

Mpox Update Summer 2024

On August 14, 2024 the World Health Organization (WHO) declared a global health emergency due to “an escalating crisis of mpox concentrated in the Democratic Republic of Congo,” according to *The New York Times*. The virus has recently spread to a dozen other African countries, and a traveler from Africa was recently diagnosed in Sweden.¹ The WHO warned that the virus has the “potential to spread further across countries in Africa and possibly outside the continent.”² Two years ago the WHO declared a global health emergency during an mpox outbreak that affected nearly 100,000 people in regions around the world. (At that point the virus was widely known as monkeypox. The WHO recommended a new name, mpox, in November 2022.³) In the U.S. in 2022 more than 32,000 individuals were infected, most of them gay and bisexual men and other men who have sex with men (MSM).⁴ This update answers common questions and concerns about the current situation, and what it means for communities in the U.S. most at risk for mpox—gay and bisexual men and transgender women, and especially BIPOC individuals.

How is this outbreak different from the 2022 outbreak?

In the Democratic Republic of Congo (DRC) this year some 15,600 cases and 537 deaths have been reported, most of them children under age 15. This is a different subtype of the mpox virus. The 2022 outbreak which affected the U.S., Europe, and other parts of the world, including Africa, involved Clade II of mpox. A clade is a genetically and clinically distinct group of viruses. The 2024 outbreak, currently focused in central Africa, involves Clade I. Clade I of mpox causes more severe illness and has a much higher mortality rate than Clade II.⁵ Tecovirimat (also known as Tpoxx), the treatment for smallpox which is also effective in treating mpox Clade II, has not been shown effective in treating mpox Clade I, the variant of the virus involved in the current outbreak.⁶ This makes preventing the spread of the current outbreak of mpox all the more critical.

¹ Mandavilli A, “How new mpox epidemic differs from 2022 bout,” *The New York Times*, Friday, August 16, 2024, p. A11.

² World Economic Forum, “WHO says mpox outbreak is a global health emergency, and other top health stories,” August 19, 2024. <https://www.weforum.org/agenda/2024/08/mpox-global-health-emergency-and-other-health-stories-to-read/>

³ World Health Organization. “[WHO recommends new name for monkeypox disease.](https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease)” November 28, 2022. <https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease>

⁴ Mandavilli A, *New York Times*, August 16, 2024.

⁵ *Ibid.*

⁶ National Institutes of Health press release. “The antiviral tecovirimat is safe but did not improve clade I mpox resolution in Democratic Republic of the Congo; NIH-cosponsored study examined tecovirimat in mpox-endemic country.” August 15, 2024.

<https://www.nih.gov/news-events/news-releases/antiviral-tecovirimat-safe-did-not-improve-clade-i-mpox-resolution-democratic-republic-congo>

How is mpox being transmitted in the current outbreak?

Until recently, most mpox cases in the DRC resulted from eating contaminated meat or close contact between infected animals (mostly rodents) and people. Last year researchers discovered a new subtype of mpox, Clade 1b, which appears to be transmitted primarily through sexual relations. Most cases so far have occurred among sex workers, truckers, and transient workers. These individuals often then transmit the virus to their family members through close physical contact. The virus can be transmitted through close contact, including through skin-to-skin contact and contaminated bedding.⁷

What does the 2024 outbreak in Africa mean for me here in the United States?

The WHO declared a state of emergency to mobilize resources and awareness to contain the current increase in mpox infections and to prevent its geographical spread. If you are in a high-risk group, you can protect yourself and help stop the transmission of mpox by getting vaccinated and engaging in risk reduction approaches. The U.S. Centers for Disease Control and Prevention (CDC) recommends that you get vaccinated against mpox if:

- You had known or suspected exposure to someone with mpox
- You had a sex partner in the past 2 weeks who was diagnosed with mpox
- You are 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
- You have 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
- You have a sex partner with any of the above risks
- You anticipate experiencing any of the above scenarios
- You are at risk for occupational exposure to orthopoxviruses (e.g., certain people who work in a laboratory or a healthcare facility).⁸

⁷ *Ibid.*

⁸ Centers for Disease Control and Prevention (CDC), *Mpox Vaccine Recommendations*, updated April 22, 2024.

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

To get vaccinated against mpox, use the mpox Vaccine Locator, linked below, to find an mpox vaccine site near you.

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

If you live in the Boston area, you can get vaccinated at Fenway Health:

Mpox Vaccine at 1340 Boylston Street by Appointments Only

We are now offering mpox vaccine by appointment only, for Fenway Health patients and the public, at our 1340 Boylston Street location in Boston.

