Provider Update

August 2, 2022

DOH Deputy Secretary Laura C. Parajón, M.D., M.P.H
Infectious Disease Bureau Chief Dan Burke
IDB Medical Director Miranda Durham, M.D.

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NM DOH Mission

To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.

Goals

We expand equitable access to services for all New Mexicans

We ensure safety in New Mexico healthcare environments

We improve health status for all New Mexicans

We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

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Investing for tomorrow, delivering today.

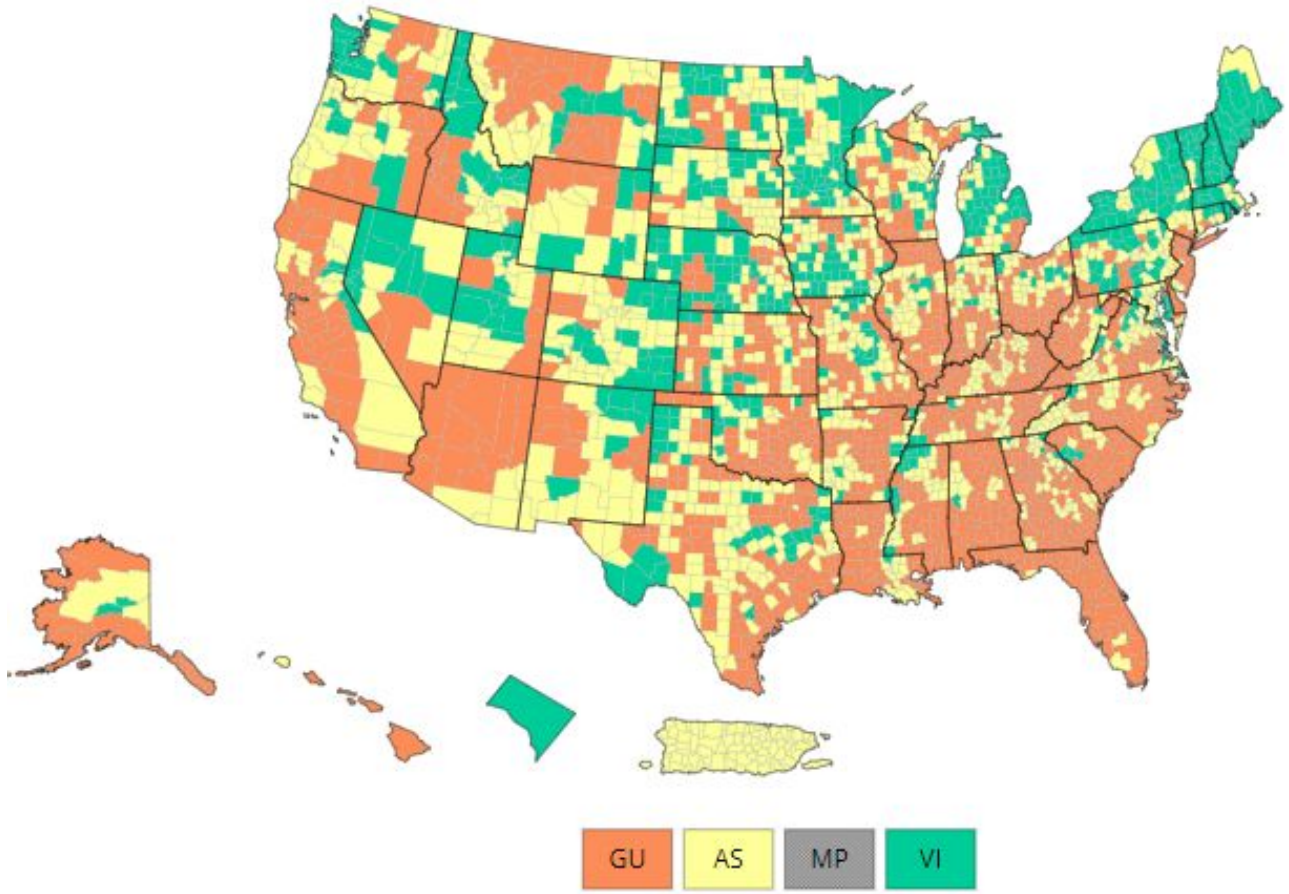
COVID-19 Overview

COVID-19 Public Health Emergency Extended

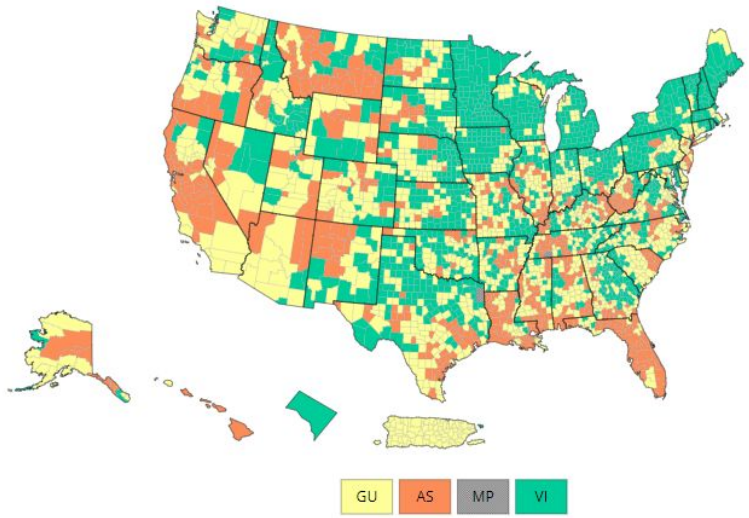
July 17, 2022 - HHS Secretary Xavier Becerra renewed the determination that a public health emergency exists nationwide as the result of the continued consequences of the COVID-19 pandemic. This action extends the COVID-19 public health emergency through October 13.

