



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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From: Erica Wilson, MD, MPH, Medical Epidemiologist
To: North Carolina Clinicians
Subject: Human-to-human transmission of Clade I Monkeypox virus in Africa
Date: December 11, 2023

The North Carolina Division of Public Health and the Centers for Disease Control and Prevention are alerting clinicians to Clade I Monkeypox virus (MPXV) outbreaks involving human-to-human transmission in the Democratic Republic of the Congo (DRC) with potential for international spread.

Background

MPXV has two distinct genetic clades, I and II, endemic to central and west Africa respectively. A subclade of Clade II (Clade IIb) has been associated with [the 2022-23 mpox outbreak](#) that has predominantly affected gay, bisexual, or other men who have sex with men (MSM). Clade I has previously been observed to be more transmissible and cause more severe illness than Clade II.

Since January 1, 2023, DRC has reported more than 12,500 suspected mpox cases and more than 580 deaths, a substantial increase from the median of 3,767 suspected mpox cases reported annually between 2016 and 2021. Cases have also occurred in more provinces than in previous years, including in areas where zoonotic transmission does not normally occur. Human-to-human transmission of Clade I MPXV via sexual contact [has been reported](#).

Although it's important to note that mpox can affect anyone, the main route of transmission in the current global outbreak associated with Clade IIb has been through sexual contact. Consistent with national reports, North Carolina has seen coinfection with mpox, HIV, and other STIs. Additional information about mpox cases in North Carolina can be found [here](#). Cases of HIV and syphilis have also increased in North Carolina in 2023. More information can be found in the [North Carolina HIV, STI, and Hepatitis Surveillance Reports](#). The early presentation of mpox infection can be confused with other STIs, therefore mpox should be considered as a part of the differential diagnosis during all sexual health assessments.

Testing and Reporting

- **For individuals** with suspected MPXV infection and **with travel to mpox-endemic regions of central Africa such as DRC in the 21 days preceding symptom onset** or close contact with someone with such recent travel, **clinicians should contact the Communicable Disease Branch epidemiologist on call at 919-733-3419** for consultation on clade-specific MPXV testing.
- Testing for other individuals with suspected MPXV infection is widely available and can be performed through commercial laboratories or through the [NC State Laboratory of Public Health](#).

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LOCATION: 225 N. McDowell St., Raleigh, NC 27603

MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902

www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-715-1020

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Personal protective equipment should be worn when [collecting specimens](#) from a person with suspected mpox. Unroofing or aspiration of lesions, or otherwise using sharp instruments for mpox testing, is not recommended due to the risk for sharps injury. Confirmed cases of mpox should be reported to your [local health department](#). Please contact the Communicable Disease Branch Epidemiologist on Call at 919-733-3419 for any questions regarding testing and reporting.

Prevention and Control

No Clade I MPXV infections have been reported in the United States. However, the North Carolina Division of Public Health is urging clinicians to increase efforts to vaccinate those who might be at higher risk to mitigate against the potential for imported cases leading to local transmission.

Vaccines are free and available, regardless of immigration status. Vaccination can protect against mpox infection from both Clades I and II and can reduce severity of illness if infection does occur. The 2-dose JYNNEOS vaccine series is recommended for persons aged 18 years and older at risk for mpox, including the following:

- Anyone who has or may have multiple or anonymous sex partners; or
- Anyone whose sex partners are eligible per the criteria above; or
- People who know or suspect they have been exposed to mpox in the last 14 days; or
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact.

Vaccination is NOT recommended for travelers who do not also meet at least one of these criteria.

The [mpox vaccine locator](#) can be used to find local vaccine providers.

Treatment

Treatments that have been used during the ongoing Clade IIb outbreak, including tecovirimat, brincidofovir, and vaccinia immune globulin intravenous, are expected to be effective for Clade I MPXV infections.

Patients with mpox benefit from supportive care and pain control that is implemented early in the illness ([Clinical Considerations for Pain Management of Mpox](#)). For information about skin and wound care for individuals with mpox lesions, please visit [Mpox: Caring for the Skin](#) and [Mpox: Treating Severe Lesions](#). For most patients with intact immune systems, only supportive care and pain control is needed. However, supportive care and pain control may not be enough for some patients, for example, those with weakened immune systems. In these cases, [treatment should be considered](#).

Tecovirimat is available by enrolling patients in the STOMP [clinical trial](#) or through an investigational new drug (IND) protocol. Additional information on ordering and prescribing therapeutics is available under resources on the [North Carolina mpox website](#).

Additional Information

[Mpox Communications Toolkit](#)

[Mpox Frequently Asked Questions](#)

[Mpox: What You Need to Know](#)