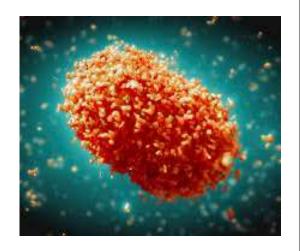




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- There two types of the virus that causes mpox
 - Clade I endemic to Central Africa, especially Democratic Republic of Congo (DRC)
 - Clade II endemic to West Africa
 - Modes of transmission and prevention strategies are similar



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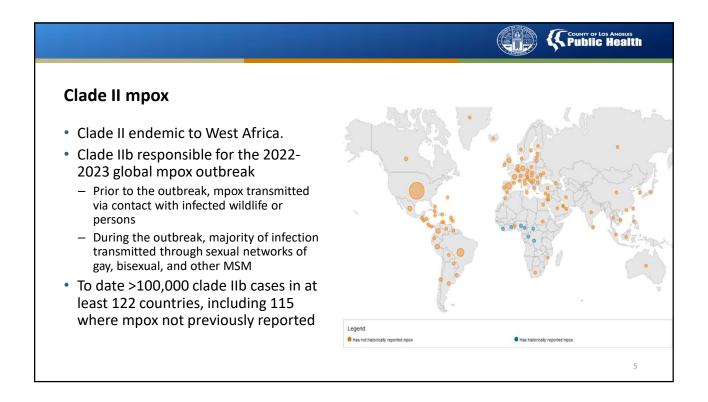


