

April 18, 2024

From: Kansas Department of Health and Environment – Division of Public Health

To: Healthcare Providers and Local Health Departments

RE: Classification of Monkeypox Virus (MPXV) Diagnostic Samples and Waste

Summary

- The Democratic Republic of the Congo (DRC) continues to experience an outbreak of Clade I Monkeypox virus (MPXV). While the risk for Clade I Mpox cases in the U.S. remains low and there are currently no cases in the U.S., several federal agencies are working to improve readiness in the event of a Clade I Mpox outbreak.
- The U.S. Department of Transportation (DOT) recently released updated guidance regarding the transportation and disposal of material suspected or confirmed to contain MPXV; diagnostic samples and medical waste from both Clade I and II MPXV can be managed as Category B regulated medical waste. This applies to both patients under investigation (PUIs) and patients with confirmed illness.
- MPXV Clade I viral cultures should continue to be managed as Category A medical waste, as they contain higher concentrations of virus than other sample types and present a greater risk of infection upon exposure.

Situation

Currently, there is an outbreak of concern of Clade I Mpox in the DRC. To date, there have been no reported cases of Clade I Mpox in the U.S. and no evidence of transmission of Clade I MPXV outside of endemic countries of central Africa, including DRC. While the risk for Clade I Mpox cases in the U.S. remains low, several federal agencies are working to improve readiness in the event of a Clade I Mpox outbreak, including preparing for the transportation of samples and disposal of material suspected or confirmed to contain Clade I MPXV.

Background

Mpox (formerly known as monkeypox) is a viral disease caused by infection with the MPXV. There are two types of MPXV: Clade I and Clade II. Both clades cause Mpox disease in humans. Human disease associated with Clade II MPXV infection is typically less severe and associated with less human-to-human transmission compared to infections with Clade I MPXV. Consequently, previous recommendations for classifying and managing materials containing or contaminated with MPXV have differed based on the clade of the virus.

However, the U.S. Department of Transportation (DOT) Pipeline and Hazardous Materials Safety Administration (PHMSA) recently released a [Safety Advisory Notice](#) with updated guidance that clarifies MPXV classification. Based on current

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information, it has been determined that both diagnostic samples and medical waste generated during the care of patients with either Clade I or II of MPXV can be managed as Category B regulated medical waste. This applies to both patients under investigation (PUIs) and patients with confirmed illness.

MPXV Clade I viral cultures should continue to be managed as Category A medical waste as they contain higher concentrations of virus than other sample types and present a greater risk of infection upon exposure. In Kansas, medical services waste means solid waste generated during care of patients which has the potential to transmit disease or cause injury. Under prior guidance, all Clade I MPXV medical waste was to be treated as Category A. See the Kansas Department of Health and Environment (KDHE) [Medical Services Waste Guidance Document](#) for an overview of the proper management of medical services waste based on Kansas regulations regarding medical services waste (K.A.R. 28- 29-27).

Infection Prevention and Control

- [Healthcare personnel](#) who evaluate and provide care to patients with mpox and [laboratory personnel](#) should continue to follow existing CDC guidance on infection prevention and control for mpox. These are effective in minimizing transmission.
- Healthcare and laboratory personnel should review [Biosafety Laboratory Guidance for Handling and Processing Mpox Specimens](#) for recommended laboratory procedures and biosafety guidelines when collecting, handling, and processing specimens.
- Timely communication between clinical and laboratory staff is essential to minimize the risk of laboratory transmission when handling and testing specimens from patients with possible mpox. Label specimens accordingly and alert the receiving laboratory to ensure that specimens are appropriately handled.

Recommendations for Clinicians Evaluating Patients

- Clinicians should continue to test for MPXV in patients who have a rash illness consistent with mpox. Follow [specimen collection guidelines](#) (including collection of two dry swabs per ~two to three lesions) to ensure specimen availability for testing.
- Clinicians should be suspicious of Clade I MPXV in patients with illnesses that are consistent with mpox and who have traveled to DRC, or who have had contact with those who have traveled to DRC within 21 days prior to illness onset.

Recommendations for Vaccinating Patients

JYNNEOS is a 2-dose vaccine developed to protect against mpox and smallpox. Initial data show that JYNNEOS vaccine is effective, regardless of MPXV Clade. The Advisory Committee on Immunization Practices (ACIP) recommends that people ≥18 years of age with [risk factors for mpox](#) be vaccinated, before an exposure, with two doses of the JYNNEOS vaccine 28 days apart unless they were previously infected with MPXV or already received two doses. Eligible patients who have received one dose of the JYNNEOS vaccine should receive the second dose as soon as possible, regardless of the amount of time that has elapsed since the first dose. Patients and

clinicians can refer to the [KDHE mpox vaccine finder](#) to identify providers with JYNNEOS vaccine.

Reporting Requirements and Free Testing Options

[Kansas Administrative Regulation 28-1-2](#) requires mandated reporters, such as clinicians and laboratories, to report [suspected and confirmed cases of mpox](#) to the 24/7 KDHE Epidemiology Hotline at 877-427-7317, option 5 **within four hours of suspicion of disease**, regardless of laboratory evidence. MPXV testing is available commercially in Kansas. The Kansas Health and Environmental Laboratories (KHEL) has capacity for free MPXV PCR testing and clade identification for patients meeting [clinical and epidemiological criteria](#). **Prior authorization is required** for KHEL PCR testing by contacting the 24/7 KDHE Epidemiology Hotline.

Resources

- [KDHE Management of Diagnostic Samples and Medical Waste Generated During the Care of Mpox Patients \(4/5/2024\)](#)
- KDHE Bureau of Waste Management [Medical Waste Guidance Document](#)
- [U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration Safety Advisory Notice: Classification of MPXV Diagnostic Samples and Waste \(3/11/2024\)](#)
- [Lab Advisory: Guidance for Specimens and Clinical Waste Suspected to Contain Clade I Monkeypox Virus \(cdc.gov\) \(3/15/2024\)](#)
- [Infection Prevention and Control of Mpox in Healthcare Settings](#)
- [Biosafety Laboratory Guidance for Handling and Processing Mpox Specimens](#)
- [Clinical Management and Infection Prevention and Control for Mpox | WHO](#)
- [CDC Mpox Vaccine Recommendations](#)
- [Interim Clinical Treatment Considerations for Severe Manifestations of Mpox — United States, February 2023 | MMWR \(cdc.gov\)](#)