



DEFENSE HEALTH AGENCY
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August 26, 2024

**MEMORANDUM FOR: ALL DEFENSE HEALTH AGENCY MILITARY MEDICAL
TREATMENT FACILITIES**

SUBJECT: Updated Guidance for Medical Treatment Facilities in Response to Mpox

On August 14, 2024, the World Health Organization declared the upsurge of mpox in the Democratic Republic of the Congo (DRC) and several other African countries, a public health emergency of international concern (PHEIC). This is the second PHEIC related to mpox in two years. A previous PHEIC was declared in July 2022 and ended in May 2023. The Defense Health Agency (DHA) monitors human-to-human transmission of mpox among Department of Defense personnel. The current risk of mpox infection to Service members is low.

There are two genetically distinct clades of mpox, clade I and clade II. The 2022-2023 PHEIC involved clade II mpox and spread predominantly, but not exclusively, through sexual contact. The current outbreak in the DRC and neighboring countries involves a new variant of clade I. Historically, clade I causes more severe illness and death as compared to clade II. Both clades can spread through direct contact with infected wild animals, through close contact (including intimate or sexual contact) with a person with mpox, and through contact with contaminated materials (<https://www.cdc.gov/poxvirus/mpox/if-sick/transmission.html>). As of August 2024, no laboratory-confirmed clade I mpox cases have been reported among Military Health System (MHS) beneficiaries since 2022.

This memorandum provides updated information and replaces DHA "Clinical Guidance for MTFs in Response to 2022 Monkeypox Public Health Emergency," dated August 29, 2022. It updates MHS-specific aspects of mpox to include testing, reporting, and public health response activities. Since clinical management guidance is available via multiple sources including the Centers for Disease Control and Prevention (CDC), specific clinical management guidance has been removed.

Upon receipt of this memorandum, please disseminate to all Medical Treatment Facilities.

For further guidance refer to CDC at <https://www.cdc.gov/poxvirus/mpox/index.html> or the links throughout the document or contact your local public health/preventive medicine.

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Attachment:
Guidance Update Mpox

Cc:
Lead, Direct Support Organization, Army
Lead, Direct Support Organization, Navy
Lead, Direct Support Organization, Air Force

GUIDANCE UPDATE – MPOX

August 2024

Direction to MTFs

MTFs will ensure that Clinical Staff are aware of the clinical presentation of mpox, the infection prevention control measures required for patients with suspected mpox and will establish patient workflow processes necessary to prevent transmission of mpox from patients to others within the facility. Specifically, MTF processes, from appointing through clinic visit, pharmacy, and exit from the facility, should minimize the risk of fabric contamination and surface contamination generally, and time spent by suspected mpox patients in communal waiting areas.

Clinicians

Clinicians should be alert for patients presenting with signs and/or symptoms of mpox. It is important to note that patients may present to various health care settings including, but not limited to, primary care, sexual health services, infectious disease clinics, obstetrics and gynecology, emergency departments, and dermatology clinics. Clinicians are expected to familiarize themselves with the clinical recognition and management guidance for mpox that may require use of therapeutics such as tecovirimat. The CDC provides a comprehensive summary at: <https://www.cdc.gov/poxvirus/mpox/clinicians/index.html>. Because of the public health risks associated with a single case of mpox, clinicians should immediately report any suspected (meaning patients that meet the clinical criteria before test results have returned) or tested cases to MTF public health/preventive medicine (PH/PM) in addition to local health department.

Exposure to mpox may necessitate administration of mpox vaccine as post-exposure prophylaxis (PEP). Clinicians should refer to CDC guidance at: https://www.cdc.gov/poxvirus/mpox/interim-considerations/overview.html#anchor_1660077319531.

Testing

Testing should be performed on persons for whom mpox is suspected based on clinical presentation or epidemiologic criteria. The CDC provides up to date clinical testing guidelines at: <https://www.cdc.gov/poxvirus/mpox/clinicians/clinical-testing.html>.

For questions on diagnostic testing, please contact your local Chief of Pathology/Laboratory Manager or the Center for Laboratory Medicine Services (CLMS) at: dha.ncr.clinic-support.mbx.clms@health.mil. Your MTF's Chief of Pathology/Laboratory Manager will provide the specific guidance for sample collection needed at your MTF.

Public Health Coordination with Civilian Partners

Installation Public Health and MTF Preventive Medicine Departments, Sections or

Offices are encouraged to work with State, Local, Tribal and Territorial (SLTT) Health Departments to maintain situational awareness of local conditions and collaborate to ensure consistent approaches to protecting potential at-risk populations.

Precautions/Infection Control in Healthcare Settings

At a minimum, CDC guidance will be used as to prevent the spread of mpox. Activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, vacuuming) should be avoided. CDC guidance for infection control in healthcare settings is available at: <https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control.html>.

Isolation

Installation Public Health Authorities will follow CDC guidance when determining isolation and quarantine requirements for persons with or exposed to mpox available at: (<https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control.html>).