COVID-19 Community Levels

A measure of the impact of COVID-19 illness on health and healthcare systems



data through 7/29/22



data through 7/6/22

New Cases[1] (per 100,000 population in the last 7 days)	Indicator	Low	Medium	High
<200 cases	New COVID-19 admissions per 100,000 population (7-day total)[2]	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average)[3]	<10.0%	10.0-14.9%	≥15.0%
≥200 cases	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties

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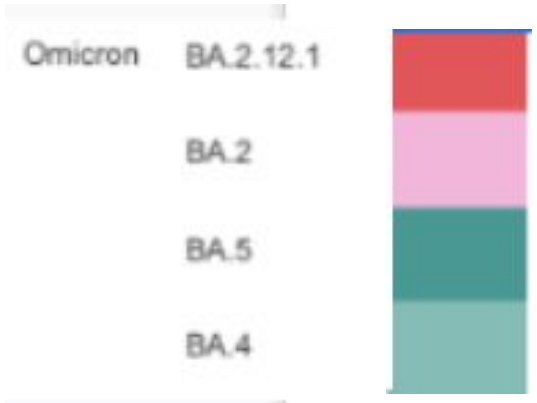
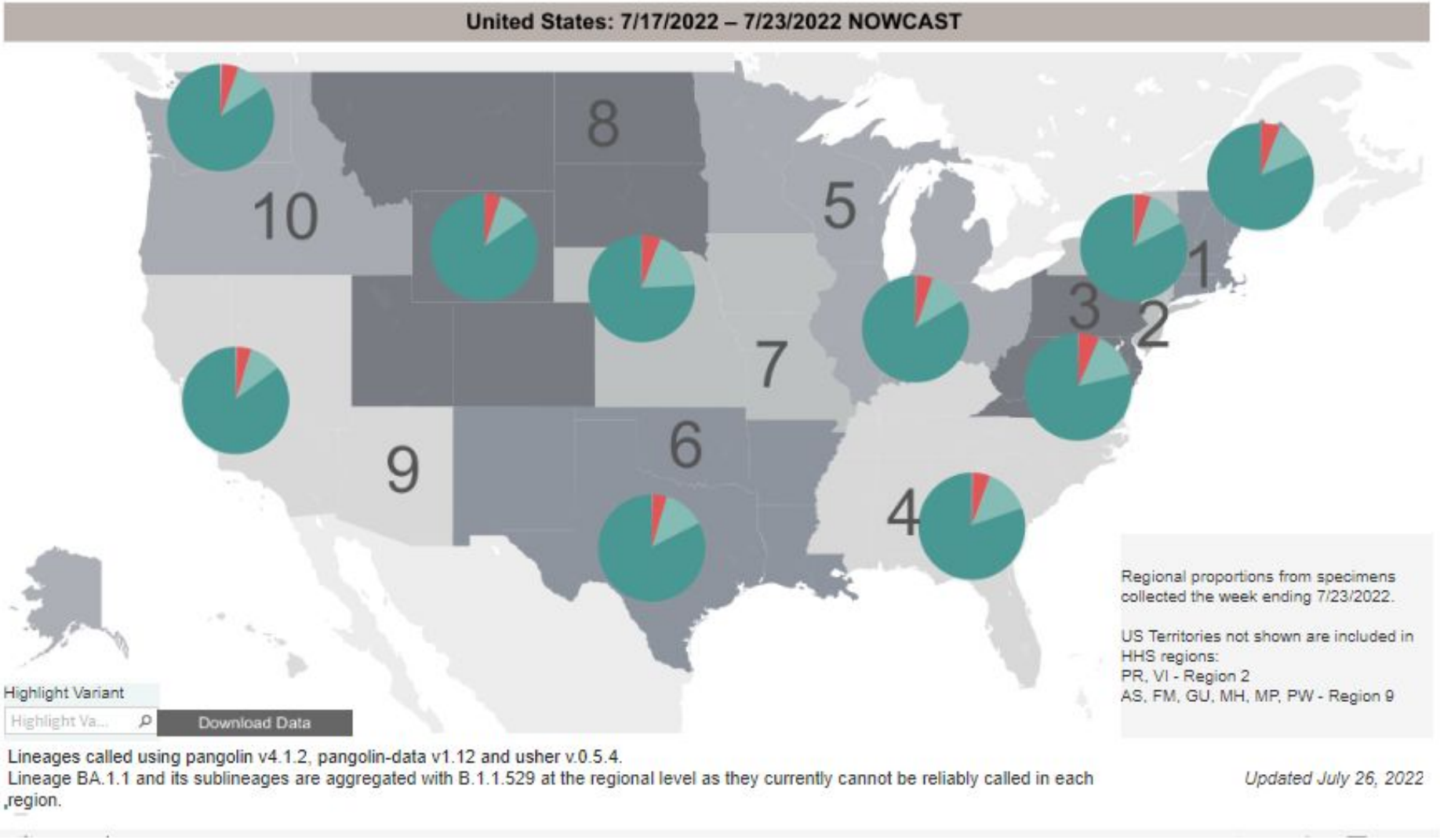
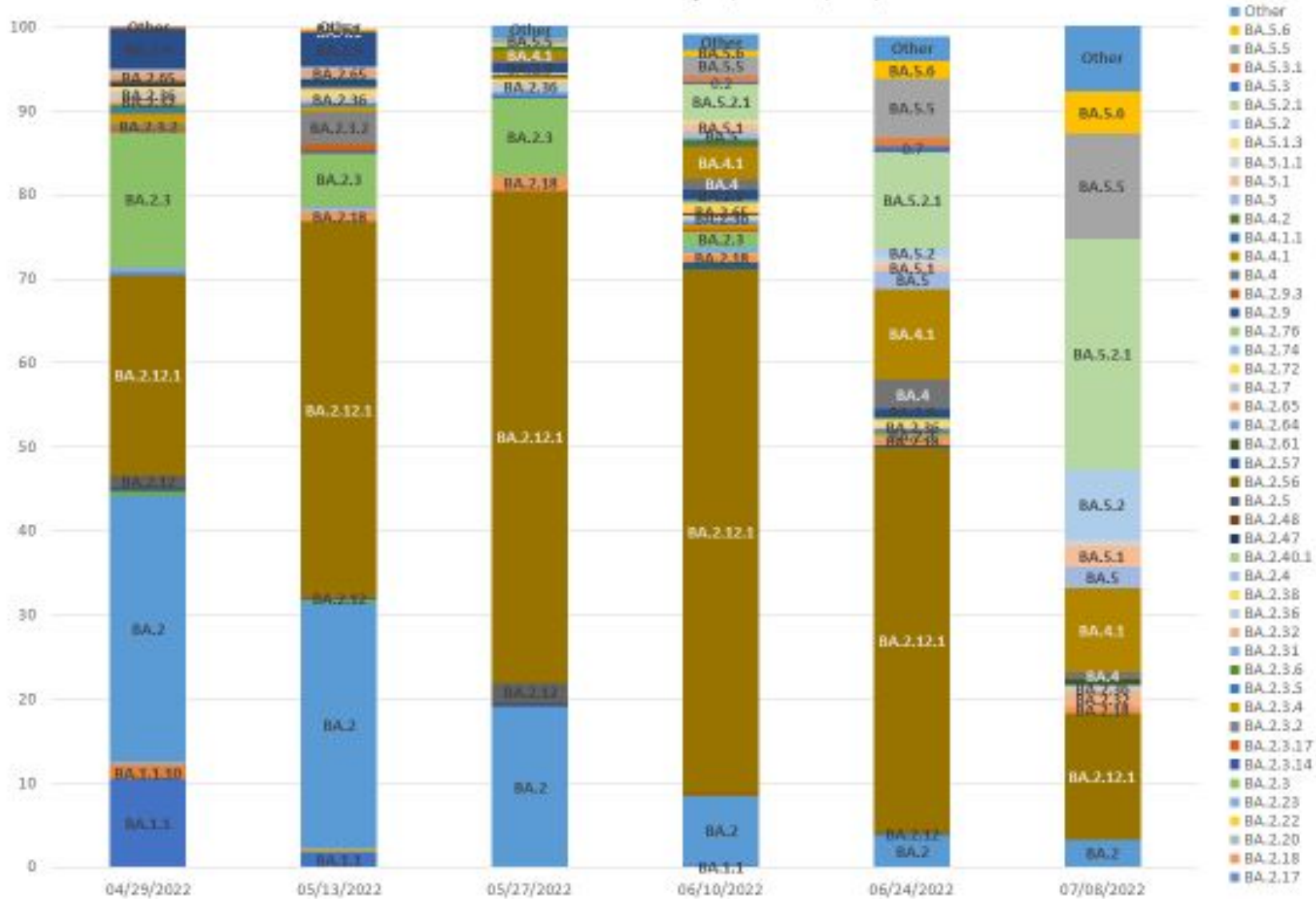
CDC NowCast

