



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT

Monkeypox Virus Infection in the United States and Other Non-endemic Countries

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Background: Since May 14, 2022, clusters of monkeypox cases have been reported in several countries, including the United States, where monkeypox is not endemic. Imported cases of monkeypox have previously been identified in travelers from central and west African countries, however, most of the recent cases do not have direct travel-associated exposure risks.

Scientists at the Centers for Disease Control and Prevention (CDC) are currently collaborating with state and local Health Departments to investigate nine confirmed cases in seven states: Massachusetts, Florida, Utah, Washington, California, Virginia, and New York.

Monkeypox is a rare zoonotic disease caused by an *Orthopoxvirus* with transmission primarily occurring from animals, such as rodents and primates, to humans. However, limited human-to-human transmission has been observed. It's not clear how people in current clusters were exposed to monkeypox but cases include people who self-identify as men who have sex with men. Although monkeypox is not classified as a sexually transmitted disease, it can be transmitted during close personal contact. This is an evolving investigation and public health authorities hope to learn more about routes of exposure in the coming days.

Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. Historically, the rash has been preceded by a prodrome including fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred; some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of subjective fever and other prodromal symptoms. For this reason, cases may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster). The incubation period for monkeypox can range from 5-21 days, with average incubation period for symptom onset of 5–13 days.

The typical monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs on specific anatomic sites with lesions in each stage of development for at least 1–2 days. The scabs eventually fall off. Lesions can occur on the palms and soles, and when generalized, the rash is very similar to that of smallpox including a centrifugal distribution.

A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material, and fomites such as shared towels or bedding. Animal-to-human transmission may

occur through a bite or scratch, preparation of wild game, and direct or indirect contact with body fluids or lesion material.

Healthcare providers in the U.S. should be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

CDC has issued a level 2 [travel advisory](#) for countries where cases of monkeypox have been confirmed. Travelers should avoid close contact with sick people, including those with skin lesions or genital lesions; avoid contact with live or dead wild animals; avoid eating or preparing meat from wild game or using products derived from wild animals in Africa; avoid contact with clothing, bedding or contaminated materials used by sick people.

Recommendations for Clinicians:

If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to central or west Africa, countries where monkeypox has been reported, or contact with a confirmed or suspected monkeypox case, monkeypox should be considered as a possible diagnosis.

- **Report any suspect case to the Department of Health 24/7/365 at 505-827-0006**
- All specimens should be sent through the state public health laboratory (SLD), not directly to CDC; confirmatory monkeypox virus-specific testing requires a dry lesion swab specimen.
- Instructions for specimen collection:
 1. Personnel who collect specimens should use personal protective equipment (PPE) in accordance with recommendations for [standard, contact, and droplet precautions](#).
 2. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs; collect multiple specimens preferably from different locations on the body and/or from lesions with differing appearances for preliminary and confirmatory testing.
 3. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
 4. Immediately refrigerate samples (2-8°C), and contact NMDOH Epidemiology Division 24/7 at (505)-827-0006, NMDOH will provide shipping instructions.
 5. PCR blood serum tests are not recommended, additionally antigen and antibody detection methods are not recommended due to serological cross reactivity among other *Orthopoxviruses*.
- There is no specific treatment for monkeypox. Typically, individuals with monkeypox virus have a mild, self-limiting disease course. The prognosis for monkeypox depends on multiple factors such as previous vaccination status, initial health status, and concurrent illnesses or comorbidities. Confirmed cases with

EPIDEMIOLOGY AND RESPONSE

1190 St. Francis Drive, N1320 • Santa Fe, New Mexico • 87502-6110

(505) 827-0006 • FAX: (505) 827-2110 • www.nmhealth.org



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severe disease or aberrant infections may be candidates for antiviral treatment under the emergency access investigational drug protocol after consultation with state public health authorities and CDC.

- Begin contact tracing of individuals who may have been exposed to the patient while the patient was symptomatic. Contacts should be monitored for 21 days after their last date of contact with the patient.
- Depending on [their level of risk](#), some persons may be candidates for postexposure prophylaxis with smallpox vaccine under an Investigational New Drug protocol after consultation with state public health authorities and CDC.
- Information on infection prevention and control in healthcare settings is provided on the CDC website [Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#).

Additional Resources:

[Clinical Recognition of Monkeypox](#)

[CDC Clinician Outreach and Communication Activity \(COCA\) Call](#)

<https://www.cdc.gov/poxvirus/monkeypox/outbreak/current.html>

[Monitoring Persons Exposed](#)

[Johns Hopkins Center for Health Security/Monkeypox factsheet](#)

New Mexico Health Alert Network: To register for the NM Health Alert Network, please visit the following site <https://nm.readyop.com/fs/4cjZ/10b2> Please fill out the registration form completely and click Submit at the bottom of the page, to begin receiving Important health alerts, advisories, and updates.

Please Note that our system also utilizes text messaging to notify members of important health information. Due to FCC Regulation changes that are designed to decrease the amount of unwanted spam text messages sent each year to citizens, please save, this phone number **(855) 596-1810** as the “**New Mexico Health Alert Network**” default phone number for your account used for text messages on the mobile device(s) you register with us.