Michigan Local Health Departments: Investigation of Mpox Cases

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Background

Mpox (previously known as monkeypox) is a viral illness caused by infection with the monkeypox virus. Monkeypox virus (MPXV) belongs to the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes Variola virus (which causes smallpox), Vaccinia virus (used in the smallpox vaccine), and Cowpox virus. There are two distinct clades of the virus – clade I and clade II. Mpox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in monkeys kept for research. The first human case of mpox was recorded in 1970 in the Democratic Republic of the Congo (DRC) during a period of intensified effort to eliminate smallpox. Since then, mpox has been reported in people in several other central and western African countries: Cameroon, Central African Republic, Cote d'Ivoire, Democratic Republic of the Congo, Gabon, Liberia, Nigeria, Republic of the Congo and Sierra Leone.

Until May 2022, mpox cases in people outside of Africa were linked to international travel or imported animals from endemic areas in Africa. A global outbreak of clade II began in 2022. Multiple countries that did not usually have mpox, including the United States, reported cases not associated with the traditional epidemiologic risk factor of travel to places where the disease is endemic.

Mpox transmission can occur through direct contact with lesions or bodily fluids, indirect contact through fomites (materials that were in contact with lesions or bodily fluids) and through exposure to large respiratory droplets from prolonged face-to-face contact. Individuals with exposures that support the highest likelihood of transmission should follow the latest guidance for post-exposure vaccine. This is available through the Centers of Disease Control and Prevention (CDC) at www.cdc.gov/monkeypox/php/monitoring/index.html. All individuals with a potential exposure to an infected person should monitor 21 days post-exposure for the development of symptoms. Both vaccine acquisition for post-exposure and symptom monitoring should be coordinated with public health authorities.

Clinical Characteristics

- Fever and other prodromal symptoms (e.g., chills, lymphadenopathy, malaise, myalgias, or headache) can occur before rash but may occur after rash or not be present at all.
- Respiratory symptoms (e.g., sore throat, nasal congestion, or cough) can occur.
- Rash
    - Lesions are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication (resembles a dot on the top of the lesion).
    - Lesions are often described as painful until the healing phase when they become itchy (crusts).
    - Lesions typically develop simultaneously and evolve together on any given part of the body. The evolution of lesions progresses through four stages—macular, papular, vesicular, to pustular—before scabbing over and desquamation.
    - For rash example photos, visit www.cdc.gov/monkeypox/hcp/clinical-signs/index.html
- Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been frequently reported in the 2022 clade II outbreak.

Incubation Period: The incubation period is 3-17 days. During this time, a person does not have symptoms and may feel fine.
Communicable Period: Typically, the communicable period is from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.
Duration of Illness: The duration of illness is typically 2-4 weeks.

Testing

- Testing is available through commercial, clinical and public health laboratories. Consult the laboratory for their specimen collection and handling requirements. Below are links to commercial lab mpox testing information; additional laboratories may offer testing.
    - ARUP https://ltd.aruplab.com/Tests/Pub/3005716
    - Labcorp https://www.labcorp.com/tests/140230/mpox-orthopoxvirus-dna-pcr
    - Mayo https://www.mayocliniclabs.com/test-catalog/overview/75817
    - Quest https://www.questdiagnostics.com/healthcare-professionals/about-our-tests/infectious-diseases/mpox
- The Michigan Department of Health and Human Services (MDHHS) Bureau of Laboratories (BOL) provides testing for non-variola orthopoxvirus. For instructions, see **Appendix B**: Specimen Collection Instructions for Testing at MDHHS BOL.
- Providers may want to continue to consider testing at BOL for individuals who are uninsured/underinsured where commercial testing cost may be a burden.
- If testing through BOL, consider submitting duplicate specimens, especially if there is concern for clade I. All duplicate specimens are forwarded to CDC for public health purposes and can be further tested at CDC to distinguish clade.
- If a specimen tested positive at a commercial lab and additional testing is needed (e.g., epi-history is suggestive of possible clade I exposure), public health may attempt to have specimen (e.g., dry swab, swab in VTM, eluate) sent to BOL to be forwarded to CDC. Please notify MDHHS of these and ensure that forwarded specimens include a completed **DCH-1396** form.

