NEW MEXICO Department of Health

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NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT UPDATE

Update for Clinicians on Testing and Treatment for Monkeypox

August 9, 2022

Summary: As of August 8, 2022, the Centers for Disease Control and Prevention (CDC) and state and local public health departments are reporting 8934 confirmed and probable cases of monkeypox in the United States across 49 states, Washington D.C., and Puerto Rico. U.S. and global maps are available on the CDC website.

This Health Alert Network (HAN) serves to alert clinicians with the following updates:

- Monkeypox cases and epidemiology in NM
- Commercial testing capability
- A testing algorithm for suspect cases
- Collecting clinical specimens for testing
- Using TPOXX (tecovirimat) for treating monkeypox
- Vaccine sign up and availability

Background: Since May 2022, CDC has been urging healthcare providers to be on alert for patients who have rash illnesses consistent with monkeypox. Clusters of monkeypox cases have been reported in several countries, including the United States, where monkeypox is not endemic.

Monkeypox is a rare zoonotic disease caused by an *Orthopoxvirus* with transmission primarily occurring from animals, such as rodents and primates, to humans. Many of the cases associated with the current outbreak include people who report new sexual partners in areas with known monkeypox transmission in the past 21 days. However, anyone who has been in close contact with someone who has monkeypox is at risk. Although monkeypox is not classified as a sexually transmitted disease, it can be transmitted during close personal contact.

Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. The cases of monkeypox described in the current outbreak have some atypical features. The rash may start in the genital and perianal areas, the rash may not always disseminate to other parts of the body and typical prodromal symptoms may be mild or absent. For this reason, cases may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, molluscum and varicella zoster). The incubation period for monkeypox can range from 5-21 days, with average symptom onset of 5–13 days after exposure.

Clinicians should be alert to patients presenting with a new characteristic rash or if the patient meets one of the epidemiologic criteria and there is a high clinical suspicion for monkeypox, regardless of gender or sexual orientation.

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Epidemiologic Update for New Mexico:

As of August 8, 2022, New Mexico is reporting 13 probable and one suspect case. All 13 probable cases are travel-associated, meaning that they acquired monkeypox from contact with persons outside of New Mexico who were infected with monkeypox. The New Mexico Department of Health completed contact tracing for these 14 cases, provided treatment for eligible patients, post-exposure prophylaxis for exposed contacts, and information to prevent further spread. No additional cases of monkey pox have been detected in New Mexico connected to these 14 probable and suspect cases.

Currently in New Mexico, there is no community transmission of monkey pox. Meaning that individuals who do not meet the following criteria are LOW risk. Individuals who are at **high risk** of contracting monkey pox are those who have:

- Direct, skin-to-skin contact with a person who has confirmed/suspected monkeypox infection
- New sexual partners in areas with known monkeypox transmission during the last 21 days
- Travel and close in-person contact with others within or outside the US to an area with known monkeypox transmission during the last 21 days

Recommendations for Clinicians:

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

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

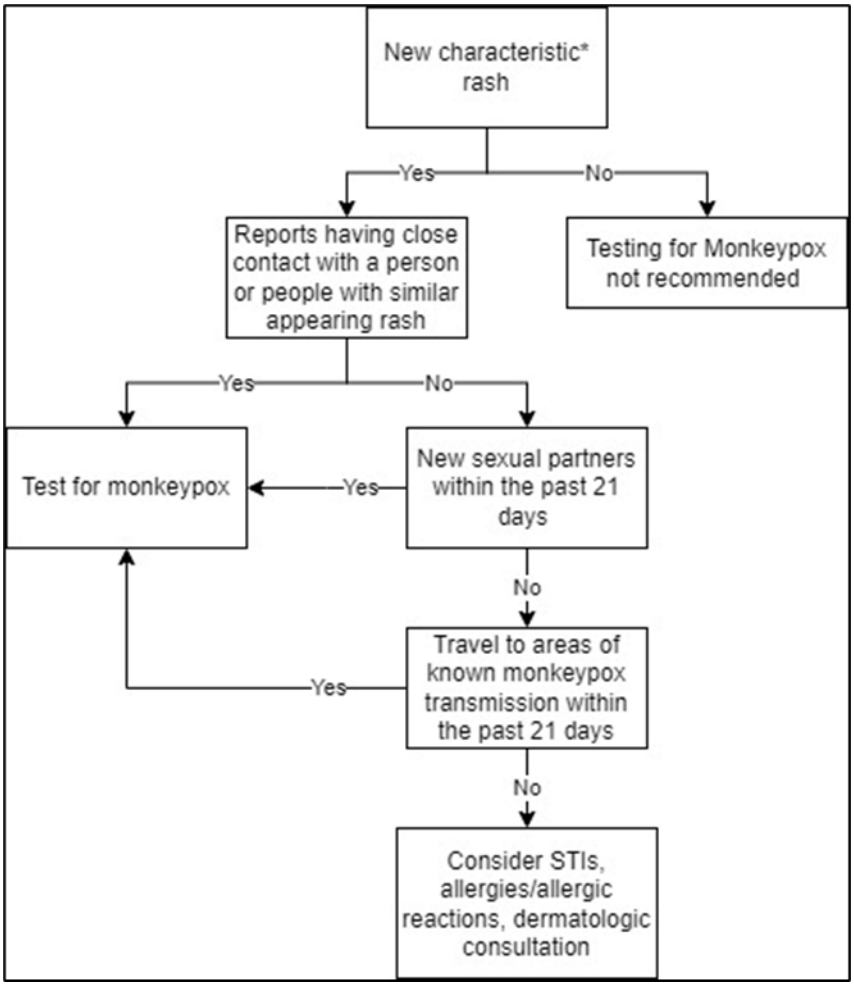
- Prior to seeing a suspect patient, healthcare personnel should don:
    - Disposable gown, gloves, eye protection, N95 or higher-level respirator mask
    - Pregnant or immune compromised staff should avoid interaction with suspect patients

