



COMMONWEALTH of VIRGINIA

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State Health Commissioner

Mpox, Measles, and Sexually Transmitted Infection Prevention Updates for Virginia

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Dear Colleague:

This letter provides updates on mpox, measles, and sexually transmitted infection prevention.

Increase in Mpox Cases in Virginia

Since November 1, 2023, seven mpox cases have been [reported](#) to the Virginia Department of Health (VDH) from the Central, Eastern, Northern, and Northwest regions. Among these seven patients, two were hospitalized, three were coinfecting with HIV, and only one had been previously vaccinated. Notably, VDH received four reports of mpox in the first month of 2024; VDH received a total of 12 reports in all of 2023. Small clusters of mpox continue to occur across the country, prompting the Centers for Disease Control and Prevention (CDC) to [urge clinicians](#) to remain diligent about taking thorough patient sexual histories and recommending vaccination to those who are eligible.

These recently reported cases are a good reminder to continue to promote preventive measures, including JYNNEOS vaccination, to help protect against infection and severe illness. We encourage healthcare providers to offer the mpox vaccine to people at increased risk or refer patients to a [vaccine site near them](#) (people should get both doses of vaccine for the best protection), consider mpox in their differential diagnoses, test persons with suspected mpox rash, and manage illness with supportive care and antiviral medications, as needed.

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

Stay Alert for Measles

VDH advises healthcare providers to stay alert for measles due to a recent increase in global measles cases and a growing global threat from the disease. Twenty-three confirmed cases of measles were reported in the U.S. between December 1, 2023, and January 23, 2024, including two outbreaks with more than five cases each and seven imported cases among international travelers. Most of the people with measles were unvaccinated children and adolescents. Two confirmed cases recently traveled through Virginia in January. Virginia has had one reported

measles case to date in 2024 and reported one case in 2023.

Healthcare providers should be alert for patients with rash illness with fever and [other symptoms consistent with measles](#) (cough, coryza, or conjunctivitis) and who have recently traveled internationally, especially to countries with ongoing measles [outbreaks](#). Please notify your [local health department](#) of any suspected cases of measles immediately and collect a nasopharyngeal swab (secondary specimen can include oropharyngeal swab and urine) for reverse transcription polymerase chain reaction (RT-PCR), as well as a blood specimen for serology.

Measles can spread to susceptible U.S. residents after being imported by unvaccinated and under-vaccinated travelers. It is important to ensure all your patients are up to date on [measles vaccine](#), especially before international travel. People aged six months or older who will be [traveling internationally](#) should receive a measles-containing vaccine.

Please visit [VDH's measles website](#) for more information.

Doxycycline Post-Exposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention

Rates of sexually transmitted infections (STI) have increased significantly in the past several years in Virginia and nationally. Increases in syphilis are of the utmost concern; [preliminary data from 2023](#) show increases in syphilis diagnoses in nearly all Virginia health regions. Because of this, VDH issued [clinical considerations](#) for the use of Doxycycline Post-Exposure Prophylaxis (DoxyPEP), accompanied by a [fact sheet for patients](#). Doxycycline administered as 200mg within 24–72 hours of condomless sex has been shown to significantly reduce the acquisition of syphilis, chlamydia, and gonorrhea among men who have sex with men and transgender women. VDH recommends that health care providers consider DoxyPEP in these populations, as clinically appropriate. VDH clinical considerations and fact sheet are aligned with CDC [draft guidelines](#) for the use of doxycycline as post-exposure prophylaxis for bacterial STIs. VDH recommendations will be revised as needed to align with the final CDC recommendations once they are released.

Please visit the [VDH syphilis healthcare provider resource page](#) and the [VDH STI healthcare professionals resource page](#) for additional information on STI prevention.

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

Sincerely,

Karen Shelton, MD
State Health Commissioner