USAFRICOM GUIDANCE AND INFORMATION REGARDING MPOX VIRUS

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To: 3 AF RAMSTEIN AB GE, CDR USCENTCOM MACDILL AFB FL, CDR USEUCOM EPOC JOC VAIHINGEN GE, CDR USSOCOM MACDILL AFB FL, CDR USTRANSCOM SCOTT AFB IL, CDR USTRANSCOM TCJ3 SCOTT AFB IL, COMSOCAFRICA STUTTGART GE, CDR USAREUR-AF WIESBADEN GE, CDR SETAF-AF VICENZA IT, CJTF HOA, COMMARFORAF STUTTGART GE, COMMARFORAF STUTTGART GE, HQ USAFE A3 RAMSTEIN AB GE, HQ USAFE CC RAMSTEIN AB GE, HQ USAFE COMMAND CENTER RAMSTEIN AB GE, TASK FORCE 94-7, JOINT STAFF J3 CAT WASHINGTON DC, JOINT STAFF J3 DEP-DIR GLOBAL OPS WASHINGTON DC, JOINT STAFF J3 DEP-DIR ATHD WASHINGTON DC, COMUSNAVEUR COMUSNAVAF NAPLES IT, CDR USEUCOM J3 DIRECTORATE VAIHINGEN GE

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RUEHAN/AMEMBASSY ANTANANARIVO
RUEHAE/AMEMBASSY ASMARA
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REF/A/DOC/-/WHO/14AUG24//
REF/B/DOC/-/CDC/15AUG24//
REF/C/DOC/-/WHO/02AUG24//
REF/D/DOC/-/CDC/15MAR22//
REF/E/DOC/-/AFHSD/13AUG24//
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NARR/(U)
Ref A is the World Health Organization Declaration of the Mpox Outbreak as a Public Health Emergency of International Concern.
Ref B is the Centers for Disease Control and Prevention Mpox 2023 Outbreak in Democratic Republic of the Congo.
Ref C is the World Health Organization Overview of the 2022-24 Mpox Outbreak: Global Trends.
Ref D is the Centers for Disease Control and Prevention Signs and Symptoms of Mpox.
Ref E is the Armed Forces Health Surveillance Division Health Surveillance Update.
Ref F is Travax Africa: Mpox Public Health Emergency of International Concern.
Ref G is the Centers for Disease Control and Prevention How It Spreads.
Ref H is the Centers for Disease Control and Prevention Health Update for Prevention Strategies for Mpox.
Ref I is the Centers for Disease Control and Prevention Information for Healthcare Providers.
Ref J is the Centers for Disease Control and Prevention Mpox Monitoring and Risk Assessment for Persons Exposed in the Community.
Ref K is the Centers for Disease Control and Prevention Infection Prevention and Control of Mpox in Healthcare Settings.
Ref L is the Centers for Disease Control and Prevention Mpox Vaccination.
Ref M is the ACI 4200.09B Force Health Protection Requirements and Medical Guidance for Entry into the U.S. Africa Command Theater.
Ref N is Defense Health Agency Memorandum for All Defense Health Agency (DHA) Medical Treatment Facilities (MTFs).//

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GENTEXT/REMARKS/
1. (U) Summary: On 14 Aug 24, the World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC) for Mpox due to the spread of a novel Mpox Clade Ib outside of the Democratic Republic of the Congo (DRC) (Ref A). The PHEIC is the second for Mpox; as the first global outbreak for Mpox Clade II began in May 22. Clade Ib was first reported in 2023 and is considered a different and typically more severe variant of Mpox (Ref B). Clade Ib
is endemic in DRC, however the size and urbanicity of the outbreak, international spread, and confirmed transmission through close contact
and sexual transmission creates high likelihood of additional spread of the disease. Guidance is needed to maintain force readiness by

ensuring appropriate surveillance protocol, diagnostic capabilities, and clinical guidance and care for USAFRICOM personnel at risk for contracting Mpox.

2. (U) Background.
2.A. (U) Mpox is a disease caused by infection with Mpox (previously monkeypox) virus. Mpox virus is part of the same family of viruses of
the genus Orthopoxvirus, which causes smallpox. While smallpox was eradicated in 1980, Mpox has continued to occur in countries in central and western Africa since 1980. Despite having symptoms similar to smallpox, Mpox symptoms are milder and the disease is rarely fatal. There are two genetic Clades of Mpox; Clade I and Clade
II. Clade I causes more severe disease and has a higher mortality rate
of up to 11%, but more commonly ~3% fatal for Clade 1b, compared to 0.3% fatal for Clade II. (Ref C). Clade Ib is assessed as overall low
risk, but transmission occurs in men, women and children, while Clade II is primarily seen among adult men.
2.B. (U) Known primarily for its characteristic rash with lesions that
scab over, the characteristic Mpox rash can occur on the palms of hands, soles of feet, perianal or genital areas, or elsewhere on the body.
2.C. (U) Sixteen USAFRICOM countries have had confirmed Mpox cases, both Clade I and II, during 2024 (Ref E). On 16 Aug, the European Centers for Disease Control and Prevention (CDC) reported the confirmed case of Clade Ib in Sweden (Ref E). A list of countries with reported cases, Clade, deaths, and geographic locations can be found on Travax (Ref F).

