

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT UPDATE

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

July 8, 2022

Background: Since May 14, 2022, clusters of monkeypox cases have been reported in several countries, including the United States, where monkeypox is not endemic. CDC is currently reporting 700 confirmed cases in the United States.

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, including among people who live in the same household as an infected person. It's not clear how people were exposed to monkeypox but many of the cases include people who self-identify as men who have sex with men. 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, 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.

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.

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.

- **Report any suspect case to the Department of Health 24/7/365 at 505-827-0006**
- **It is important to comprehensively evaluate patients presenting with genital or perianal ulcers for STIs. However, co-infections with monkeypox and STIs have been reported and the presence of an STI does not rule out monkeypox**
- **CDC has recently expanded testing for orthopoxviruses to commercial laboratories to increase testing capacity and access to testing. As of 7/6/2022 orthopoxvirus testing is now available through**

Labcorp, in addition to the state public health laboratory. Specimens must be appropriately collected, stored, and submitted by the healthcare provider; patients cannot have specimens collected at Labcorp service centers. Clinicians can find additional Labcorp testing guidance at their website <https://www.labcorp.com/infectious-disease/monkeypox>

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

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>

[NMDOH Monkeypox HAN May 26, 2022](#)

EPIDEMIOLOGY AND RESPONSE

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[Labcorp Monkeypox Testing Page](#)

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.