

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT

Update for Clinicians on Testing, Treatment, and Vaccination for Mpox

October 1, 2026

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 with the highest monthly case counts since the peak of the outbreak occurring in Fall 2025. In the last few weeks New Mexico confirmed 2 cases of Clade II mpox in symptomatic men; neither had received the JYNNEOS vaccine, one case required hospitalization. Clinicians should be aware that the monkeypox virus (MPXV) 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. Additionally, clinicians should continue to recommend 2 doses of the JYNNEOS vaccine for patients at [higher risk](#) of contracting mpox.

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, 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 gay, bisexual or other men who have sex with men (MSM). Since the introduction of Clade I mpox to the US in November 2024, there have been more than 60 laboratory confirmed cases in 20 states. Initially these cases were travel associated; however, an increasing portion of Clade I cases have been acquired domestically. Global transmission of both Clade I and Clade II mpox is ongoing.

Regardless of clade, mpox lesions present similarly; both clades of mpox can be spread, treated, and prevented the same way. Vaccination is an important tool in stopping the spread of mpox.

Mpox lesions are typically firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication (resembles an indentation on the top of a lesion). Lesions are often described as painful until they crust over and become itchy. Some patients develop only a few lesions while others have disseminated lesions and ulcers.

The incubation period for mpox is 3-17 days, and the illness typically lasts 2-4 weeks. The severity of illness can depend upon the patient's underlying health and age. Treatment depends on the severity of the illness or risk of severe illness.

People with [HIV-associated or other immunosuppression](#), who are [pregnant or nursing](#), or who are [under 18 years of age](#) can be at increased risk of severe manifestations of mpox, which can be life-threatening.

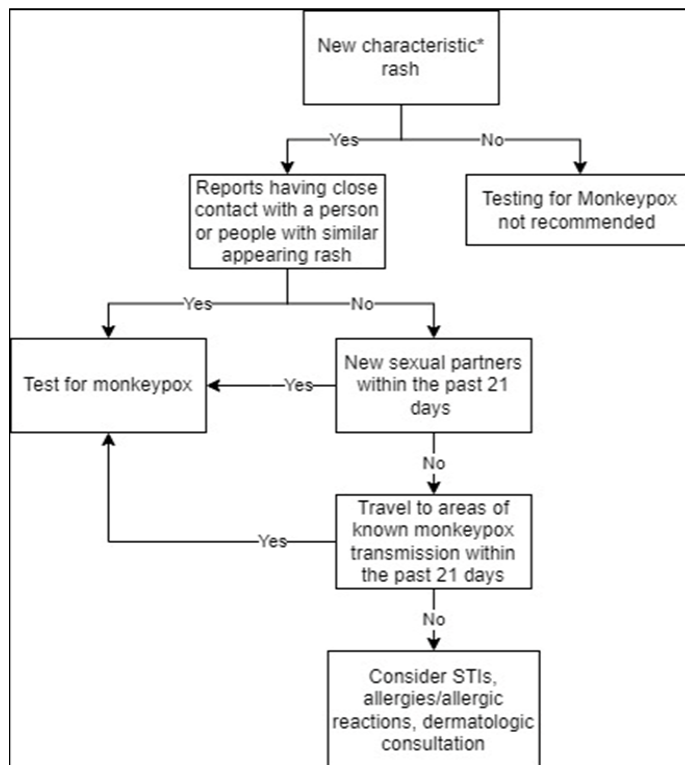
Recommendations for Clinicians:

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.

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.

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 vaccinated against mpox. The diagnosis of an STI (e.g., genital herpes, syphilis) does not exclude mpox, as concurrent infection may be present.

Figure 1. Mpox Testing Algorithm for New Mexico



Patient Precautions When Evaluating a Suspect Case

- 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.
- Keep the door closed if safe to do so.
- 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
 - Staff who are pregnant or immunocompromised should avoid interaction with suspect patients.
- Because of the risk for sharps injuries, CDC advises against unroofing, opening, or aspirating mpox lesions with sharp instruments.
- Perform standard cleaning and disinfection procedures using an EPA-registered healthcare grade disinfectant with an emerging viral pathogen claim found on [EPA's list Q](#)
- Waste should be handled as regulated medical waste in the same manner as other infectious waste (red bag).

Testing is available through [TriCore](#) as well as [LabCorp](#), [Quest Diagnostics](#), the VA medical system, and the state public health laboratory (SLD). 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 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.

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.

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 mpox.

Evidence suggests that mpox vaccine is effective for at least 7 years. Getting more than 2 doses of vaccine is not currently recommended, unless a person works with MPXV or other orthopoxviruses in a laboratory.

Mpox Treatment Update:

Currently there is no treatment approved specifically for MPXV infections. Tecovirnat (TPOXX) from the Strategic National Stockpile (SNS) is available for treatment of mpox in patients who have or are at high risk for severe illness, including people who are severely immunocompromised, have atopic dermatitis or other conditions affecting skin integrity, are children, or are pregnant or breastfeeding. Clinicians can also consider brincidofovir, available from the SNS, in certain patients who might benefit from combination therapy with tecovirnat or require an alternative to tecovirnat. Cidofovir, a commercially available antiviral that has the same mechanism of action as brincidofovir, can also be considered. Situations where combination therapy can be considered are described in [Interim Clinical Treatment Considerations for Severe Manifestations of Mpox — United States, February 2023 | MMWR](#). NMDOH can coordinate clinical consultation with the CDC regarding mpox patient management; contact NMDOH by calling 1-833-796-8773.

Additional Resources:

[NMDOH Mpox Resource Page](#)
[Treatment Information for Healthcare Professionals | Mpox | Poxvirus | CDC](#)
[Clinical Recognition of Mpox](#)
[Infection Control: Hospital | Mpox | 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.