See Sequence for Donning and Doffing Personal Protective Equipment

Providers should report any suspect cases to the New Mexico Department of Health by calling the 24/7/365 epidemiology hotline at: (505) 827-0006

The following testing algorithm can be used to determine whether testing for monkeypox is appropriate.

Figure 1. Monkeypox Testing Algorithm for New Mexico



Specimen Type and Collection:

Orthopoxvirus testing is now available through Labcorp, Quest Diagnostics, Mayo Clinic Laboratories, Aegis Sciences, Sonic Healthcare, and the VA medical system in addition to the state public health laboratory (SLD). Healthcare facilities that primarily use Tricore for laboratory services can collect and submit specimens to Tricore where they will be transferred to SLD for testing. Specimens must be appropriately collected, stored, and submitted by the healthcare provider; **patients cannot be sent to Tricore service centers for specimen collection.**

Instructions for specimen collection and submission to the state public health laboratory (SLD):

1. The goal is to sample 2 to 3 lesions from 2 to 3 different locations on the body and/or lesions with differing appearances.

2. Vigorously swab or scrub all surfaces of the lesion with **two separate** sterile dry synthetic (e.g., polyester, nylon, or Dacron swabs), **do not use cotton swabs**. One swab is for preliminary and one for confirmatory testing. The long thin nasopharyngeal swabs intended for COVID testing may be too flexible for vigorous scrubbing and therefore should not be used if other synthetic swabs are available.
    - Swab the lesion vigorously to ensure adequate DNA, patients may find this uncomfortable or painful so let them know what to expect.
    - It is not necessary to de-roof or lance the lesion before swabbing, vigorous swabbing may open a lesion in which case some of the fluid can be collected on the swab
    - For some individuals, the lesions may not be overtly visible (such as within the oral cavity or within the rectum), therefore clinicians should perform a thorough evaluation including a full body skin, oral, and genital and rectal examination.
    - An inadequate specimen without sufficient DNA from the lesion or a specimen collected on a cotton swab will be insufficient for testing and require specimens to be recollected.
3. Each swab should each be placed in a separate dry container (such as sterile urine cup or tube).
    - E.g., If you swab 3 lesions, you will have 6 swabs in 6 separate dry containers and 3 requisitions.
    - Do not add or store in viral or universal transport media (for SLD).
    - Each lesion that is sampled requires a separate test requisition form**, write in "monkeypox PCR" under "other" for test requested** **https://www.nmhealth.org/publication/view/form/6380/**
    - Label each tube or sterile container with the site of the lesion in addition to name, DOB, and specimen collection date.
4. Immediately refrigerate samples (2-8°C), and contact NMDOH Epidemiology Division 24/7 at (505)-827-0006, NMDOH will provide shipping instructions.

5. Advise patients waiting for results to isolate at home, avoid contact with others, and monitor symptoms. People should wear a mask and cover lesions if they must be around others.

6. If positive for monkeypox, refer patients to CDC's Isolation and Prevention Practices for People with Monkeypox | Monkeypox | Poxvirus | CDC

Information for Healthcare Providers on Tecovirimat (TPOXX) Treatment:

Tecovirimat (also known as TPOXX or ST-246) is approved by the Food and Drug Administration (FDA) for treating human smallpox disease caused by *Variola virus* in adults and children. Its use for other *Orthopoxvirus* infections, including monkeypox, is not approved by the FDA. However, CDC has an expanded access Investigational New Drug application (EA-IND) to allow access to and use of TPOXX to treat monkeypox in adults and children of all ages.