Operational or geographically isolated units should isolate suspected cases and seek assistance from the nearest MTF. MTFs should be prepared to support isolation guidance, as well as in person evaluation, testing, prophylaxis, and treatment of cases.

Case Reporting and Contact Tracing

The overall goal of surveillance, case investigation and contact tracing for mpox is to stop human-to-human transmission and control the outbreak. The key objectives of surveillance and case investigation are to rapidly identify cases and clusters in order to provide optimal clinical care; to isolate cases to prevent further transmission; to identify, manage, vaccinate and follow up contacts; to recognize early signs/symptoms of infection; to protect frontline health workers; to identify risk groups and administer preventive treatment (including vaccination), to those eligible; and tailor effective control and prevention measures. CDC case definitions are available at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>.

MTF laboratories follow notifiable disease reporting requirements. Any laboratory that performs diagnostic testing for mpox should report, as required, test results to SLTT health departments in the patient's state or territory of residence. This includes real-time PCR testing for orthopoxvirus (OPX), non-variola orthopoxvirus (NVO), or mpox virus. All results obtained via use of the Laboratory Response Network (LRN) OPX or NVO PCR tests (positive, negative, equivocal) must be reported to the LRN. Positive results should be reported to MTF PM/PH within 24 hours of testing, or immediately by telephone to the appropriate SLTT health department per the regulations in the appropriate jurisdiction.

MTF PH/PMs are required to report confirmed cases of mpox to local civilian public health within 24 hours of identification. Utilize the local jurisdiction mpox case reporting form to comply with reporting guidelines.

In addition, DHA requires mpox case reporting using the Disease Reporting System internet (DRSi). All suspect, probable, and confirmed cases must be reported within 24 hours of

identification. Cases that initially meet the suspect or probable case classification should be entered into DRSi immediately. If laboratory results subsequently become available, the case classification should be updated for that respective case. Select “Mpox” from the medical event category to report cases of mpox. Prior to reporting, DRSi users need the following information: patient and sponsor DOD ID, first and last name, date of birth, gender, race, service branch, duty status, rank, and date of onset.

Mpox Vaccination

JYNNEOS is licensed by the Food and Drug Administration (FDA) for the prevention of mpox. The FDA-licensed standard dose-route for JYNNEOS administration is 0.5 mL subcutaneously. Although an alternative dose-route (0.1 mL intradermally) has been described during JYNNEOS vaccine shortages, there is no US shortage of vaccine, and the standard dose-route of JYNNEOS is preferred.

CDC guidelines describe appropriate use of mpox vaccination, including patient eligibility. Mpox vaccination recommendations from CDC are available at:

<https://www.cdc.gov/poxvirus/mpox/vaccines/vaccine-recommendations.html>.

Standing Orders. Standing orders are available at <https://health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Preventable-Diseases/Mpox#Mpox>.

Screening patients prior to mpox vaccination. MHS clinics may use the standard age-appropriate screening form (DHA 3111 or DHA 3110) prior to administering JYNNEOS.

Counseling patients prior to mpox vaccination. Adult patients should be given the JYNNEOS Vaccine Information Statement (VIS) before receiving the FDA-licensed standard regimen of JYNNEOS vaccine. The VIS is available at:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.pdf>.

If JYNNEOS is administered to persons under age 18 years, or if JYNNEOS is administered to adults by the alternative dose-route (i.e., 0.1 mL intradermally), these patients or their guardians should receive the JYNNEOS Fact Sheet that covers FDA emergency use authorization (EUA) for vaccine administration available at:

<https://www.fda.gov/media/160773/download>. Standing Orders do not cover mpox vaccination of persons under age 18; appropriate engagement of a privileged provider is required to order mpox vaccination for such patients.

Documenting vaccination. Document JYNNEOS accurately in the electronic health record. Use Current Procedural Terminology (CPT[®]) code 90611 to report administration of JYNNEOS vaccine.

Completing the vaccine series. A complete series of JYNNEOS is 2 doses separated by a minimum of 28 days. Every effort should be made to complete the 2-dose series to optimize vaccine effectiveness. Currently, there is no recommendation for booster dosing.

Ordering JYNNEOS vaccine. Although JYNNEOS is commercially available, MHS clinics

should order JYNNEOS via the USAMMA-DOC portal (<https://www.amlc.army.mil/USAMMA/Distribution-Operations-Center-Vaccine/Vaccine-Ordering/>). Additional guidance for vaccine ordering and logistics may be provided in posted MMQC messages from USAMMA-DOC.

Special situations.