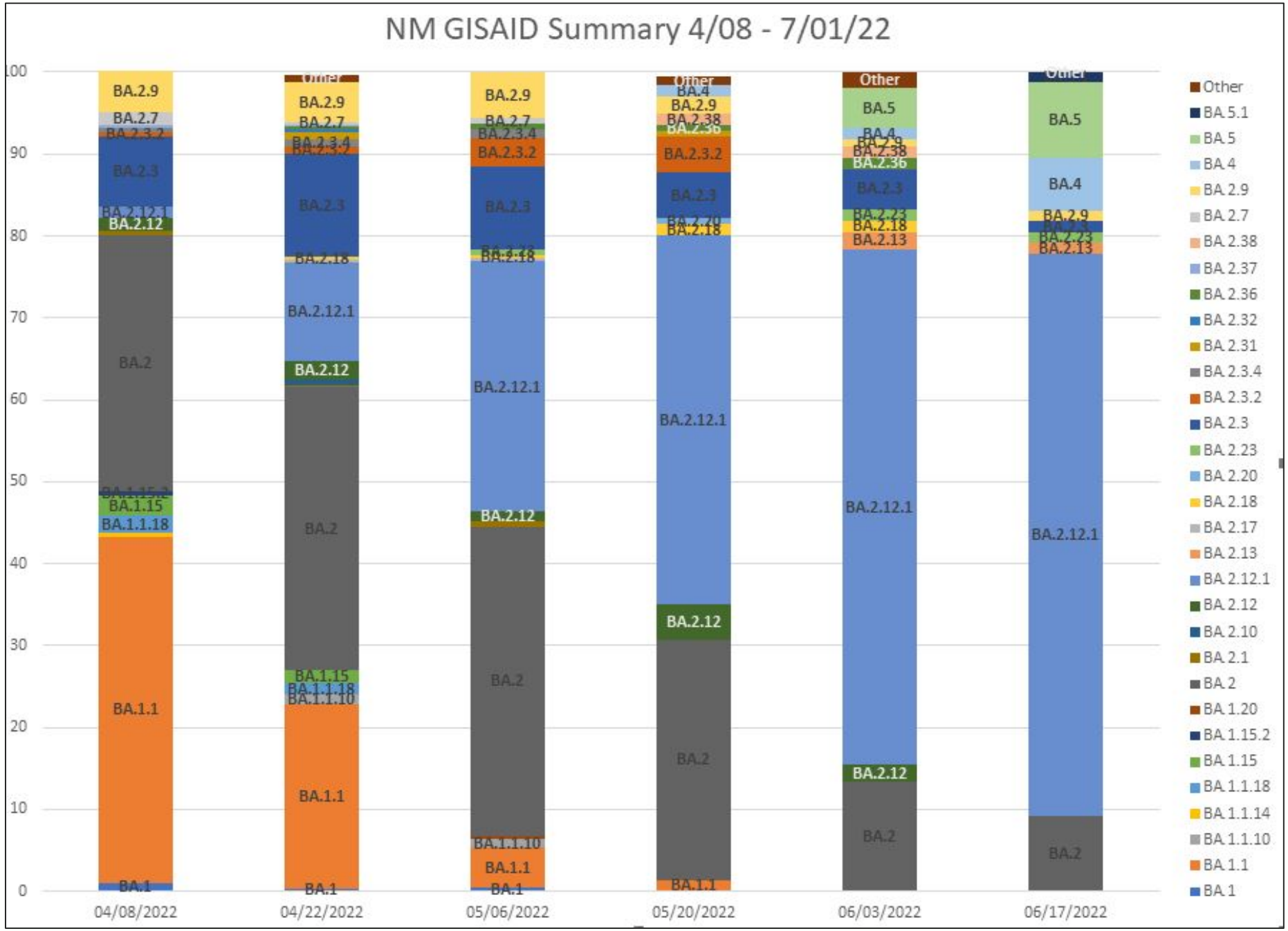
updated 7/26/22





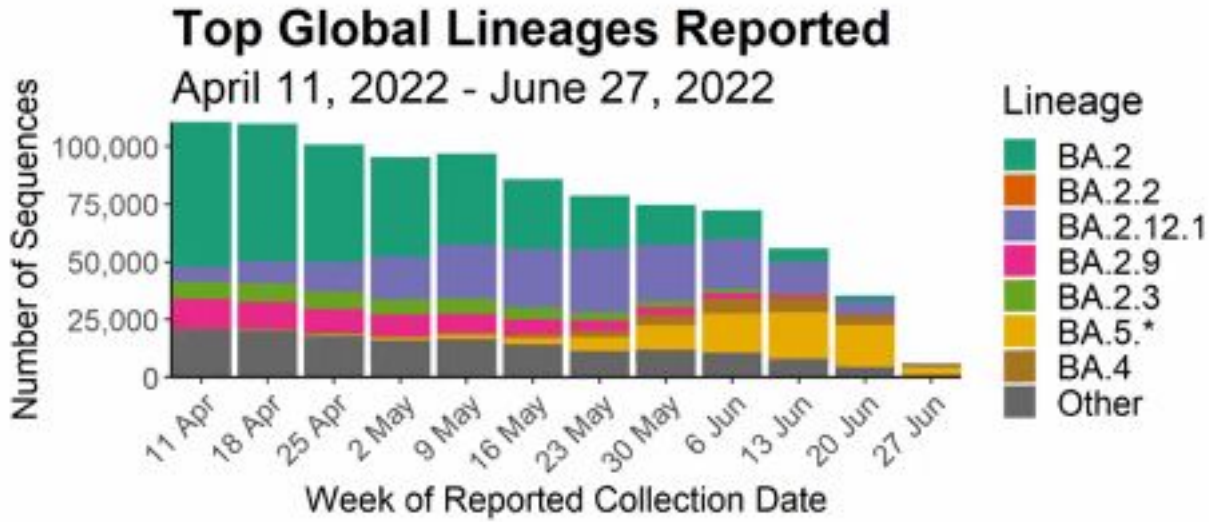
https://covid.cdc.gov/covid-data-tracker/#variant-proportions

