response to Monkeypox depends on timely and comprehensive laboratory **testing** and reporting of those results.

Vaccination is an important tool in preventing the spread and of Monkeypox as well. The sooner an exposed person gets the vaccine, the better. CDC recommends that the vaccine be given within 4 days from the date of exposure in order to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. Currently there is no **treatment** approved specifically for Monkeypox virus infections. However, antivirals such as Tecovirimat (also known as TPOXX), developed for use in patients with smallpox may prove beneficial.

Missouri Department of Health and Senior Services
912 Wildwood Drive | Jefferson City, MO 65109



Missouri Department of Health and Senior Services (DHSS) is working with Local Public Health Agencies (LPHAs) and numerous clinical partners statewide in response to the national Monkeypox outbreak in Missouri.

Below is further information on Monkeypox testing, vaccine, and treatment.

Any medical provider's request for testing by the State Public Health Laboratory, vaccine, or antiviral, may be initiated by contacting their [local public health agency](#) or the DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7).

Testing

- On July 29, DHSS distributed a [CDC Health Update](#) for clinicians about commercial testing, collecting clinical specimens for testing, and using the antiviral drug Tecovirimat (TPOXX) for treating Monkeypox.
- **Commercial labs:** The PCR tests for Monkeypox/orthopoxvirus are now available at five commercial laboratories -- Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, Aegis Sciences, and Sonic Healthcare USA. Four of these commercial labs are performing the CDC non-variola orthopoxvirus test, while Quest is running a Monkeypox lab developed test (LDT) that adds another available 30,000 tests per week.
 - There are additional LDTs in commercial use, and those results should be interpreted with caution in the context of the epidemiological and clinical data
 - **The submission of specimens to the commercial laboratories does not require pre-approval from public health.**
 - Healthcare providers can order the orthopoxvirus test from these commercial laboratories just as they normally would order other tests.
 - The American Medical Association (AMA) created new Current Procedural Terminology (CPT) codes that streamline the reporting of orthopoxvirus and monkeypox testing and immunizations currently available on the United States market. Refer to the [AMA orthopoxvirus and Monkeypox coding & guidance page](#) and the [CPT Assistant guide](#) for more detailed information.
- **State Public Health Lab:** Testing is also available through the Missouri State Public Health Laboratory (SPHL).
 - To request testing by SPHL for Monkeypox/orthopox, Missouri healthcare providers can contact their local public health agency or the Missouri DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7). A member of the DHSS team will need to conduct a basic screening (screening no longer includes photos) prior to submission of the specimen to the SPHL.

Vaccine

- The U.S. Department of Health and Human Services (HHS) purchases and is currently the only source of JYNNEOS vaccine. The HHS in collaboration with CDC determines how much JYNNEOS vaccine [each state will receive](#).
- **Vaccine eligibility criteria:** DHSS is working with LPHAs to provide JYNNEOS vaccine in accordance with the national strategy. In accordance with the national strategy as described at [CDC website](#), Missouri's allotment of JYNNEOS vaccine is only available for use in Missouri to individuals who meet the following criteria:



- **Post-Exposure Prophylaxis (PEP):** People who are known contacts to someone with Monkeypox (laboratory confirmed cases of orthopox/Monkeypox virus) who are identified by public health authorities, for example via case investigation, contact tracing, or [risk exposure assessment](#). The CDC guidance for determining degree of exposure is available in the CDC document "[Monitoring People Who Have Been Exposed](#)"; **OR**
- **Post-Exposure Prophylaxis (PEP) ++: Any of the following:**
 - People who are known contacts to someone with Monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or [risk exposure assessment](#).
 - People who are aware that a recent sex partner within the past 14 days was diagnosed with Monkeypox (but they may not know or be able to provide the individual's name).
 - Certain gay, bisexual, or other men who have sex with men, or transgender and gender diverse people who have sex with men, who have had any of the following within the past 14 days: sex with multiple partners (or group sex); sex at a commercial sex venue; or sex in association with an event, venue, or defined geographic area where Monkeypox transmission is occurring; **AND**
- **Date of Last Exposure:** The vaccine can be administered within 14 days past the last date of exposure. In addition, the individual has not developed symptoms of Monkeypox.
 - If initiated between 4 and 14 days following the date of exposure, vaccination might be less effective. Benefits might still outweigh risks when administering vaccine more than 14 days after exposure in some clinical situations (e.g., for a severely immunosuppressed person with a recent sex partner confirmed to have monkeypox).
- **PrEP:** In accordance with the current national strategy, vaccine is **not** currently recommended or available for **Pre-Exposure Prophylaxis (PrEP)** in most instances, which includes, but is not limited to, clinicians and healthcare providers in the U.S., or other individuals who do not meet the PEP or PEP++ criteria.
 - At this time, most clinicians in the United States are not advised to receive orthopoxvirus PrEP. People who may be considered for PrEP if they want to receive it include healthcare personnel who anticipate caring for many patients with Monkeypox. Healthcare workers with exposures should be evaluated for PEP, determining degree of exposure in accordance with the CDC document "[Monitoring People Who Have Been Exposed](#)".
- Additional recommendations regarding vaccination strategies are available on CDC websites at <https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/overview.html>.
- **Intradermal Administration:** On August 9, 2022, the U.S. Food and Drug Administration (FDA) announced an emergency use authorization (or EUA) for JYNNEOS vaccine to allow healthcare providers to use the vaccine by intradermal injection for people ages 18 years and older who are determined to be at high risk for Monkeypox infection.
 - This action enables providers to receive up to five times the number of doses out of a single vial.
 - Also on August 9, 2022, CDC published [Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Monkeypox Outbreak](#). This CDC guidance includes information for clinicians about use of the alternative (intradermal) dosing regimen as well as the standard (subcutaneous) regimen for JYNNEOS vaccine.



- Vaccine Hubs for Distribution: DHSS has partnered to establish 5 LPHA hubs for forward placement of vaccine in several regions of the state to minimize barriers to access to treatment. CDC has requested states have no more than 5 locations where vaccine is initially shipped.
 - DHSS has placed vaccine at hubs proportional to criteria used by federal government in allocating vaccine to assure equitable distribution to disproportionately affected groups.
 - The participating LPHA regional vaccine hubs include: Butler County Health Department, Columbia/Boone County Health Department, Kansas City Health Department; St Louis County Health Department, and the Springfield-Greene County Health Department.
 - Any PEP needed for close contacts that are identified is approved by DHSS, and transfer of vaccine is coordinated between the LPHA and a nearby Monkeypox vaccine LPHA hub partner.
- DHSS is also working with the 5 LPHA hubs to encourage partnerships with local/regional clinics and organizations to vaccinate eligible individuals proactively.
 - The hubs submit PEP++ vaccination clinic plans for DHSS to have awareness of plans, processes, and partners; provide feedback; and ultimately approve the release/allocation of vaccine for that purpose.
 - In addition, use of the state online screening forms is needed to document that vaccine is being administered to individuals that meet the CDC qualifying criteria.
 - These steps are used to verify proper, equitable vaccine use.

Treatment

- Currently there is no treatment approved specifically for Monkeypox virus infections. However, the antiviral drug Tecovirimat (also known as TPOXX) was developed to fight smallpox but the FDA allows CDC to use it to treat Monkeypox during an outbreak.
- DHSS distributed a [CDC Health Update](#) on July 29 for clinicians about commercial testing, collecting clinical specimens for testing, and using the antiviral drug Tecovirimat (TPOXX) for treating Monkeypox.
- Antiviral drugs used to treat smallpox and Monkeypox require a prescription and must be released from the U.S. Strategic National Stockpile at the request of the state health department per current CDC guidance.
- DHSS has worked with LPHA hubs to forward place TPOXX with strategic LPHAs and clinics for ease of access by treating physicians for their patients.
- **Clinicians and care facility pharmacists requesting TPOXX need to contact DHSS.**
 - **Earlier requirements to photograph lesions, collect specimens, and ship them to CDC are now optional.** DHSS will not typically request such additional steps before connecting clinicians or care facility pharmacists with TPOXX forward placement sites.
- For more information, see CDC's [Monkeypox treatment](#) page. Healthcare providers may also want to consult [CDC's guidance for TPOXX](#) and revised instructions on [how to obtain TPOXX](#).