- **ACAM2000 for mpox prevention.** ACAM2000 is live-replicating smallpox vaccine that confers higher risk to vaccine recipients and their close contacts than JYNNEOS vaccine. ACAM2000 may provide some protection against mpox, and on August 29, 2024, the FDA approved a supplemental Biologics License Application for expansion of the indication for ACAM2000 to include the prevention of mpox disease in individuals determined to be at high risk for mpox infection. JYNNEOS is the preferred pre-exposure vaccine, and in the rare event there is a need use ACAM2000 for mpox prevention, clinics should contact DHA Immunization Healthcare Division at 877-GETVACC (877-438-8222) for clinical guidance.
- **Patients who received prior ACAM2000.** People who previously received ACAM2000 may receive JYNNEOS for mpox prevention. Although data are limited on this practice, JYNNEOS may be offered as the standard 2-dose regimen, just as JYNNEOS is offered to other patients.
- **Alternative route-dose administration of JYNNEOS.** FDA authorized and CDC approved an alternative dose-route regimen of JYNNEOS during the mpox PHE of 2022 based on vaccine supply challenges. The alternative regimen is 0.1 mL intradermally. Providers should recognize that only the standard regimen (0.5 mL subcutaneously) is FDA-licensed. There are no current US supply challenges for JYNNEOS. For these reasons, the standard regimen of JYNNEOS administration is preferred.
- **Patients younger than 18 years of age.** JYNNEOS is FDA-licensed for persons ages 18 years and older, but FDA EUA covers administration for persons younger than age 18 years. If JYNNEOS is administered to persons younger than 18 years, only the standard regimen for administration may be used and a privileged provider must order vaccination of such patients.

Orthopox and Mpox Coding

In July 2022 the following CPT[®] Codes were approved:

- CPT[®] 87593 to report the laboratory diagnostic testing for orthopoxvirus
- CPT[®] 90611 to report use of smallpox and monkeypox combined vaccine JYNNEOS
- CPT[®] 90622 to report use of traditional smallpox vaccine ACAM 2000

International Classification of Diseases (ICD) Codes are as follows:

- Z20.828: “Contact with and (suspected) exposure to other viral communicable diseases.”
Use this code to report contact with and suspected exposure to Mpox

- B04: “Monkeypox.” Use this code to report confirmed Mpox diagnosis.

SNOMED CT Code is as follows:

- 359814004: “Monkeypox (disorder)”

Points of Contact

For questions on diagnostic testing, contact your local Chief of Pathology/Laboratory Manager or the Center for Laboratory Medicine Services (CLMS) at dha.ncr.clinic-support.mbx.clms@health.mil.

For questions on immunization, contact the DHA Immunization Healthcare Division 24/7 Support Center at 877-438-8222 (DSN: 761-4245).

For questions about reporting of mpox to DRSi, contact the Defense Health Agency – Public Health Preventive Medicine Division at dha.apg.pub-health-a.mbx.disease-epidemiologyprogram13@health.mil or (410) 417-2377.

Other questions or concerns regarding public health actions and this memorandum generally may be directed to the DHA Public Health Emergency Officer (DHA PHEO) via the DHA Operations Center dha.ncr.Operations-J-3.mbx.dha-ops-center@health.mil.

This memo will be posted on:
https://info.health.mil/hco/phealth/HealthS/ib/IB_Docs/2024%20Monkeypox (CAC required).

Attachment

Reference Links:

Clinical Quick Reference

<https://www.cdc.gov/poxvirus/mpox/clinicians/clinical-guidance.html>

Testing Patients for Mpox

<https://www.cdc.gov/poxvirus/mpox/pdf/MpoxTestingPatients.pdf>

Information For Laboratory Personnel

<https://www.cdc.gov/poxvirus/mpox/lab-personnel/information-for-laboratory-personnel.html>

How to Report Results from Orthopoxvirus, Non-Variola Orthopoxvirus, and Mpox Virus Diagnostic Testing

<https://www.cdc.gov/poxvirus/mpox/lab-personnel/report-results.html>

Guidelines for Collecting and Handling Specimens for Mpox Testing

<https://www.cdc.gov/poxvirus/mpox/clinicians/prep-collection-specimens.html>

Biosafety Laboratory Guidance for Handling and Processing Mpox Specimens

<https://www.cdc.gov/poxvirus/mpox/lab-personnel/lab-procedures.html>

Packaging and Transporting Infectious Substances

<https://www.cdc.gov/smallpox/lab-personnel/specimen-collection/pack-transport.html>

What's New & Updated | Mpox | Poxvirus | CDC

<https://www.cdc.gov/poxvirus/mpox/whats-new.html>

What to Do If You Are Sick

<https://www.cdc.gov/poxvirus/mpox/if-sick/what-to-do.html>

2023 Outbreak in Democratic Republic of the Congo

<https://www.cdc.gov/poxvirus/mpox/outbreak/2023-drc.html>

Mpox Treatment Information for Healthcare Professionals

<https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html>

Infection Prevention and Control of Mpox in Healthcare Settings

<https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html>

Mpox Monitoring and Risk Assessment for Persons Exposed in the Community

<https://www.cdc.gov/poxvirus/mpox/clinicians/monitoring.html>

Outbreaks

<https://www.cdc.gov/poxvirus/mpox/outbreak/index.html>

Information for Health Departments

<https://www.cdc.gov/poxvirus/mpox/health-departments/index.html>

DHA. Vaccine screening forms (DHA 3111 and DHA 3110). <https://health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Preventable-Diseases>