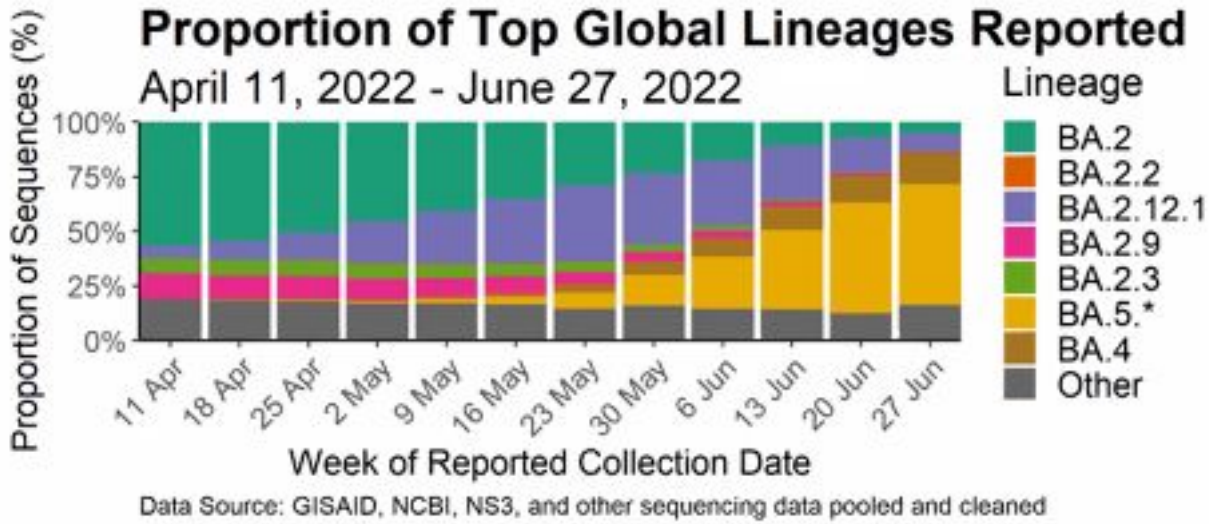

NM GISAID Summary 4/29 - 7/22/22
100
90
80
70
60
50
40
30
20
10
0
04/29/2022
05/13/2022
05/27/2022
06/10/2022
06/24/2022
07/08/2022
Other
BA.5.6
BA.5.5
BA.5.3.1
BA.5.3
BA.5.2.1
BA.5.2
BA.5.1.3
BA.5.1.1
BA.5.1
BA.5
BA.4.2
BA.4.1.1
BA.4.1
BA.4
BA.2.9.3
BA.2.9
BA.2.76
BA.2.74
BA.2.72
BA.2.7
BA.2.65
BA.2.64
BA.2.61
BA.2.57
BA.2.56
BA.2.5
BA.2.48
BA.2.47
BA.2.40.1
BA.2.4
BA.2.38
BA.2.36
BA.2.32
BA.2.31
BA.2.3.6
BA.2.3.5
BA.2.3.4
BA.2.3.2
BA.2.3.17
BA.2.3.14
BA.2.3
BA.2.23
BA.2.22
BA.2.20
BA.2.18
BA.2.17


NM GISAID Summary 4/08 - 7/01/22
100
90
80
70
60
50
40
30
20
10
0
04/08/2022
04/22/2022
05/06/2022
05/20/2022
06/03/2022
06/17/2022
Other
BA.5.1
BA.5
BA.4
BA.2.9
BA.2.7
BA.2.38
BA.2.37
BA.2.36
BA.2.32
BA.2.31
BA.2.3.4
BA.2.3.2
BA.2.3
BA.2.23
BA.2.20
BA.2.18
BA.2.17
BA.2.13
BA.2.12.1
BA.2.12
BA.2.10
BA.2.1
BA.2
BA.1.20
BA.1.15.2
BA.1.15
BA.1.1.18
BA.1.1.14
BA.1.1.10
BA.1.1
BA.1

