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March 29, 2023**Mpox Outbreak and Public Health Response — Alaska, 2022****Background**

Mpox (previously “monkeypox”) is a disease caused by the mpox virus. Before 2022, the monkeypox virus was found mainly in Central and Western Africa. Since early May 2022, an outbreak of mpox has been occurring in numerous countries where the disease is not endemic, including the United States.¹ On August 4, mpox was declared a federal public health emergency and as of December 31, 2022, there have been 29,934 mpox cases recorded nationwide.²

Mpox symptoms often include a rash anywhere on the body and may umbilicate (the center may open or sink in) before scabbing over and resolving, usually over a period of 2–3 weeks. Mpox is mainly spread through direct contact with lesions on someone infected.³ The 2022 outbreak in the US primarily occurred among men who have sex with men (MSM) who have multiple or anonymous sexual partners; sustained transmission outside of MSM sexual networks was not documented. Vaccines are available to protect against mpox or to reduce disease severity.

This *Bulletin* describes the Alaska Division of Public Health’s (DPH) response to mpox during 2022, summarizes cases and testing, and outlines current recommendations.

Response Actions

Mpox response activities led by DPH included:

- Providing educational resources to clinicians and the general public on mpox, including information on routes of transmission, signs and symptoms of illness, testing, treatment, and vaccination.
- Performing orthopoxvirus diagnostic testing at the Alaska State Public Health Laboratory.
- Investigating mpox cases, including patient interviews and contact tracing to identify close contacts.
- Providing post-exposure prophylaxis to close contacts.
- Pre-positioning mpox treatment courses (“TPOXX”) at select locations statewide.
- Distributing JYNNEOS vaccine to clinics and public health centers statewide and vaccinating eligible persons.

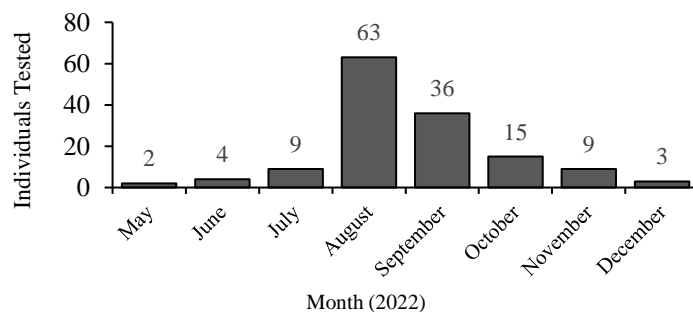
Cases and Testing

The first case of mpox in Alaska was detected on July 28, 2022. As of December 31, 2022, four additional cases (probable or confirmed) of mpox were reported in Alaska residents. All cases occurred during July–September 2022; the median age of cases was 34 years. Of the five cases identified, four (80%) were male, 4 (80%) were residents of Anchorage, and three (60%) reported out-of-state travel in the 21 days before symptom onset. There were no mpox-related hospitalizations or deaths reported in Alaska.

As of December 31, 2022, 141 people in Alaska were tested for mpox, yielding a 3.6% positivity rate. Most (84; 60%) were conducted on males; 70% (n=99) were conducted during August and September (Figure).

Vaccine Distribution and Administration

Alaska’s initial federal allocation of JYNNEOS vaccines contained limited doses due to Alaska’s low mpox case count. Vaccine eligibility guidance evolved over time to reflect expanding availability of vaccine. Key strategies for vaccination included collaboration with providers who care for people living with HIV and clinics that serve persons at elevated risk for mpox. The JYNNEOS vaccine is currently available in all public health regions of Alaska for people who self-identify as being at increased risk for infection (see Recommendations #1), or who

Figure. Number of Persons Tested for Mpox, by Month, Alaska*

*Includes tests performed at ASPHL and commercial laboratories

are exposed. As of December 31, 2022, 694 people had received a first dose of JYNNEOS in Alaska and 485 (69.9%) received the recommended second dose. Most (84.2%) doses administered were to males; 72.8% of doses with location data recorded were administered in the Anchorage/Mat-Su region.

Summary

During 2022, the Alaska Division of Public Health was engaged in a range of actions in response to the global mpox outbreak. Over 140 people were tested for mpox in Alaska, five probable or confirmed cases were identified, and nearly 700 high-risk individuals received at least one dose of the JYNNEOS vaccine.

The national incidence of mpox peaked in August 2022 and has decreased considerably in recent months.² The federal mpox public health emergency ended on January 31, 2023. DPH continues to closely monitor mpox transmission trends and facilitate access to testing, treatment, and vaccination.

Recommendations

1. Persons who identify as being at increased risk for mpox (e.g., men who have sex with men who have multiple or anonymous partners) should complete a 2-dose series of JYNNEOS.
2. Avoid close contact, including hugging, kissing, cuddling, and sexual activity with people recently diagnosed with mpox or who recently might have been infected with mpox.
3. Avoid sharing towels, clothing, bedding, or other objects (e.g., sex toys) with someone who has mpox symptoms.
4. Sexually active persons should always talk to their partner(s) about any recent illnesses and be aware of new or unexplained lesions on their own body or their partner’s body.
5. People who think they may have been exposed to mpox or who have new or unexplained lesions should consult with a health care provider about vaccination, testing, and treatment.⁴
6. Health care providers evaluating patients with suspected mpox should take sexual and travel histories and consider testing for alternative etiologies (e.g., varicella zoster virus and herpes simplex virus).
7. Health care providers should promptly report all laboratory-confirmed cases of mpox by faxing a disease report form to 907-561-4239 or via telephone at 907-269-8000.

References

1. CDC (2023, February 14). 2022 Mpox Outbreak Global Map. Centers for Disease Control and Prevention. Retrieved February 22, 2023, from <https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>
2. CDC. (2023, January 11). 2022 U.S. Map & Case Count. Available at: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>
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4. Alaska Division of Public Health. Mpox (Monkeypox) Information for Health Care Providers. Retrieved March 22, 2023, from <https://health.alaska.gov/dph/Epi/id/Pages/Monkeypox-Providers.aspx>