



## COMMONWEALTH of VIRGINIA

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### **Mpox and Syphilis Updates for Virginia**

October 29, 2024

Dear Colleague:

This letter provides updates on the mpox clade I outbreak in Central Africa and syphilis in Virginia.

#### **Clade I Mpox Outbreaks in Central and Eastern Africa**

On September 23, CDC released a [Health Alert Network \(HAN\) update](#) with prevention strategies for U.S. travelers to countries in Central and Eastern Africa with ongoing clade I mpox virus (MPXV) outbreaks. To date, there are no reported cases of clade I MPXV in Virginia or the United States. Healthcare providers should continue to follow [CDC's current vaccine guidance](#) to prevent infection with clade II MPXV, which continues to circulate in the United States. This will also help protect against clade I MPXV.

During pre-travel health visits, healthcare providers are recommended to:

- Discuss mpox prevention and risk reduction strategies with all travelers to countries with ongoing clade I MPXV spread between people. Currently, these countries include Burundi, Central African Republic, Democratic Republic of the Congo (DRC), Republic of the Congo, Rwanda, and Uganda. This list will be updated on [CDC's webpage](#) as needed.
- Ask about travel plans, including anticipated sexual activity during travel. Educate patients about the [activities that increase risk](#) for mpox exposure, including exposure through sexual contact (regardless of sexual orientation or gender identity) associated with clade I MPXV.
- Recommend the two-dose JYNNEOS vaccine series to adults, regardless of gender identity or sexual orientation, if they are traveling to a country where clade I MPXV is spreading between people AND they expect to take part in any of the following:
  - Sex with a new partner
  - Sex at a commercial sex venue, like a sex club or bathhouse
  - Sex in exchange for money, goods, drugs, or other trade
  - Sex in association with a large public event, such as a rave, party, or festival

- It is best to start the vaccine series at least six weeks before travel, as the two doses should be given 28 days apart and it takes 14 days after the second dose for immunity to peak.

MPXV clade testing is available through [Virginia's Division of Consolidated Laboratory Services](#) (DCLS); **testing requires coordination with the local health department (LHD).**

- If a patient with suspected mpox traveled to DRC or any neighboring country (Republic of the Congo, Central African Republic, Rwanda, Burundi, Uganda, Zambia, Angola, Tanzania, South Sudan) or had contact with someone with mpox symptoms who traveled to any of the above countries in the 21 days before symptom onset, contact the LHD for approval to send specimens to DCLS for clade testing.
- For testing at DCLS, collect multiple paired dry swabs of lesions and place swabs in separate sterile tubes without viral transport media (VTM). Swab lesions vigorously but do not unroof or aspirate lesions.
- Clade testing is not yet widely available at commercial labs. Specimens from patients suspected of having clade I MPXV must go to DCLS.

For more information, please refer to the [VDH Mpox Webpage for Healthcare Providers and Integrating Mpox into Sexual Health and HIV Care.](#)

### **Syphilis in Virginia**

Despite statewide efforts to combat the significant increase in cases of syphilis described in my [July 2024 letter](#), Virginia is on pace to [meet or exceed](#) the number of congenital syphilis cases reported in 2023. In an effort to avert cases of congenital syphilis, VDH has purchased a supply of Bicillin L-A™ to be made available to providers of pregnant patients with an identified syphilis infection.

If you do not have access to Bicillin L-A™ or continue to experience a lack of Bicillin L-A™ resulting from the shortage which ended earlier this year, please request VDH Bicillin L-A™ by [clicking here](#). This resource is only currently available for patients who are pregnant. VDH Central Pharmacy will dispense the medication and ship it directly to the provider's office for administration.

The Bicillin L-A™ shortage has resolved for Bicillin L-A 1,200,000 [iU]/2 ml and 2,400,000 [iU]/4 ml doses. Clinicians should not encounter barriers ordering these formulations. The Bicillin L-A™ 600000 [iU]/1 ml remains in shortage with an anticipated recovery date of March 2025. For the most up to date information please see the [U.S. Food and Drug Administration website](#).

Thank you again for your continued partnership in keeping Virginians safe and healthy.

Sincerely,

Karen Shelton, MD  
State Health Commissioner