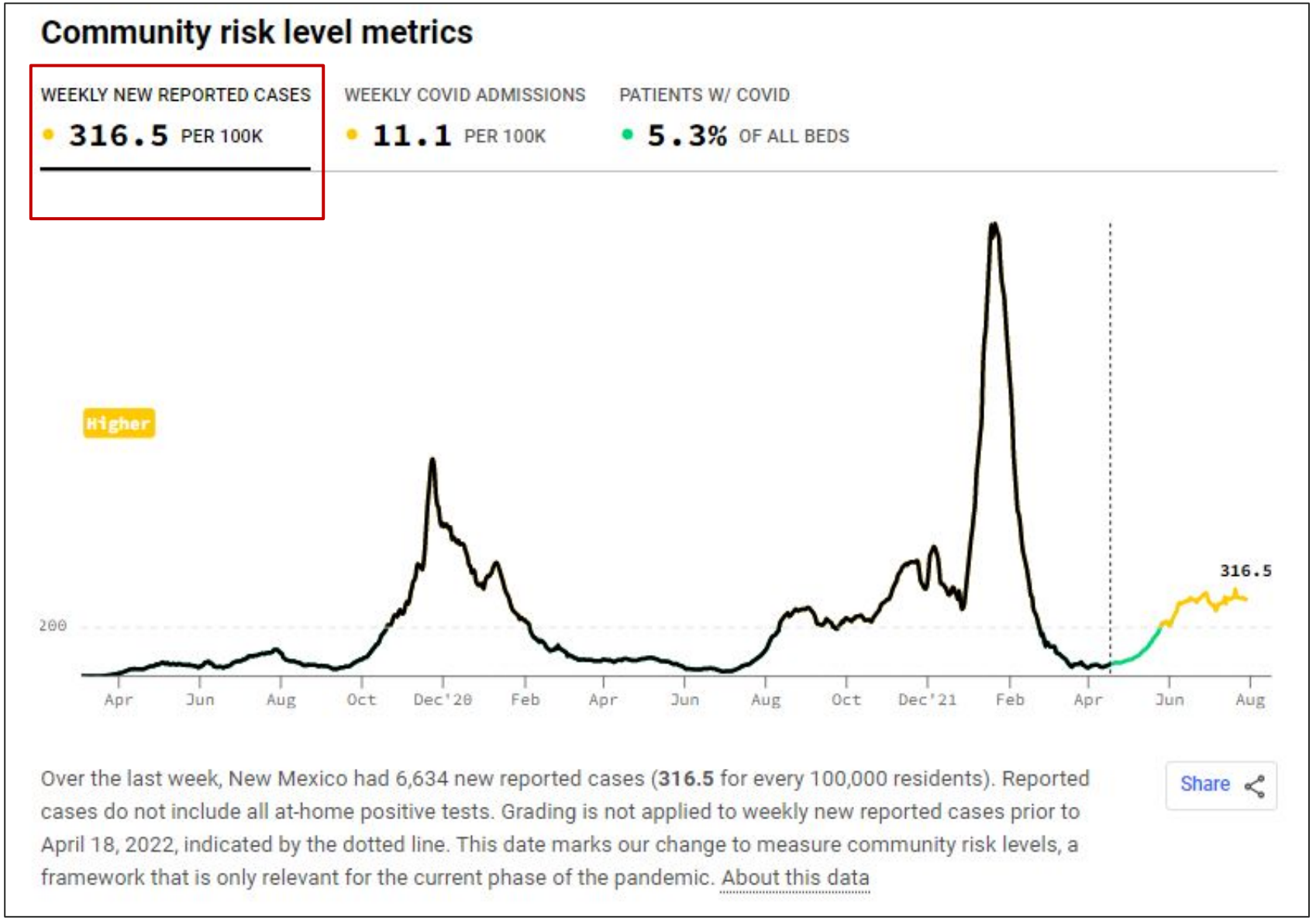
BA.5 overview

- BA.5 is growing in dozens of countries around the world
- Outcompeting BA.4 and BA.2.12.1