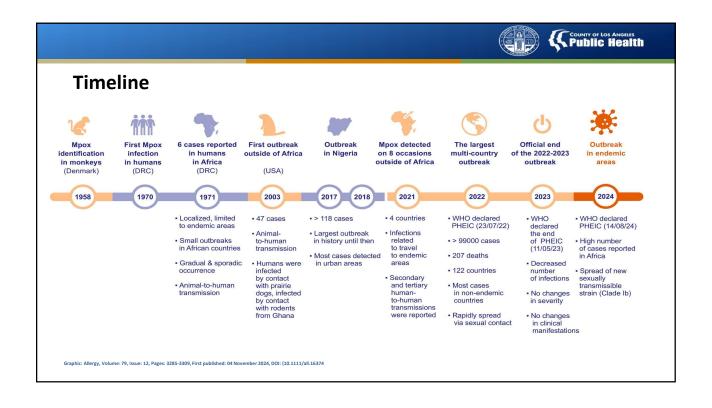
Clade I Mpox

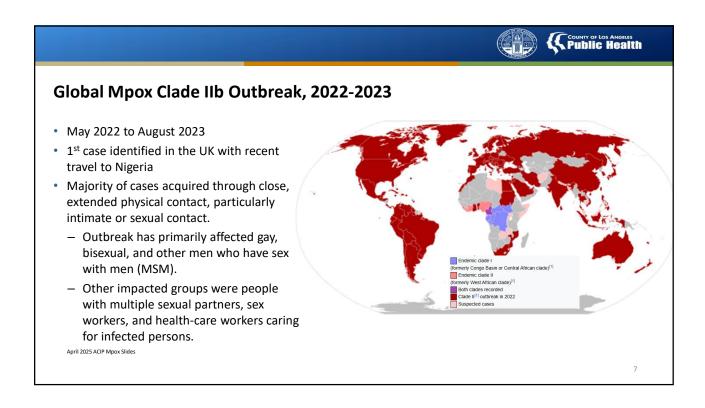


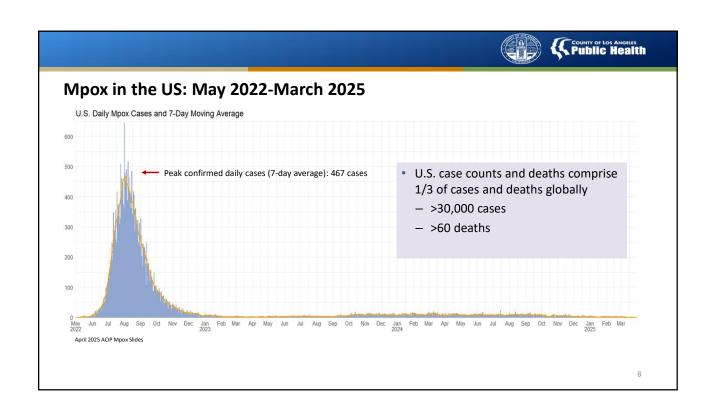
- Accounted for most cases until the global mpox outbreak
- Clade I infections increasing
 - Clade 1a: responsible for recent outbreaks in Central/Eastern Africa since 2024
 - Contact with infected dead or live wild animals, household transmission, or patient care
 - High percentage reported in children <15 years of age.
 - Several reported in persons who travelled to impacted areas
 - Clade Ib: ongoing outbreak in DRC since late 2023
 - Spread via intimate contact between different demographics, including heterosexual spread with sex trade workers.
 - First reported clade Ib infection identified in the US in Nov 2024
 - Recent evidence suggest lower mortality rate for Clade 1a (1.4%-1.7%) and Clade 1b (<1%) than historically known for Clade I

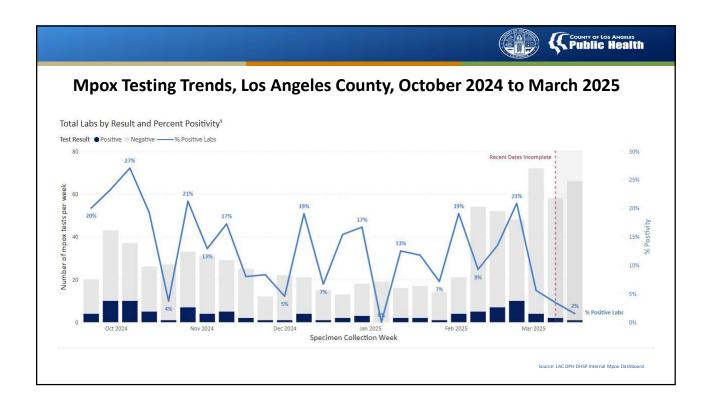
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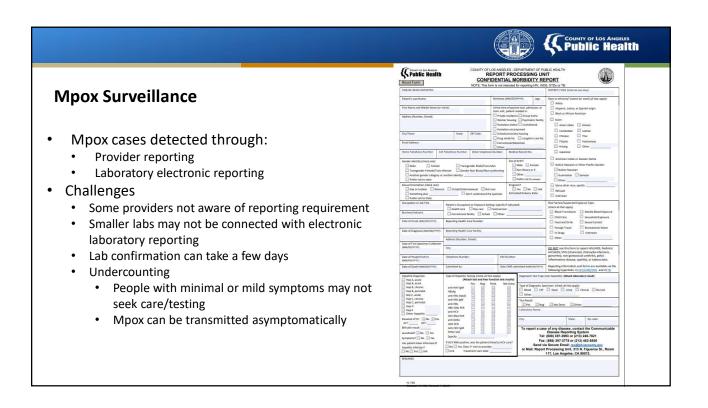


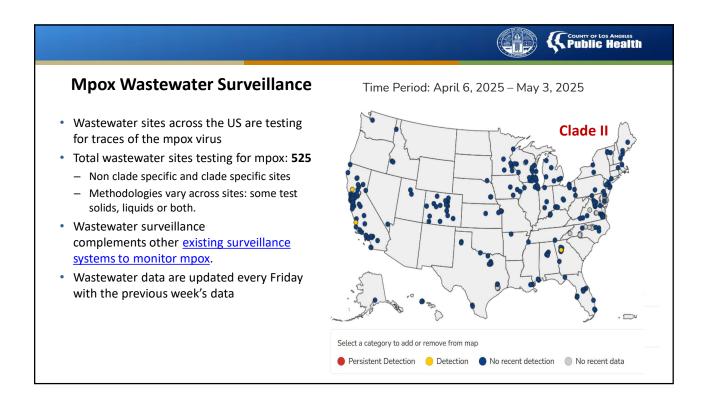














Mpox Vaccination in Los Angeles County

Anyone who requests vaccination can receive it without having to disclose any information on personal risk.