3. (U) Mpox symptoms.
3.A. (U) Mpox symptoms can include: fever, headache, muscle aches, backache, swollen lymph nodes, chills, exhaustion, and a characteristic rash/sores (sometimes located on or near the anus or genitals, but also could appear on the hands feet, chest, or face).
3.B. (U) Mpox is not contagious to others until symptoms begin. The incubation period (the time from infection with Mpox to the time symptoms appear) is 3 to 17 days on average (Ref D). People with Mpox
are considered contagious until all lesions have healed.
3.C. (U) Typically, the Mpox has had a characteristic rash with lesions that scab over. However, current clinical presentations can differ from typical Mpox, with fewer persons experiencing prodrome such as fever and more experiencing genital rashes.

4. (U) Transmission.
4.A. (U) Mpox can spread to anyone through close, personal, and skin-to-skin contact including: direct contact with Mpox rash, sores, or scabs; contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with Mpox; and through respiratory droplets or oral fluids from a person with Mpox (but is much less transmissible through the airborne route than viruses such as COVID-19 or influenza) (Ref G). There is no evidence of routine transmission on common surfaces such as door handles, restrooms, gymnasiums, or public transit.
4.B. (U) Direct contact with infected animals can spread Mpox; therefore, personnel shall avoid contact with local animals. Per USAFRAICOM General Order 1, unit mascot and pet adoption is strictly prohibited.

4.C. (U) Additionally, those who engage in activities that increase risk for Mpox exposure and travel to a country where ongoing transmission of Clade I Mpox may be identified at higher risk for exposure to Mpox (Ref H).

5. (U) Suspected /confirmed cases.
5.A. (U) Clinicians should test persons with rash consistent with Mpox, regardless of whether the rash is disseminated or was preceded by prodrome IAW Refs I and N.
5.B. (U) Those with suspicious rashes should immediately isolate themselves from others and seek medical evaluation. Symptomatic individuals with suspected exposure should inform the MTF or healthcare provider to protect the individual, other patients, and the
healthcare provider. Installations shall identify a place to isolate individuals with suspected or confirmed Mpox, preferably with its own bedroom or bathroom where feasible (Ref N).
5.C. (U) Clinicians shall alert their local-Public Health department. This is required to ensure testing and exposure risk assessments for close contacts. For the patient or close contacts, consider available
medications and vaccinations.
5.D. (U) For patients with suspected or confirmed Mpox, isolation precautions should be continued until cleared by public health officials after all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed. This usually takes 2-4 weeks from the beginning of prodrome symptoms. Decisions regarding discontinuation of isolation precautions at a healthcare facility should be made in consultation with infection control and Public Health.
5.E. (U) Individuals with suspected or confirmed Mpox will not travel internationally until a medical provider recommends release from isolation.

6. (U) Testing.
6.A. (U) Department of Defense (DoD)-participating laboratories and the Laboratory Response Network (LRN) can provide Orthopoxvirus testing for lesion specimens that clinicians obtain from suspected patients; confirmatory Mpox virus-specific and Clade-specific testing requires a dry lesion swab specimen.
6.B. (U) All USAFRICOM lab samples shall preferentially go to Landstuhl Regional Medical Center (LRMC) or another DoD LRN laboratory. Role 1 and 2 units will ship specimens to Role 3s for coordination and shipment to LRMC. Contact MAJ Jason R. Smedberg, Chief, Infectious Disease Laboratories, at jason.r.smedberg.mil@health.mil, for any questions and instructions on
specimen collection and shipment.
6.C. (U) Lab testing may also be offered by host nation facilities; for further information on accepting laboratories or hospitals contact
International SOS (Intl. SOS) Call Center (24/7/365) at +44 20 8762 8384.

7. (U) Contacts and Contact tracing.
7.A. (U) Contacts with animals or people confirmed to have Mpox should
be monitored for symptoms for 21 days after their last exposure (Ref J). All deployed medical facilities will establish a process for conducting appropriate contact tracing of any suspected or confirmed cases.
7.B. (U) Individuals exposed to a person with Mpox can continue their

routine daily activities including travel as long as they do not have signs or symptoms consistent with Mpox.
7.C. (U) Post exposure risk assessments and recommendations IAW Ref J.