- Appointments are available daily and can be made through our mpox line at **617.927.6000**.
- If you are not a patient, then we will register you as one for purposes of the vaccine clinic.
- Vaccinations will be available to individuals who live or work in Massachusetts and meet the [CDC's current eligibility criteria](#), which have recently expanded to include individuals at potential risk for mpox in addition to those with possible recent exposure to an individual with mpox.
- If you are eligible for vaccination, then you will be vaccinated as soon as possible based on the current clinic schedule.
- We will schedule your second dose on your way out.

The CDC also encourages that you reduce your risk in other ways, such as:

Make a habit of exchanging contact information with any new partner to allow for sexual health follow-up, if needed.

Talk with your partner about any mpox symptoms and be aware of any new or unexplained rash or lesion on either of your bodies, including the mouth, genitals (penis, testicles, vulva, or vagina), or anus (butthole). If you or your partner has or recently had mpox symptoms, or you have a new or unexplained rash anywhere on your body, do not have sex and see a healthcare provider. In some cases, symptoms may be mild, and some people may not even know they have mpox.⁹ Info on mpox symptoms can be found here: <https://www.cdc.gov/poxvirus/mpox/symptoms/index.html>

If you or a partner has mpox or think you may have mpox, the best way to protect yourself and others is to avoid sex of any kind (oral, anal, vaginal) and kissing or touching each other's bodies while you are sick. **Especially avoid touching any rash.** Do not share things like towels, fetish gear, sex toys, and toothbrushes.

⁹ CDC, *Safer Sex, Social Gatherings, and Mpox*, updated March 15, 2024.

<https://www.cdc.gov/poxvirus/mpoxmpoxMpx/prevention/sexual-health.html>

Even if you feel well, here are some ways to reduce your chances of being exposed to mpox if you are sexually active:

- Take a temporary break from activities that increase exposure to mpox until you are two weeks after your second dose. This will greatly reduce your risk.
- Limit your number of sex partners to reduce your likelihood of exposure.
- Spaces like back rooms, saunas, sex clubs, or private and public sex parties, where intimate, often anonymous sexual contact with multiple partners occurs—are more likely to spread mpox.
- Condoms (latex or polyurethane) may protect your anus (butthole), mouth, penis, or vagina from exposure to mpox. However, condoms alone may not prevent all exposures to mpox since the rash can occur on other parts of the body.
- Gloves (latex, polyurethane, or nitrile) might also reduce the possibility of exposure if inserting fingers or hands into the vagina or the anus. The gloves must cover all exposed skin and be removed carefully to avoid touching the outer surface.
- Avoid kissing or exchanging spit since mpox can spread this way.
- Masturbate together at a distance without touching each other and without touching any rash.
- Have virtual sex with no in-person contact.
- Consider having sex with your clothes on or covering areas where rash is present, reducing as much skin-to-skin contact as possible. Leather or latex gear also provides a barrier to skin-to-skin contact; just be sure to change or clean clothes/gear between partners and after use.
- Be aware that mpox can also spread through respiratory secretions with close, face-to-face contact.
- Remember to wash your hands, fetish gear, sex toys, and any fabrics (bedding, towels, clothes) after having sex.¹⁰ Learn more about infection control and other risk reduction approaches here:

<https://www.cdc.gov/poxvirus/mpox/prevention/sexual-health.html>

I think I only got the first dose of the JYNNEOS mpox vaccine. What should I do?

JYNNEOS is a two-dose vaccine developed to protect against mpox. Getting both doses provides the best protection against mpox. People who have only received one dose should receive a

¹⁰ *Ibid.*

second dose, even if it has been longer than 28 days since their first dose. To get vaccinated against mpox, use the mpox Vaccine Locator, linked below, to find an mpox vaccine site near you.

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

I am vaccinated against mpox. Should I worry? Should I get a booster?

According to the CDC:

Peak immunity is expected to be reached 14 days after the second dose of JYNNEOS vaccine. Administration of additional vaccine doses (more than 2 doses) is currently not recommended for most people. For people at risk for occupational exposure to orthopoxviruses (e.g., certain research laboratorians§ who work with high concentrations of the virus to develop new vaccines or treatments for mpox), booster doses are recommended at 2-10 years depending on the type of work being performed.¹¹

Vaccine protection persists and boosters are not needed, even if you were vaccinated two years ago. Fenway Health clinicians confirmed this in mid-August 2024 with leaders in the CDC's mpox response team.

Where can I go for more information about mpox?

More information is available at:

<https://fenwayhealth.org/care/medical/Mpox/>

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

https://www.who.int/health-topics/monkeypox#tab=tab_1

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¹¹ CDC, *ACIP Recommendations: Orthopoxviruses (Smallpox and Mpox Vaccines*, July 26, 2024.

https://www.cdc.gov/acip-recs/hcp/vaccine-specific/smallpox-mpox.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/smallpox.html