Groups at highest risk for contracting mpox include:

- o Any man or transgender person who has sex with men or transgender persons
- o Persons of any gender or sexual orientation who engage in commercial sex work
- o Persons living with HIV
- Persons who had skin-to-skin or intimate contact with someone with suspected or confirmed mpox
- Sexual partners of people in any of the above groups
- o People who anticipate being in any of the above groups
- 146,758 doses administered by Los Angeles County providers, including 89,794 first doses and 56,964 second doses
- Overall coverage: 76% one dose; 48% two doses
- Coverage among persons living with HIV: 29% one dose; 22% two doses



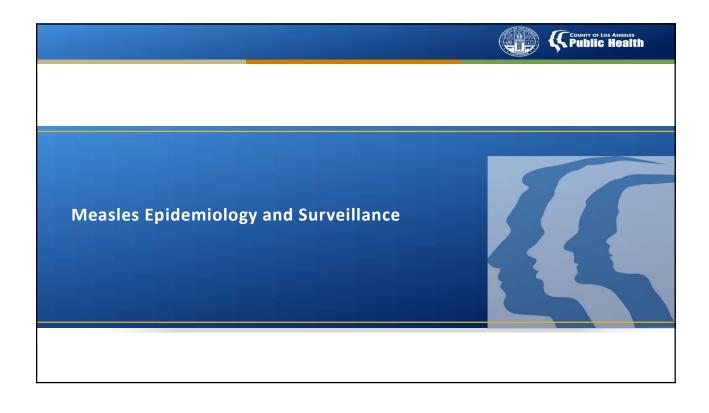


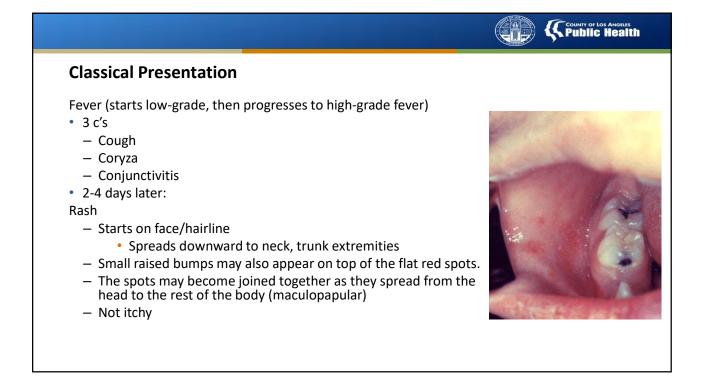
Program Highlight: Los Angeles County Mpox Vaccination Incentive Program

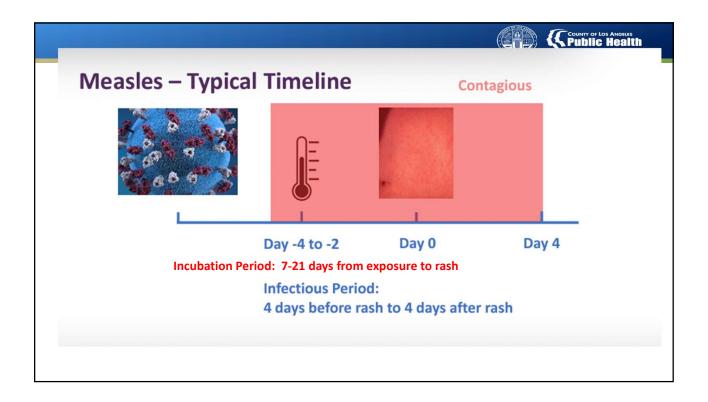
- Financial incentive program to motivate persons living with diagnosed HIV (PLWDH) to receive the mpox vaccine
 - PLWDH in routine care received \$50 per dose
 - PLWDH out of care (>7 months) received \$100 per dose
- Partnered with safety net HIV clinics to distribute incentives and vaccine
- Program launched in June 2023 January 2025
- Results
 - 36 participating clinics
 - 756 doses administered, including 125 doses to PLWDH who were out of HIV care
 - Incentive recipients were more likely to be Latino & Black compared to White & Asian
 - Estimated cost savings per case averted was up to ~\$250,000.