Patients who should be considered for treatment following consultation with NMDOH might include:

- People with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- People who may be at high risk of severe disease:
    - People with immunocompromise (e.g., HIV infection, leukemia, lymphoma, solid organ transplantation, high dose corticosteroids, recipient of hematopoietic stem cell transplant, or autoimmune disease with immunodeficiency as a clinical component)
    - Pediatric patients, particularly those younger than 8 years of age
    - People with atopic dermatitis or other active exfoliative skin conditions
    - Pregnant or breastfeeding people
    - People with one or more complications (e.g., secondary bacterial skin infection)
- With aberrant infections involving accidental implantation in eyes, mouth, or other anatomic areas where *Monkeypox virus* infection might constitute a special hazard (e.g., the genitals or anus)

How to Obtain Tecovirimat (TPOXX)

- TPOXX is available through the New Mexico Department of Health via Strategic National Stockpile.
- All clinicians and care facility pharmacists requesting TPOXX should contact the on-call epidemiologist at 505-827-0006.

Monkeypox Vaccine Pre- and Post-Exposure Prophylaxis in New Mexico:

The New Mexico Department of Health has been allocated a limited supply of JYNNEOS vaccines for use as post-exposure prophylaxis.

JYNNEOS (also known as Imvamune or Imvanex), licensed (or approved) by the U.S. Food and Drug Administration (FDA) for the prevention of *Monkeypox virus* infection. In the United States, there is currently a limited supply of JYNNEOS, although more is expected in the coming weeks and months. **No data are available yet on the effectiveness of these vaccines in the current outbreak**.

Patients who are asymptomatic but at higher risk for infection can pre-register for vaccination by calling the epidemiology call center at 1-855-600-3453, option 4 or select option 9 for Spanish.

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.

Monkeypox Vaccine Post-Exposure Prophylaxis (PEP)

- For the current outbreak, this approach can be considered as "standard PEP" for monkeypox. People can be vaccinated following exposure to monkeypox to help prevent monkeypox illness. It is important that states and other jurisdictions identify contacts of confirmed or probable monkeypox cases to offer vaccine for PEP and to monitor for any early signs of illness.
- CDC recommends that the vaccine be given within 4 days from the date of exposure for the best chance to prevent onset of the disease.
- If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. Benefits may still outweigh risks when giving vaccine more than 14 days after exposure in some clinical situations (e.g., high risk exposure in a person at high risk for severe disease, such as severe immune compromise). Vaccination given after the onset of signs or symptoms of monkeypox is not expected to provide benefit.
- When coupled with self-isolation and other prevention measures when symptoms first occur, PEP is important for controlling outbreaks and preventing further transmission of monkeypox.

Outbreak Response Monkeypox Vaccine Post-Exposure Prophylaxis (PEP)++

- For the current outbreak, this expanded approach can be considered as "individual-directed PEP" for monkeypox; public health officials refer to it as "expanded PEP" or "PEP plus-plus" or "PEP++".
- People with certain risk factors are more likely to have been recently exposed to monkeypox. The PEP++ approach aims to reach these people for post-exposure prophylaxis, even if they have not had documented exposure to someone with confirmed monkeypox.
- When coupled with self-isolation and other prevention measures when symptoms first occur, PEP++ may help slow the spread of the disease in areas with large numbers of monkeypox cases—which would suggest a higher level of *Monkeypox virus* transmission.
- Patients can pre-register for PEP++ by calling the epidemiology call center at 1-855-600-3453, option 4

Monkeypox Vaccine Pre-Exposure Prophylaxis (PrEP)

- This approach refers to administering vaccine to someone at high risk for monkeypox (for example, laboratory workers who perform diagnostic testing to diagnose monkeypox).
- At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including *Monkeypox virus*, are not advised to receive monkeypox vaccine PrEP.
- When more JYNNEOS vaccine is available, broader vaccination of people who may be at risk for future monkeypox exposure may be considered.

Information on infection prevention and control in healthcare settings is provided on the CDC website Infection Control: Hospital | Monkeypox | Poxvirus | CDC.

Additional Resources:

NMDOH Monkeypox Resource Page

Treatment Information for Healthcare Professionals | Monkeypox | Poxvirus | CDC

Clinical Recognition of Monkeypox

CDC Clinician Outreach and Communication Activity (COCA) Call

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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.