- Testing Resources:
    - Guidelines for Collecting and Handling Specimens for Mpox Testing | Mpox | CDC (CDC)
    - MDHHS BOL Mpox Testing Basics (MDHHS)
    - MDHHS BOL Mpox Test Requisition Form (DCH-1396) (MDHHS)

Vaccination

- JYNNEOS is a 2-dose vaccine developed to protect against mpox and smallpox infections. Both doses are needed for the best protection against mpox.
    - The second dose should be given 4 weeks after the first dose. However, if it has been longer than 4 weeks since the first dose, the 2nd dose can be given as soon as possible.
- The standard regimen for JYNNEOS is a subcutaneous route with an injection volume of 0.5mL. or intradermal administration with a volume of 0.1mL
- **Post-exposure Prophylaxis (PEP):** JYENNOS can be given as PEP to people with known or presumed exposure to mpox virus. As PEP, vaccine should be given as soon as possible, ideally within four days of exposure; administration 4 to 14 days after exposure may still provide some protection against mpox.
- In Michigan, JYNNEOS vaccine is available to those who have been exposed to someone with mpox and/or anyone who thinks they may be at risk.
- At risk includes:
    - Known or suspected exposure to someone with mpox
    - Had a sex partner in the past 2 weeks who was diagnosed with mpox
    - A gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
        - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis)
        - More than one sex partner
    - Had any of the following in the past 6 months:
        - Sex at a commercial sex venue (like a sex club or bathhouse)
        - Sex related to a large commercial event or in a geographic area (city or county for example) where mpox virus transmission is occurring
    - Have a sex partner with any of the above risks
    - Anticipate experiencing any of the above scenarios
    - Traveling to a country with a clade I mpox outbreak and anticipate any of the following activities during travel:
        - Sex with a new partner
        - Sex at a commercial sex venue (like a sex club or bathhouse)
        - Sex in exchange for money, goods, drugs or other trade
        - Sex in association with a large public event (e.g., a rave, party or festival)
    - Work in settings where you may be exposed to orthopoxviruses (i.e., certain people who work in a laboratory or healthcare facility)
- People who are vaccinated should continue to take steps to protect themselves from infection by avoiding close, skin-to-skin contact, including intimate contact, with someone with mpox.

- Vaccination Resources
    - CDC Mpox Vaccination Information
    - Fact Sheet for Healthcare Providers for JYNNEOS (FDA)
    - How to administer JYNNEOS vaccine intradermally (MDHHS)
    - How to administer subcutaneous vaccine (page 2) (Immunize.org)
    - Integrating Mpox Vaccination, Testing, and Treatment into Sexual Health and HIV Clinical Care (MDHHS)
    - When Am I Protected After Getting the Mpox Vaccine (MDHHS)
    - MDHHS mpox webpage

Treatment

- For most people with mpox who do not have severe disease or risk factors for severe disease (e.g., are not severely immunocompromised), supportive care and pain control will help with recovery.
- Tecovirimat (TPOXX) from the Strategic National Stockpile (SNS) will remain available for treatment of mpox in patients who have or are at high risk for severe illness as defined in the CDC-held expanded access IND protocol. Those at high risk include people who:
    - Are severely immunocompromised patients (e.g., those with HIV with CD4 <200, or solid organ transplant recipients)
    - Have atopic dermatitis and other conditions affecting skin integrity
    - Are children
    - Are pregnant or breastfeeding
- In those rare situations where treatment is being considered, please see **Appendix D**.
- If a TPOXX resistant infection is suspected, discuss with MDHHS about obtaining specimens to send to BOL for forwarding to the CDC.
- Treatment Resources:
    - Clinical Treatment of Mpox (CDC)
    - Integrating Mpox Vaccination, Testing, and Treatment into Sexual Health and HIV Clinical Care (MDHHS)
    - Interim Clinical Treatment Considerations for Severe Manifestations of Mpox — United States, February 2023 (CDC)
    - CDC Mpox Clinical Team: Eocevent482@cdc.gov (non-urgent) (770)-488-7100 (urgent)

Recommendations for Clinicians

- Clinicians should conduct a thorough patient history to assess possible mpox exposures or epidemiologic risk factors.
    - All mpox clades and subclades (Ia, Ib, IIa, IIb) can be spread, treated, and prevented the same way, but the risk factors and locations of sustained transmission can be very different. An overview of mpox clade and subclade characteristics can be found at www.cdc.gov/monkeypox/hcp/clinical-overview/index.html.
    - Mpox should be considered when a clinician is trying to determine the cause of a diffuse or localized rash.
- Testing is encouraged. However, as diagnostic testing for mpox has become more widely available, clinicians no longer need to seek public health approval for testing. See “Testing” for more information on clade testing.

