



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT UPDATE

Update for Clinicians on Testing, Treatment, and Vaccination for Monkeypox (MPOX)

March 19, 2024

Summary: MPOX cases have declined in the United States since the peak of the outbreak in mid-August 2022 when the weekly average was 467 cases a day, however new cases have continued to occur averaging 1-9 cases a day nationally in 2024. In the last few weeks New Mexico confirmed 2 cases of MPOX in symptomatic men; neither had received the JYNNEOS vaccine, both cases were mild and did not require hospitalization. Clinicians should be aware that MPOX virus is still circulating and consider MPOX testing in individuals with new characteristic rash or who meet the [epidemiologic criteria](#) if there is clinical suspicion for MPOX.

Spring and summer season in 2024 could lead to a resurgence of MPOX as people gather for festivals and other events. To prevent a resurgence of MPOX clinicians should be on alert for new cases and encourage vaccination for people at risk.

Continue to report suspect and confirmed MPOX cases to the New Mexico Department of Health helpline at 1-833-796-8773.

Background: A global outbreak of Clade II MPOX began in May 2022. Previous cases in places where MPOX is not endemic were mostly related to international travel; however, this outbreak spread rapidly across much of the world through close person-to-person contact, primarily affecting men who have sex with men (MSM) and transgender people.

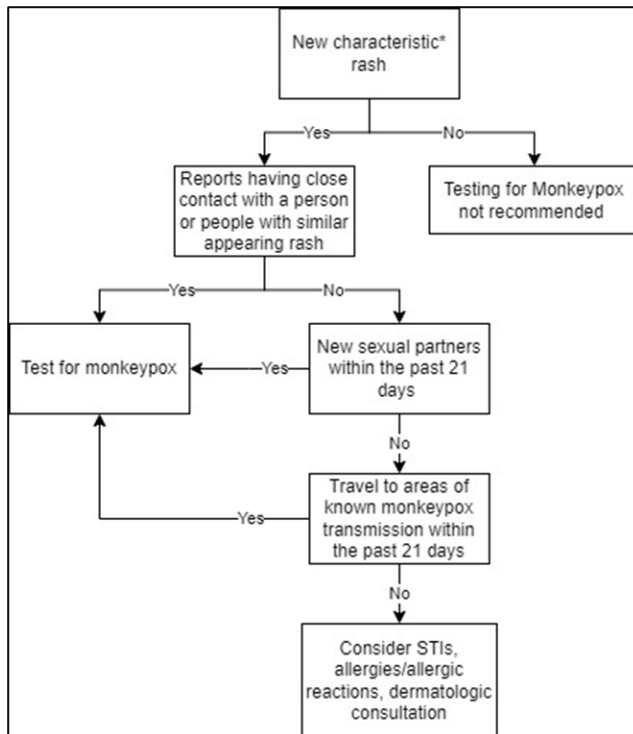
The global outbreak of Clade II MPOX which began in May 2022 and is ongoing, is **not associated** with the Clade I MPOX outbreak in the Democratic Republic of Congo (DRC). At this time no Clade I cases have been identified outside of countries known to be endemic for this MPXV clade.

Recommendations for Clinicians: Conduct a thorough patient history to assess possible MPOX exposures or epidemiologic risk factors. MPOX is usually transmitted through close physical contact and has almost exclusively been associated with sexual contact in the current outbreak.

Perform a complete physical examination, including a thorough skin and mucosal (e.g., oral, genital, anal) examination. Doing so can detect [lesions](#) of which the patient may be unaware. Consider MPOX when determining the cause of a diffuse or localized rash, including in patients who were previously infected vaccinated against MPOX. The diagnosis of an STI does not exclude MPOX, as concurrent infection may be present.

If clinicians identify patients with a rash that could be consistent with MPOX, or contact with a confirmed or suspected case, MPOX should be considered as a possible diagnosis. The following testing algorithm can be used to determine whether testing is appropriate.

Figure 1. Monkeypox Testing Algorithm for New Mexico



Patient Precautions

- Have suspect patient wear a mask and cover any exposed skin lesions prior to arrival.
- Bring patient directly back to exam room. Do not place suspect patient in general waiting area.
- Special air handling is not required.

Healthcare Personnel Precautions

- Prior to seeing a suspect patient, healthcare personnel should don:
 - Disposable gown, gloves, eye protection, N95 or higher-level respirator mask
 - Pregnant or immune compromised staff should avoid interaction with suspect patients

Testing is available through [TriCore](#) as well as [LabCorp](#), [Quest Diagnostics](#), the VA medical system, and the state public health laboratory (SLD). Most healthcare providers can now submit specimens for MPOX to their regular commercial lab provider and do not need to notify the New Mexico Department of Health



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prior to specimen submission. Clinicians should consult their commercial clinical laboratory for guidance on specimen collection, storage, and submission.

Patients with suspected MPOX should be advised to isolate at home, avoid contact with others, and monitor symptoms until the results are available. People should wear a mask and cover lesions if they must be around others. Refer patients to CDC's [What to Do If You Are Sick](#)

Patients with MPOX benefit from supportive care and pain control. MPOX can commonly cause severe pain and can affect anatomic sites, including the anus, genitals, and oropharynx, which can lead to other complications. Assess pain in all patients with MPOX virus infection and recognize that substantial pain may exist from mucosal lesions not evident on physical exam. Topical and systemic strategies should be used to [manage pain](#). Pain management strategies should be tailored to the needs and context of an individual patient.

Tecovirimat (TPOXX) Treatment Update:

Currently there is no treatment approved specifically for MPOX virus infections. However, tecovirimat is considered first-line option to treat eligible patients. Patients should be informed about the clinical trial for tecovirimat, ([STOMP](#)); this trial includes a placebo-controlled, randomized arm, and an open-label option for individuals with severe disease or those who decline randomization. Remote enrollment is available. For patients not eligible for the STOMP trial or who decline to participate, stockpiled oral tecovirimat is available for patients who meet treatment eligibility through the NM Department of Health by calling 1-833-796-8773. Reference CDC's [Guidance for Tecovirimat Use | Monkeypox | Poxvirus | CDC](#) for additional information on Tecovirimat (TPOXX) use.

Vaccination:

CDC recommends preventive MPOX vaccination for patients at [higher risk](#) of contracting MPOX. Those who have not previously received 2 doses of JYNNEOS vaccine should be encouraged to complete the series as soon as possible. Patients and providers can contact the NM Department of Health helpline at 1-833-796-8773 to locate a vaccine provider and schedule an appointment.

Asymptomatic persons who had skin-to-skin or intimate contact with someone with suspected or confirmed MPOX and those who have engaged in sex with multiple partners, sex at a commercial venue, sex in association with an event, or a sexual partner with these risks in the previous 14 days should receive vaccine for post-exposure prophylaxis (PEP) if they have not previously received 2 doses of JYNNEOS vaccine. As PEP, vaccine should be given as soon as possible, ideally within four days of exposure; administration 4 to 14 days after exposure may still provide some protection against MPOX and should be offered.

Vaccination given after the onset of signs or symptoms, after diagnosis, or after recovery from MPOX is not expected to provide benefit. At this time, naturally acquired MPOX is believed to confer immune protection, although duration of immunity is unknown.



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People who get vaccinated should continue to take steps to [protect themselves from infection](#) by avoiding close, skin-to-skin contact, including intimate contact, with someone who has monkeypox.

Additional Resources:

[NMDOH Monkeypox Resource Page](#)

[Treatment Information for Healthcare Professionals | Monkeypox | Poxvirus | CDC](#)

[Clinical Recognition of Monkeypox](#)

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC.](#)

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.