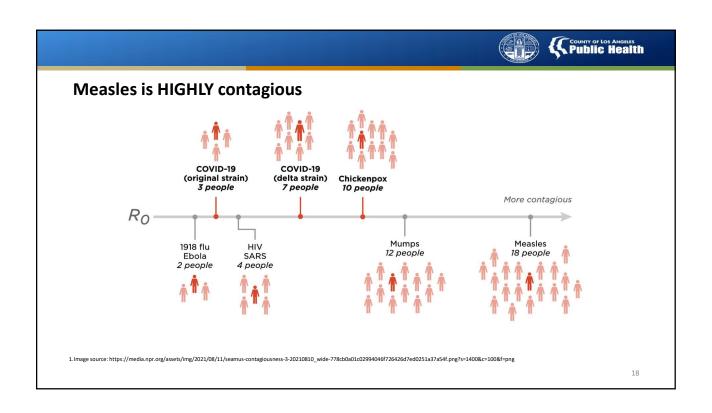


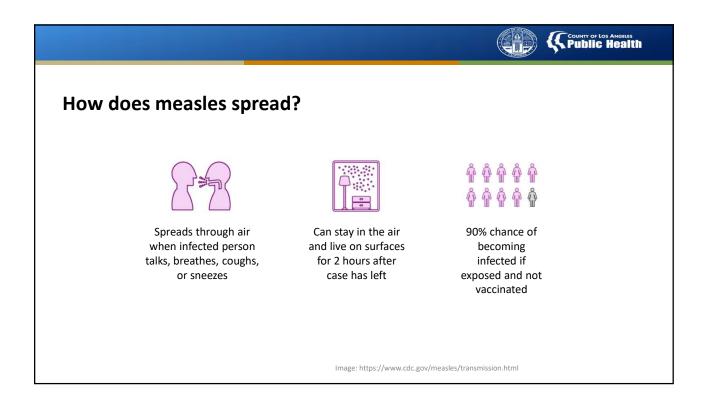
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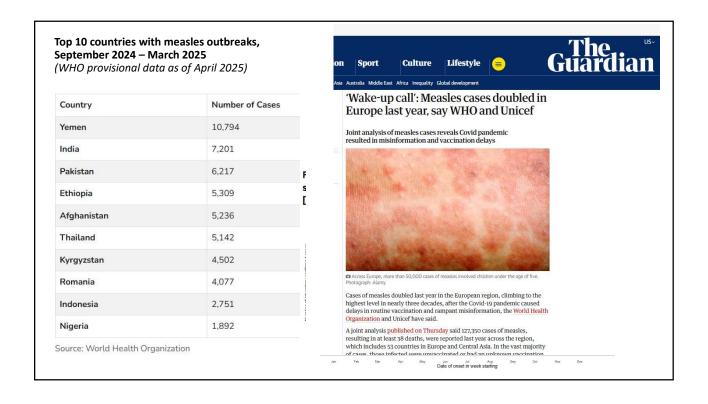


