

Update on Mpox Virus Circulation

On Aug. 14, 2024, the WHO declared a Public Health emergency of international concern due to the rapid increase of a new clade (1b) of mpox, primarily concentrated in the Eastern Democratic Republic of the Congo (DRC), with some spread to neighbouring countries. One travel-related case has been confirmed in Sweden. This outbreak is unrelated to mpox cases detected to date in B.C. and North America, which are caused by clade 2b. Clade 2, which causes less severe disease than clade 1, first appeared in North America in 2022 and primarily affects gay, bisexual and other men who have sex with men (gbMSM). Beginning in 2022, people in B.C. with risk factors for mpox have been eligible for two-doses of Imvamune™ vaccine, which has helped reduce cases significantly. There have been no documented cases of clade 1 in B.C. to date. Current outbreaks in Africa don't increase the risk for gbMSM in B.C. The risk to the general population remains low.

Epidemiological Update: As of Aug. 13, 2024, there have been 230 confirmed cases of mpox reported in B.C. since the first case was detected in June of 2022, with most cases identified in the VCH region. After the initial outbreak in 2022, high vaccination rates among those eligible have reduced local transmission. In 2024, there have been 21 confirmed cases in B.C., with all cases in VCH occurring among the gbMSM population. Most cases have occurred from close contact during sex, predominantly among unimmunized or under-immunized (1 dose) individuals. These cases are unrelated to the ones reported in central and eastern Africa. There have been no cases of the African clades of mpox identified to date among Canadian travellers; the risk to Canadians from the African outbreak is considered very low. Epidemiological information regarding the outbreak in Africa is available at the WHO website: <https://www.afro.who.int/news/scaling-response-curb-growing-mpox-outbreak-african-region>

Clinical Presentation: Infections typically have two clinical phases. The prodromal phase typically lasts 1-5 days, with flu-like symptoms like fever, chills, headache, muscle pain, and fatigue. Rashes appear 1–3 days later and frequently involve oral, inguinal and/or perianal regions, which generally progress from macules to papules, vesicles, and pustules, before crusting and scaling.

Diagnostics: Clinical judgement should guide testing for mpox, based on history, physical exam, and risk factors. The differential diagnosis is broad and includes: syphilis, herpes, molluscum contagiosum, hand, foot and mouth disease, and varicella. If skin/mucosal lesions are present, testing can be done using the swab for HSV/VZV (UTM, COPAN Blue Top). During the prodromal phase, alternate samples (urine, EDTA blood, oropharyngeal) can be collected following consultation with a medical microbiologist. Standard precautions i.e. gloves, are recommended.

Management: Clinical management of individuals diagnosed with mpox is largely supportive. People who have received two doses of the mpox vaccine usually have milder infections compared to unvaccinated cases. Antiviral treatment may be considered for severe cases following consultation with an infectious disease specialist. All lab-confirmed cases of mpox will be contacted by Public Health for contact tracing. High-risk contacts may be offered vaccination as post-exposure prophylaxis, which may prevent infection or reduce illness severity. Close contacts should monitor for symptoms, which may appear five days to 3 weeks after exposure.

Prevention: While the African mpox outbreaks do not increase the mpox risk for gbMSM in B.C., the vaccine remains available for those at risk of local exposure. Currently, pre-exposure vaccination is not recommended for travellers, and the vaccine is not available for private purchase. Travellers to regions with mpox clade 1b outbreaks are at very low risk of mpox but should avoid close contact with people with symptoms consistent with mpox, observe hand and respiratory hygiene and safer-sex practices, and avoid consumption of bushmeat and direct contact with rodents and other animals in affected areas. A pre-travel consult is recommended for all travellers to Africa, available by appointment at the VCH Travel Clinic by calling (604) 736-9244 or online: <https://www.vch.ca/en/location-service/vch-travel-clinic-vaccination-clinic>

B.C. Pre-exposure Vaccination Eligibility: In B.C., eligibility for two doses of Imvamune™ vaccine (given at least 28 days apart), includes Two-Spirit and transgender people and cisgender males who self-identify as belonging to the gay, bisexual, and other men who have sex with men community and at least one of the following:

- Have sex with more than one partner;
- Have sex with a partner who has more than one partner;
- Have casual sex;
- Engage in sex work as a worker or a client.

In VCH, vaccination is available at select pharmacies and community health centres: <https://www.vch.ca/en/service/mpox-vaccinations#short-description--15651> More information for clinicians on mpox is available at the [BCCDC mpox resources site](#).

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900
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