    - Mpox is a reportable condition and providers are required to report suspect or confirmed cases to the case's Local Health Department.
- Evaluate any individual presenting with genital, anal or perianal ulcers, proctitis syndrome or diffuse rash for sexually transmitted infections (STI) per 2021 CDC STI Treatment Guidelines. ***An STI diagnosis does not exclude mpox, as a concurrent infection may be present.***
- Test for HIV in every sexually active adult and adolescent in whom mpox is suspected if current HIV status is unknown. Discuss and facilitate access to HIV pre-exposure prophylaxis (PrEP) for those who are HIV negative and at risk for HIV.
    - Ensure those with HIV and with suspected or confirmed mpox are on effective antiretroviral therapy and linked to care to optimize immune function.
- Refer to CDC for clinical considerations in these populations:
    - People with HIV or other immunocompromising conditions
    - Children and adolescents Clinical Considerations for Mpox in Children and Adolescents in the U.S. | Mpox | CDC
    - People who are pregnant or breastfeeding
- For guidance managing ocular mpox infections, refer to CDC's Interim Clinical Considerations of Management of Ocular Mpox.
- Vaccine is available for post-exposure prophylaxis (PEP). As PEP, vaccine should be given as soon as possible, ideally within four days of exposure; administration 4 to 14 days after exposure may still provide some protection against mpox.
- Mpox is a reportable condition in Michigan. Clinicians should notify their local health department of patients suspected of, being tested for, or testing positive for mpox virus or orthopoxvirus. If possible, suspect patients can also be entered into the Michigan Disease Surveillance System (MDSS) by the healthcare facility infection prevention staff.
- Additional Clinical Resources:
    - Clinical Features of Mpox (CDC)
    - Guide to Taking a Sexual History (CDC)
    - 2021 STI Treatment Guidelines (CDC)
    - STI Screening Recommendations and Considerations Referenced in 2021 STI Treatment Guidelines (CDC)
    - https://www.cdc.gov/mpox/hcp/infection-control/healthcare-settings.html (CDC)

Recommendations for Health Departments

Case Reporting

- Enter suspect mpox cases into the Michigan Disease Surveillance System (MDSS) under the Reportable Condition "Mpox" with the Case Status of "Unknown". See Case Definition section below for further case classification guidance.
- For cases that are epi-linked or associated with a common exposure, assign an outbreak name that is specific (e.g., location/event, month/year) to prevent overlap with other outbreak names. Because Outbreak Name is a free text field, all cases associated with the outbreak should have the exact same name (e.g., same spacing or other punctuation). For example, [FACILITY OR EVENT NAME MMYYYY]
    - Tip: To see if an outbreak name already exists, a user can search the outbreak name field in MDSS using asterisks as wildcards, e.g., *CampExample* would pull up all cases containing CampExample anywhere in the Outbreak Name field.

Investigation

- Interview the case to obtain information.
    - For cases that are difficult to reach, attempt to collect information from the infection preventionist and/or medical records. Contact could also be attempted via text message and/or social media. As a last resort, attempt to reach the case via mailed letter.
- Encourage case to isolate or take other precautions to prevent the spread of mpox to others.
    - People with mpox are advised to isolate until the mpox rash as healed and a new layer of skins has formed.
    - If a person cannot isolate completely, they should take precautions to prevent the risk of spreading mpox to others such as covering the rash with gauze or bandages, wearing gloves, disinfecting surfaces and avoiding shared objects.
    - More information about preventing the spread of mpox can be found at www.cdc.gov/mpox/caring/index.html.
- Treatment may be indicated for certain subsets of the population. Discuss with MDHHS prior to consulting with CDC mpox clinical team. See **Appendix D**.
- Obtain travel history. If an mpox case from your jurisdiction reports previous travel to another state or country during their infectious period or believes that they were exposed while traveling outside of Michigan, please report this to your Regional Epidemiologist for notification to the respective state or country.
    - For cases with travel to an area with clade I outbreaks, additional testing to determine the mpox clade may be necessary. Notify MDHHS if there is suspicion for clade I.
    - Clade determination is performed by the CDC and shipping can be facilitated by the MDHHS BOL. See recommendations in "Testing" for more information.