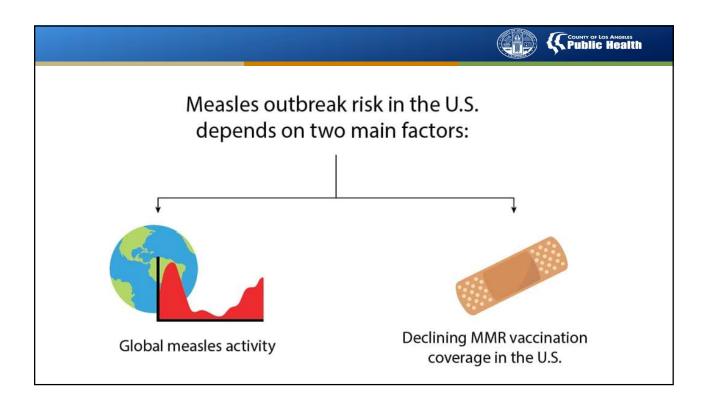


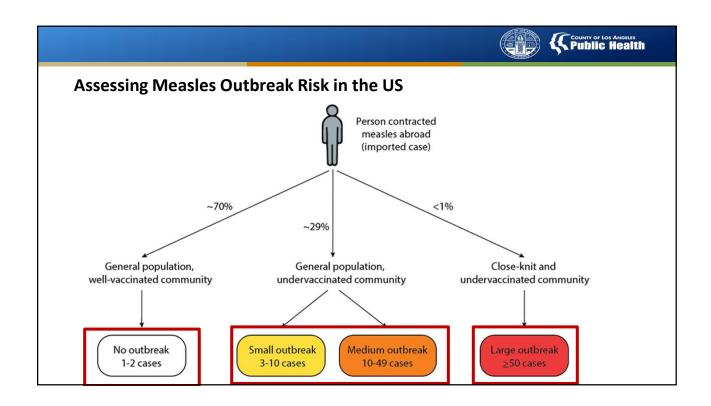


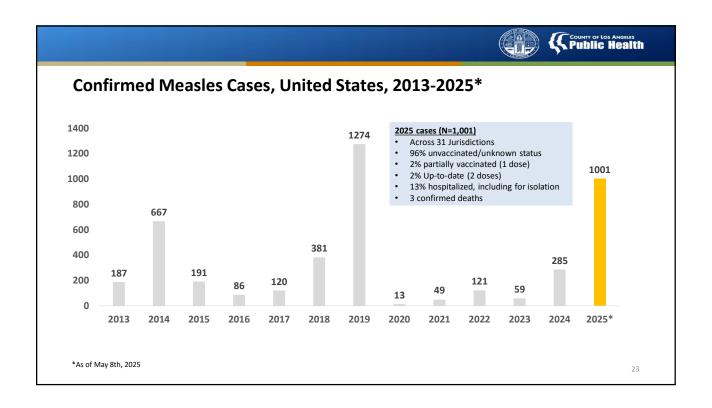


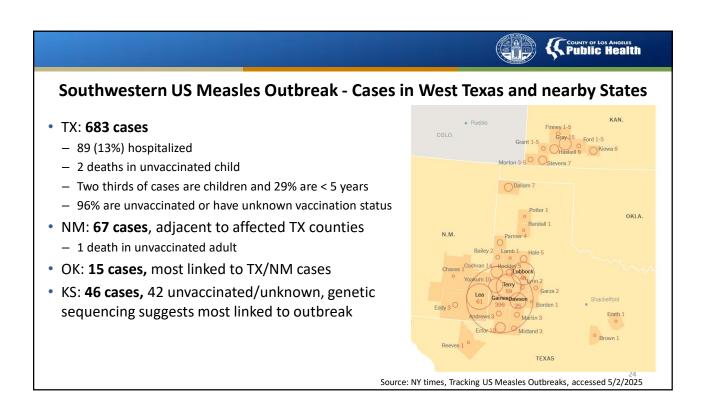


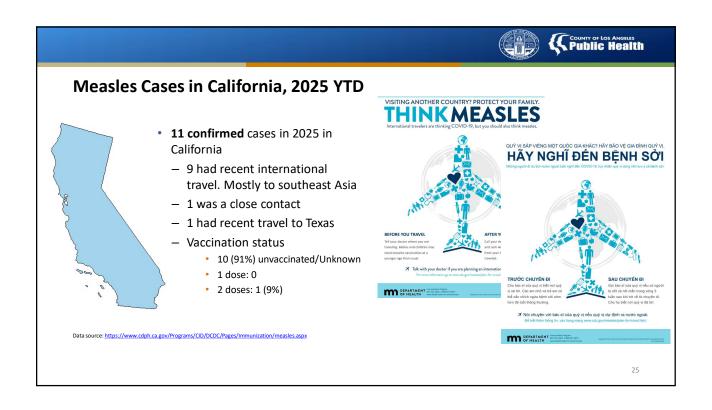


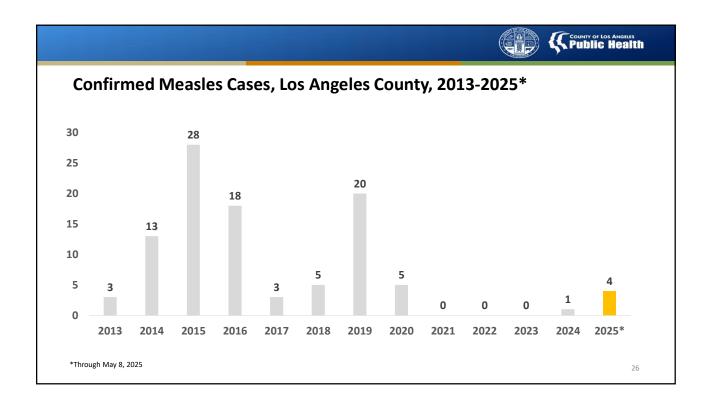














Measles response activities

- Case investigation
 - Interviews collect information on symptoms, immunization history, risk level, infectious period, exposure locations, and known contacts
 - Isolation
- Contact investigation
 - Contact tracing: Sharing same airspace with an infected person or being in these areas up to 1 hour after the infectious person has left the area
 - Follow-up based on risk of severe disease or
 - Immunity status (inc. IgG testing), PEP, quarantine, exclusion, and symptom monitoring until end of surveillance period

NEWS RELEASE



COUNTY OF LOS ANGELES
Public Health

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April 25, 2025 Public Health Confirms Measles Case in Los Angeles County

The Los Angeles County Department of Public Health is investigating one case of measles in a Los Angeles County re travelled recently from Texas.

The traveler was not infectious during the time of travel. Public Health is identifying others who may have been potential taking steps to confirm if they have been vaccinated against measles. Public Health is collaborating with the California De Public Health and the Texas Department of State Health Services on this investigation.

Individuals who have not had measles in the past and have not yet obtained the measles vaccine are at risk of developing measles from 7 to 21 days after being expected and should monitor for symptoms. Exposed individuals who have been free of symptoms for more than 21 days are no longer at risk.

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Public Health encourages all residents to:

- Review their immunization and medical records to determine if they are protected against measles, especially before internative travel or domestic travel in areas experiencing measles outbreaks. People who have not had measles infection or received the measles immunization previously are not protected from the measles virus and should talk with a health care provider about receiving the measles, mumps and rubella (MMR) vaccine.
- Contact and notify their health care provider as soon as possible about a potential exposure if they are pregnant, an infant, have a
 weakened immune system and/or are unimmunized regardless of vaccination history.
- If symptoms develop, stay at home, and avoid school, work and any large gatherings. Call a healthcare provider inn
 not enter a health care facility before calling them and making them aware of your measles exposure and symptom
 Health can assist health care providers in appropriately diagnosing and managing your care.

About Measles



Measles outbreaks are resource intensive

Measles outbreaks can incur substantial costs for public health and individuals, and be hugely time consuming, interrupting many other critical public health functions

- Median outbreak size: 2 cases (range 1-58)
- Median contacts: 283 (range 44 8231)
- Median cost per outbreak: \$152,308 (range \$9,862 \$1,063,936)
- Median cost per case: \$32,805 (range \$7,396 \$76,154)
- Median cost per contact: \$223 (range \$81 \$746)
- Approximate cost per day of investigation: \$4,000

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