8. (U) Personal Protective Equipment (PPE) in Healthcare Setting.
8.A. (U) PPE used by healthcare personnel who enter the patient's room
should include: gowns, gloves, eye protection, National Institute for Occupational Safety and Health (NIOSH) approved particulate respirator
equipped with n95 filters or higher (Ref K).
8.B. (U) Waste management should be performed in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations (Ref K).
8.C. (U) Standard cleaning and disinfection procedures should be performed using an Environmental Health Protection Agency (EPA) registered hospital-grade disinfectant (Ref K).

9. (U) Case Reporting.
9.A. (U) MTF providers are required to notify MTF public health staff immediately when Mpox cases are suspected to ensure that appropriate contact-tracing and reporting is completed.
9.B. (U) Based on the current CDC case definition, the MTF will report
suspect, probable and confirmed cases of Mpox within 24 hours using the "Mpox" medical event in Disease Reporting System Internet (DRSI) (Ref N).
9.C. (U) MTFs or Commands with confirmed or suspected cases shall notify their Public Health Emergency Officers (PHEOs) who shall forward the information up the chain of command to USAFRICOM Force Health Protection (FHP).
9.D. (U) MTFs and healthcare providers should respect host nation public health reporting requirements.

10. (U) Treatment.
10.A. (U) Many people infected with Mpox virus have a mild, self-limiting disease course in the absence of specific therapy.
10.A.1. (U) Currently, there are no specific Federal Drug Administration (FDA) treatments approved for Mpox infection, although some antivirals used to treat smallpox may be beneficial for high-risk
populations.
10.A.2. (U) There are 4 available smallpox therapeutics (Tecovirimat, Brincidofovir, Cidofovir, and Vaccinia Immune Globulin) which may be considered for individuals who have developed severe manifestations of
Mpox.
10.B. (U) Inquiries about medical evaluation and evacuation for individuals forward deployed to remote locations should contact International SOS (Intl. SOS) Call Center (24/7/365) at +44 20 8762 8384.

11. (U) Vaccines. Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).
11.A. (U) There is only one FDA approved vaccine, JYNNEOS, which may be considered for Mpox Pre-Exposure Prophylaxis (PrEP).
11.A.1. (U) Those who meet U.S. CDC risk criteria to obtain PrEP should discuss Mpox vaccination with their primary Healthcare provider
IAW Refs L and M.
11.A.2. (U) MTFs should continue to follow Mpox vaccine order

instructions as issued by the Defense Health Agency (DHA).
11.B. (U) Personnel should continue to follow all USAFRICOM theater entry requirements IAW Ref L.
11.B.1. (U) Recommendations for unit-wide or travel related vaccinations are not anticipated; however, there may be case-by-case determinations where personnel in close quarters are deemed exposed.
11.B.2. (U) Units may consult the USAFRICOM Command Surgeon's office or Component Surgeon's Office for additional insight.

12. (U) Travel to the USAFRICOM Area Of Responsibility (AOR).
12.A. (U) Travelers to the USAFRICOM AOR should continue to follow the latest CDC guidelines and adhere to the Host Nation requirements found in the Electronic Foreign Clearance Guide (EFCG).
12.B. (U) Currently, there are no USAFRICOM Mpox vaccine requirements or Mpox vaccine Host Nation entry requirements.
12.C. (U) Commanders will educate their personnel traveling to countries listed in Ref E about the risk for Mpox and how exposure can be avoided.
12.D. (U) Units may consult the USAFRICOM Command Surgeon's office or Component Surgeon's Office for additional insight or updates on screening, travel restrictions, and Mpox vaccine entry requirements.
12.E. (U) Travelers will continue to follow FHP guidance, policies, and procedures IAW Ref L.

13. (U) Points of Contact.
13.A. (U) USAFRICOM J004 (Office of the Command Surgeon). Lt Col Dianne Frankel, DSN: 324-591-0705, comm: +49 (0)711-591-0705, SIPR email: dianne.n.frankel.mil@mail.smil.mil, NIPR email: dianne.n.frankel.mil@mail.mil.
13.B. (U) Force Health Protection Group Organization Mailbox: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.
13.C. (U) USAFRICOM 24-Hour Contact. USAFRICOM Joint Operations Center (JOC), USAFRICOM JOC Operations Officer, DSN 314-421-4050, comm: +49 (0)711-7294050, SIPR email: jopcopsoff@usafricom.smil.mil.
13.D. (U) J332, Current Activities. DSN: 324-591-3174, SVOIP: 304-421-3174, SIPR email: africom.stuttgart.acj3.list.j332-operations-branch@mail.smil.mil.
13.E. (U) JOC Chief of Operations. DSN 314-432-3133, SVOIP: 304-421-3926, TSVOIP: 312-432-2133, DRSN: 80-432-2133, comm: +49(0)711-680-3133, SIPR: africom.stuttgart.acj3.mbx.joc-chops@mail.smil.mil.

14. (U) This GENADMIN is approved for release by COL Michael I. Cohen, USAFRICOM Command Surgeon, J004.//

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