COVID in NM - CASES



https://www.covidactnow.org/?s=21051026

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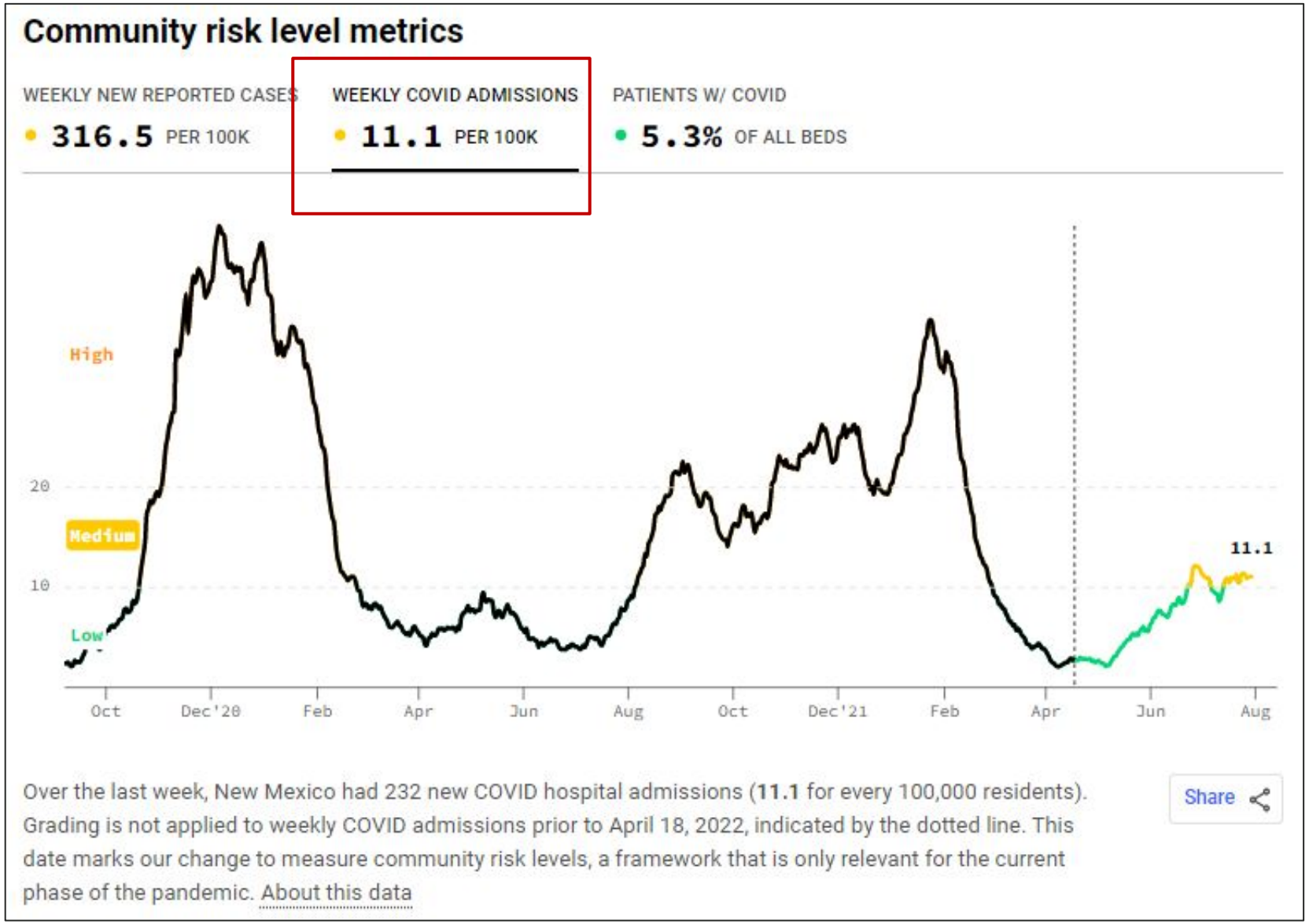
COVID in NM - HOSPITAL ADMISSIONS



https://www.covidactnow.org/?s=21051026

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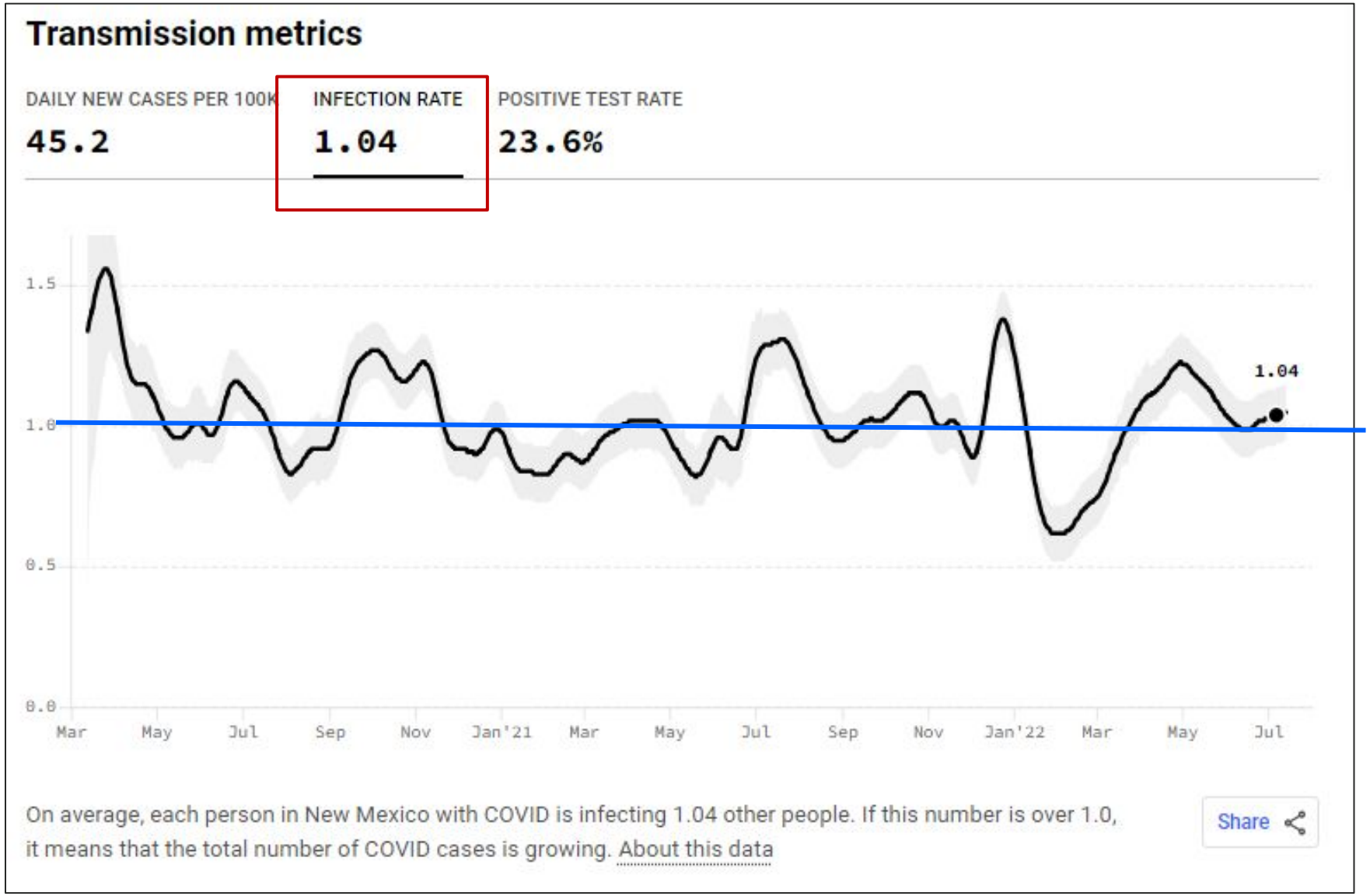
COVID in NM - “R effective”