Contacts

- After diagnosis of mpox, begin contact tracing for individuals who may have been exposed to the patient while communicable (four days prior to symptom onset until the rash has fully healed and a fresh layer of skin has formed).
    - Contacts should monitor their health for signs or symptoms consistent with mpox for 21 days after their last exposure. LHDs should consider health monitoring for these individuals for 21 days after their last exposure. There is no recommendation for quarantine of close contacts.
    - Contacts can be monitored using the Outbreak Management System (OMS).
        - Tip Sheet: Monitoring Contacts Using the OMS
    - People with mpox may want to notify their own contacts to alert them of potential exposure. LHDs should coach and provide information on reputable notification tools to people with mpox who wish to self-notify their partners or contacts. One free online site is TellYourPartner.org. More information about partner notification can be found at www.cdc.gov/monkeypox/caring/index.html.
    - If during the 21-day monitoring period, rash or other signs or symptoms develop, the individual should follow isolation and prevention practices found at www.cdc.gov/monkeypox/php/monitoring/index.html.
- For cases related to gatherings or events, work with the facility or event organizers to obtain a guest list to do direct notification to attendees about their possible exposure. A template notification letter is included as **Appendix C**.

    - If a guest list is not available, a HAN message, Epi-X, or Press Release may be used to send a broader message about cases associated with the facility or event.
    - Regional Epidemiologists are available to assist with notification efforts.
- Responding to cases and management of contacts within congregate settings (e.g., dormitories, shelters, residential treatment facilities, correctional and detention facilities) require close coordination between the health department and facility.
- Considerations for Reducing Mpox Transmission in Congregate Living Settings | Mpox | CDC Share this document and any mpox-related Health Advisory with relevant healthcare provider networks, including Sexually Transmitted Infections (STI) clinics that may not always receive CDC HAN messages.
- Correct use of personal protective equipment (PPE) when caring for a patient with mpox prevents transmission to health care providers (HCP). However, unrecognized errors during the use of PPE (e.g., self-contaminating when removing contaminated PPE) may allow for transmission. Therefore, HCP who enter a contaminated patient room or care area while wearing recommended PPE should be aware of the signs and symptoms of mpox; if any signs or symptoms occur, HCP should notify occupational health services for further evaluation and should not report to work (or should leave work, if signs or symptoms develop while at work) pending evaluation. Asymptomatic HCP with exposures to mpox do not need to be excluded from work, but should be monitored (e.g., at least a daily assessment conducted by the exposed HCP) for 21 days after their last exposure. If symptoms develop, HCP should be managed as described here: Infection Prevention and Control in Healthcare Settings | Monkeypox | CDC
- For more information on risk-based monitoring and post-exposure prophylaxis recommendations, see: www.cdc.gov/monkeypox/php/monitoring/index.html.
- Additional resources:
    - MDHHS mpox webpage
    - Public Health Strategies for Mpox (CDC)

Appendix A: Case Definition

The full case definition (effective August 1, 2022) is available at: Mpox Virus Infection 2022 Case Definition | CDC

Confirmed: Meets confirmatory laboratory criteria

- Detection of mpox virus nucleic acid by molecular testing in a clinical specimen; OR
- Detection of mpox virus by genomic sequencing in a clinical specimen.

Probable: Meets presumptive laboratory criteria

- Detection of orthopoxvirus nucleic acid by molecular testing in a clinical specimen AND no laboratory evidence of infection with another non-variola orthopoxvirus; OR
- Detection of presence of orthopoxvirus by immunohistochemistry in tissue; OR
- Detection of orthopoxvirus by genomic sequencing in a clinical specimen; OR
- Detection of anti-orthopoxvirus Immunoglobulin M (IgM) antibody using a validated assay on a serum sample drawn 4-56 days after rash onset, with no recent history (last 60 days) of vaccination***.

****Recent administration of ACAM2000 and JYNNEOS vaccines need to be considered when interpreting an antibody titer. RABORAL V-RG, an oral rabies vaccine product for wildlife, is a recombinant vaccinia virus, and could lead to an antibody response in an individual exposed to the liquid vaccine; this is expected to be an extremely rare occurrence.*

Suspect: Meets clinical criteria AND epidemiologic criteria^ AND no evidence of a negative test for either non-variola orthopoxvirus or mpox virus

^The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage criterion for case classification. A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher risk epidemiologic risk criterion for case classification.

