



**Health, Seniors and Long-Term Care
Public Health**

300 Carlton Street
Winnipeg, Manitoba Canada R3B 3M9

December 4, 2024

RE: Announcement of the first case of mpox clade 1b confirmed in Manitoba

Dear Health Care Provider,

On November 22, 2024, Manitoba Health, Seniors and Long-Term Care confirmed its first case of clade 1b mpox, which is also the first case of clade 1b mpox in Canada. This is a travel-related case associated with a current outbreak of clade I mpox in central and eastern Africa. Public health monitoring of identified contacts is ongoing, with no evidence of further transmission to date.

There are two subtypes of mpox, clade I (with subclades 1a and 1b) and clade II (with subclades 2a and 2b). Several cases of mpox 1b associated with travel to Africa have been reported in other countries in 2024, including recently in the United States.

Clade 2b mpox has been circulating globally since 2022. The only clade 2b case in Manitoba was diagnosed in 2022. However, clade 2b mpox continues to be detected in Canada with cases increasing in 2024; epidemiologic updates are available from the Public Health Agency of Canada at <https://health-infobase.canada.ca/mpox/>

Updated information and resources on mpox continue to be posted on the Manitoba Health website at www.gov.mb.ca/health/publichealth/diseases/mpox.html, including:

- The Communicable Disease Management Protocol
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/monkeypox.pdf>
- Vaccine Quick Reference Guide
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/mpox-vaccine-reference-guide.pdf>

Recommendations:

- Consider mpox when evaluating people with unusual skin lesions, especially those with potential exposures.
- If mpox is suspected, infectious diseases should be consulted for further advice including testing, management and possible treatment.
- Before submitting specimens, notify the CPL physician on call by calling HSC paging at 204-787-2071.
- Ensure airborne, droplet, and contact precautions are used. For more information, see the WRHA Specific Disease Protocol <https://professionals.wrha.mb.ca/files/ipx-mpox-protocol.pdf> and

Manitoba Health's Routine Practices and Additional Precautions document <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.

- Individuals who meet a suspect or probable case definition should be advised by their health care provider to isolate at home in a separate area from other household members (e.g. private room for sleeping and washroom), until the diagnosis is confirmed, or an alternate diagnosis is made.
- In situations in which the index of suspicion for mpox for suspect or probable cases is very high, public health reporting should be completed so that follow-up can be initiated pending the results of laboratory testing.

Vaccination

- People who are at greater risk of exposure to mpox can be immunized for pre-exposure prophylaxis. To determine eligibility, visit: <https://gov.mb.ca/health/publichealth/diseases/mpox.html>.
- People who have had high risk close contact with a confirmed or probable mpox case are recommended to receive post-exposure prophylaxis. The vaccine for post-exposure prophylaxis should ideally be administered within four 4 days from the date of exposure to prevent onset of cases. However, the vaccine can be given up to 14 days after the date of exposure, and while it may reduce the symptoms of disease, it may not fully prevent the disease.
- Distribution and use of the IMVAMUNE® vaccine is coordinated by public health. Clients can be referred to their local public health office for vaccination if eligible.

Sincerely,



Richard Baydack, PhD
Director
Communicable Disease Control



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