

Physicians' and Nurse Practitioners' Update

June 1, 2023

From the Office of the Chief Medical Health Officer

Update on Mpox Virus Circulation, Second Dose Promotion in advance of Pride Celebrations

The mpox virus continues to circulate globally; travel-associated cases have been reported this year in BC with limited secondary local transmission. Since May 2022, a total of 197 cases have been reported in BC with the majority (80%) in the Vancouver Coastal Health (VCH) region. Majority of infections continue to be in men and the virus is primarily transmitted through close, skin to skin contact, such as intimate contact during sex. *Clinical presentation among immunized individuals can be mild or atypical*. Cases have presented with single symptom (proctitis without a rash) or atypical papular rash. Please maintain a high index of suspicion for infection in gay, bisexual and other men who have sex with men (gbMSM) who present with modified illness in the context of clinical history, physical exam, and risk factors, with or without a travel history.

Diagnosis: Clinical presentation should guide diagnostic testing:

- If rash/lesions are present: The highest yield is from skin and mucosal lesions. If lesions are present on different areas of the body, use a different swab for different anatomic areas. Swab 2 to 3 lesions per area, unroof vesicles, and/or vigorously swab dry or crusted lesions using a single swab. Swab may be dampened with saline prior to sampling dry lesions.
- If prodromal symptoms are present but no evidence of skin lesions: Collect an oropharyngeal or nasopharyngeal swab, or blood sample. Other sample types can be considered on a case-to-case basis.
- If there is localized pain/swelling in regions such as the throat or rectum or proctitis but no evidence of skin lesions: Collect a swab in or around the affected area such as an oropharyngeal or a rectal swab.

Differential diagnosis is broad and includes syphilis, herpes, molluscum contagiosum, hand, foot and mouth disease, and varicella. Clients being tested should be instructed to limit their contact with others until lab results are obtained, and to expect a call from public health if diagnosis is lab-confirmed.

Tecovirimat (TPOXX) treatment is available for severe infection via consultation with Infectious Disease. Individuals with confirmed or suspected mild to moderate mpox infection can be referred to the Vancouver site of a national **placebo-controlled trial** of TPOXX by contacting the study coordinator (smohajerani@bccfe.ca); the Site PI is Dr. Mark Hull. There is no upper time limit for days since symptom onset. Current or past use of TPOXX constitutes exclusion criteria for the study.

Imvamune® vaccine campaign: Vaccine continues to be available as a two-dose pre-exposure series given at least 28 days apart, administered subcutaneously. Approximately two-thirds of individuals who received their first dose have yet to receive their second dose. Vaccine efficacy in preventing mpox is estimated at 75% for one dose and 86% for two doses; illness in vaccinated recipients is likely to be milder or atypical compared to those unvaccinated. While duration of protection remains unclear, we recommend both doses for robust protection.

In advance of Pride 2023 celebrations, VCH is <u>partnering with community agencies</u> to promote Imvamune® as part of a broader sexual health strategy to eligible individuals. *Please encourage your at risk, eligible patients to be immunized and contact <u>cdcvaccines@vch.ca</u> if you'd like to offer vaccines in your clinic.*

Imvamune® vaccine eligibility includes two-spirit people, transgender people, or cis-gender males who identify as belonging to the gbMSM community and are <u>at risk</u> of virus exposure. Vaccine appointments can be booked at: <u>vchcdimms.janeapp.com</u>. Clinics also consider clients' eligibility for HPV, Hep A and Hep B vaccinations in addition to Imvamune®, and screen for and recommend other services for which a client may be eligible (such as Pre-exposure prophylaxis for HIV or PrEP).

For further information, please visit: www.vch.ca/en/health-topics/mpox.

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900 For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893

<u>Vancouver Coastal Health Medical Health Officers</u> Chief Medical Health Officer: Dr. Patricia Daly