Clinical Criteria: A person presenting with new onset of:

- clinically compatible rash lesions*; OR
- lymphadenopathy or fever**

**The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage criterion for case classification.*

***A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher epidemiologic risk criterion for case classification.*

Epidemiologic Criteria: epidemiologic risk factors within 21 days of illness onset:

Higher Risk Epidemiologic Linkages

- Contact, without the use of appropriate personal protective equipment (PPE)‡, with a person or animal with a known orthopoxvirus or mpox virus infection; OR

- Contact, without the use of appropriate PPE‡ or Biosafety Level (BSL) protocols‡, with laboratory specimens or other items that could serve as fomites that have been in contact with a person or animal with a known orthopoxvirus or mpox virus infection; OR
- Member of an exposed cohort as defined by public health authorities experiencing an outbreak (e.g., participated in activities associated with risk of transmission in a setting where multiple cases occurred).

Lower Risk Epidemiologic Linkages

- Member of a cohort as defined by public health authorities experiencing mpox activity; OR
- Contact with a dead or live wild or exotic pet animal of an African species, or used or consumed a product derived from such an animal (e.g., game meat, powders, etc.); OR
- Residence in or travel to a country where mpox is endemic.

‡The language "without the use of appropriate PPE or Biosafety Level (BSL) protocols" includes breaches in the recommended PPE and deviations from appropriate BSL protocols.

Criteria to Distinguish a New Case from an Existing Case

For surveillance purposes, a new case of mpox virus infection meets the following criteria:

1. Healthy tissue has replaced the site of all previous lesions after they have scabbed and fallen off; AND
2. New lesions are present which have tested positive for orthopoxvirus or mpox virus DNA by molecular methods or genomic sequencing.

Appendix B: Specimen Collection Instructions for Testing at MDHHS BOL

- MDHHS BOL offers orthopoxvirus and non-variola orthopoxvirus PCR testing.
- Only sterile, synthetic swabs (polyester, nylon or Dacron) with plastic or thin aluminum (wire) shafts should be used to collect specimens for diagnostic mpox testing. Do not use cotton swabs or swabs with wood shafts.
- Skin lesion material, including swabs of lesion surface, exudate, or lesion crusts, are the recommended specimen types for mpox testing.
    - Procedures and materials used for collecting specimens may vary depending on the phase of the rash (e.g., swabs from lesion surface or crust from healing lesion). See MDHHS BOL Mpox Testing Basics.
- Collect two swabs from each lesion, preferably from different locations on the body or from lesions that differ in appearance (e.g., a pair of swabs for each lesion with a total of 2-3 lesions).
    - Vigorously swab each lesion, avoiding contamination of gloved hands, to ensure adequate viral DNA is collected.
    - Unroofing or aspiration of lesions (or otherwise using sharp instruments for mpox testing) before swabbing is not necessary, nor recommended due to the risk for sharps injury.
    - Duplicate swabs for each site are not *required* but are preferred as swabs processed at BOL cannot be further forwarded to CDC for additional testing.
- Place the two swabs collected from each lesion site in sterile tubes or urine containers. Only swabs from the same lesion can be put into the same container. Swabs from different lesions should be put in separate containers.
    - Carefully break the swab's shaft at the marked location, if applicable, to fit inside the sterile container, or place the entire swab into the container.
    - **Do not use transport media.**
    - Label the container with the body location (e.g., left arm, right hand), date of collection, and two unique patient identifiers (full legal name, date of birth or patient number).
    - One swab will be tested at the BOL, and the other swab will be sent to CDC for public health purposes, and if indicated, for clade specific testing.
- **Specimens must be sent with the completed DCH-1396 test requisition form.**
    - Include submitter name, patient name, patient date of birth, date of collection, and specimen source (lesion or scab and body location).
    - Patient identifiers on the requisition form must match the submitted specimen containers.
    - Only one requisition is required per patient, however, if multiple specimens are submitted, please record on the form the number of specimens submitted and collection site(s).
- See MDHHS BOL Mpox Testing Basics for more detailed instructions, including storage criteria.
- Clinical specimens should be packaged and transported following Category B infectious substances shipping requirements.
- For questions about specimen collection and submission, **contact the BOL at 517-335-8063**.

