Health Advisory

MPX Vaccine Eligibility Expansion and Recommendations for MPX Clinical Diagnosis

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Expanded Eligibility for MPX Vaccine

In alignment with CDPH's recent eligibility expansion, San Francisco has updated the eligibility for pre-exposure prophylaxis with the MPX vaccine. Added criteria include:

- Persons living with HIV.
- Persons who are taking or are eligible to take HIV PrEP.
- Clinicians who are likely to collect laboratory specimens from persons with MPX.

See the SF MPX vaccine eligibility criteria for full details.

Clinicians who are newly eligible should seek MPX vaccine through their employee health service; existing Jynneos vaccine supply may be used for this purpose. They may also consider becoming an MPX vaccination site if not already or may access vaccination at public sites below.

The following locations are offering MPX vaccines to the public and are prepared to see clinicians newly eligible for vaccination, including those from outside their system:

- ZSFG Hospital: Department of Education and Training (DET) vaccination clinic, 1001 Potrero Ave, Bldg. 30 (see flyer). Walk-ins only, during regular hours M-F 8am-4pm.
- Kaiser Permanente San Francisco: by appointment; call 415-833-9999 to schedule
- AITC Immunization & Travel Clinic: by appointment only, via the AITC website.
- UCSF Health: by appointment only; call 415-502-3566 or use this scheduling link.

Additional MPX vaccination sites and events are posted and updated regularly on this page.

Safe MPX Specimen Collection and New MPX Clinical Recommendations

Specimen Collection. The risk of MPX virus transmission from infected patients to healthcare workers (HCW) is very low. However, a handful of cases of occupationally acquired MPX infection -- primarily related to specimen collection, sharps injury, and poor adherence to use of recommended personal protective equipment -- have been recently described during the current outbreak (see 10/5/22 CDPH Advisory).

Detailed CDPH guidance on safe specimen collection from MPX lesions can be found in this 10/5/22 CDPH Advisory; of note, **providers should NOT de-roof or aspirate the lesion or use sharps** when collecting specimens. In addition, clinicians who are likely to collect laboratory specimens from persons with MPX are now eligible for MPX vaccine (see above).

SFDPH also encourages all HCWs to review and adhere to CDC guidance on MPX infection prevention, proper PPE and specimen collection.

Severe manifestations of MPX among immunocompromised individuals; recommendation for HIV testing of suspect MPX patients. Over 25,000 cases of monkeypox (MPX) have occurred in the US in an outbreak that started in May 2022. Most cases of MPX in the US are mild to moderate in severity, however severe manifestations and death have occurred, mostly in immunocompromised individuals. HIV co-infection with MPX in the US is common (1,2). San Francisco clinicians treating HIV positive individuals or those whose HIV status is unknown should be aware of the rare but possible severe manifestations of MPX infection and how to manage MPX in immunocompromised patients.

Immunocompromised individuals are at higher risk for severe manifestations of MPX. People living with HIV whose CD4 counts are <200 are at greatest risk for significant morbidity or mortality (3). MPX may cause severe symptoms including:

- Rashes with coalescing or necrotic lesions that may require surgical debridement or amputation.
- Rashes associated with secondary infections.
- Bowel lesions leading to tissue edema and obstruction.
- Necrotizing or obstructing lymphadenopathy that may lead to airway compromise.
- Lesions that scar or stricture.
- Involvement of multiple organ systems including lung nodules, encephalitis, transverse myelitis, myocarditis, pericardial disease, conjunctivitis, sight-threatening corneal ulcerations, urethritis, penile necrosis.

Due to the possibility of severe MPX in people with HIV and other forms of immunocompromise, clinicians should:

- Test all patients with suspected or confirmed MPX for HIV, if status is not already known.
- Continue or consider initiating antiretroviral treatment in any individual with HIV and MPX, regardless of CD4 count, unless contraindication exists.
- Keep a low threshold for involving Infectious Disease specialists around decision to use antiviral treatments (tecovirimat, cidofovir or brincidofovir) and limit use of immunosuppressive medications. Consider consultation with ophthalmology, dermatology, urology, and/or surgery for patients with severe manifestations.
- Consider obtaining repeat swabs to assess for persistent MPX DNA in patients with non-healing or recurrent skin lesions.
- Consider treating with tecovirimat early in the course of disease and consider a prolonged course for those with refractory or severe manifestations, or persistent detection on repeat swabs. Modification of the dose, frequency or duration may be necessary in consultation with the CDC clinical consultation service (770-448-7100 or eocevent482@cdc.gov).

References

1. HIV and Sexually Transmitted Infections Among Persons with Monkeypox — Eight U.S. Jurisdictions, May 17–July 22, 2022. September 9, 2022. CDC MMWR Study on MPX and HIV coinfection: https://www.cdc.gov/mmwr/volumes/71/wr/mm7136a1.htm
2. Interim Guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection — United States, August 2022. CDC MMWR. https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e4.htm
3. Severe Manifestations of Monkeypox among People who are Immunocompromised Due to HIV or Other Conditions. CDC Health Alert September 29, 2022. https://emergency.cdc.gov/han/2022/han00475.asp

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