How to Collect Swab Specimens for Mpox Testing

Swab MUST be **synthetic** (Nylon, polyester, or Dacron) with a plastic or metal stem

Do I have a peel pouch or a swab in a tube?

Swab in tube
(i.e. Copan FLOQSwab)

Open tube with the swab; ensure the swab stays sterile and dry

Label tube and requisition with matching patient information

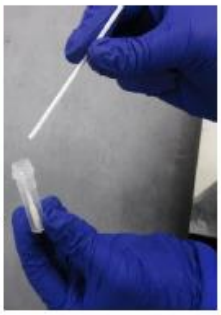
Vigorously swab/brush lesion with FLOQ swab and place entire swab in sterile container

Peel Pouch
(i.e. Puritan)

Open the peel pouch; ensure the swab stays sterile by grabbing the stem

Label collection tube and requisition with matching patient information

Vigorously swab/brush lesion with swab and break off stem into a sterile container (i.e. 1.5/2.0mL O-ring tube, urine collection cup, 50mL conical tube)



Appendix C: Mpox Template Notification Letter

[INSERT HEALTH DEPARTMENT or FACILITY LOGO HERE]

[DATE]
[ORGANIZATION ADDRESS, CITY, STATE, ZIP]
[ORGANIZATION PHONE NUMBER]

Dear [GUEST],

A case of mpox has been reported in a guest who visited [NAME of FACILITY] from [DATE] to [DATE]. The [HEALTH DEPARTMENT] is advising people who stayed or worked at the [NAME of FACILITY] to watch for symptoms of mpox.

Mpox can start with symptoms such as fever, low energy, swollen lymph nodes and general body aches. Within about 3 days, a rash or sores may develop. People with mpox may experience all or only a few of these symptoms. The rash or sores can look like pimples or blisters and may be painful and itchy. The rash or sores may be located anywhere on the body, including on or near the genitals or anus.

The mpox virus can be spread through direct contact with the rash, scab or body fluids. It can be spread through respiratory secretions during prolonged face-to-face contact or during intimate physical contact, such as kissing, cuddling, sex or touching items (such as clothing or linens) that previously touched the infectious rash or body fluids. Symptoms usually appear 3 to 17 days after an exposure and may last 2 to 4 weeks. A person with mpox can spread it to others before symptoms start until all sores have healed (scabs have fallen off and a fresh lay of skin has been formed).

If you were in close contact with a person with mpox, take these steps:

- **Watch for symptoms**. Watch yourself for symptoms and consider avoiding close or intimate contact with others for 21 days after exposure.
- **Get vaccinated**. If you have not been vaccinated, the mpox vaccine can prevent mpox infection if given within 4 days of an exposure. If given 4 to 14 days after an exposure, the vaccine may not prevent an infection but may still prevent severe symptoms.
- **Get tested** for mpox if you notice any rash or sores.

More information about mpox and the vaccine can be found at www.cdc.gov/mpox. If you have any questions, please reach out to your health care provider or health department.

Sincerely,

[NAME]

[ORGANIZATION]

Appendix D: Steps for Requesting Treatment (TPOXX)

- Interim clinical guidance developed by CDC may assist clinicians in managing patients with protracted or life-threatening manifestations of mpox. Treatment for these patients involves Food and Drug Administration (FDA)–regulated drugs and biologics that are primarily stockpiled by the U.S. government.
- To request treatment, LHDs should collaborate with MDHHS, prior to contacting CDC at their Emergency Operations Center (770-488-7100 or poxvirus@cdc.gov)
    - LHD and MDHHS discussion to determine if TPOXX treatment is appropriate.
        - Determine details of mpox case – symptoms, underlying conditions, etc.
        - Input from provider – why requesting TPOXX, etc.
        - Review with Medical Consultant (MDHHS or CDC CFO) from MDHHS with LHD.
    - Once a decision is made to request TPOXX, make sure to include all representatives needed from different agencies: LHJ, MDHHS and healthcare provider requesting treatment. A conference call with CDC and state/local partners should include discussion of case and logistics for receipt of TPOXX if CDC agrees to release treatment.
- If a TPOXX resistant infection is suspected, discuss with MDHHS about obtaining specimens to send to BOL for forwarding to the CDC.