https://www.covidactnow.org/?s=21051026

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All metrics

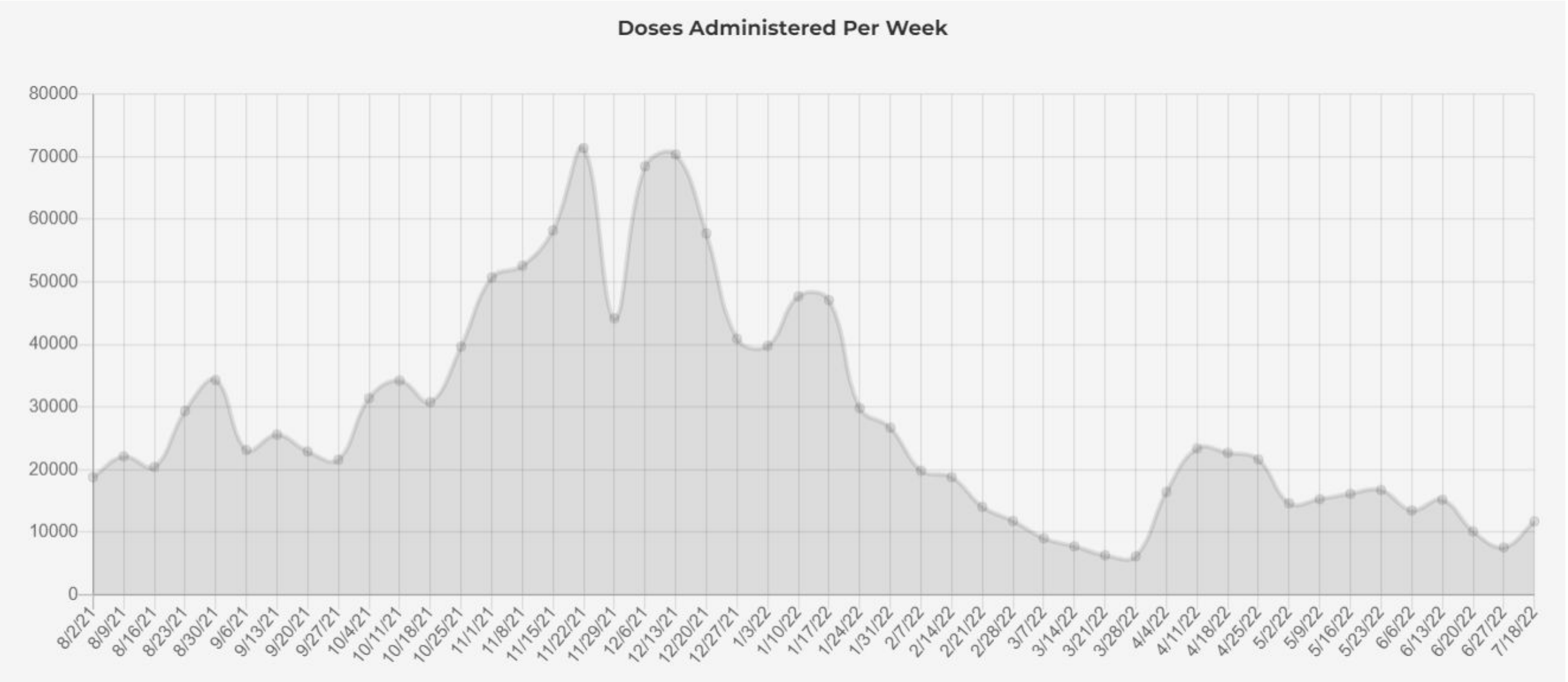
METRIC
Hospitalizations (w/ COVID per 100k)

PAST # OF DAYS
60

LOCATIONS
New Mexico; New York; California; ...

https://www.covidactnow.org/?s=21051026

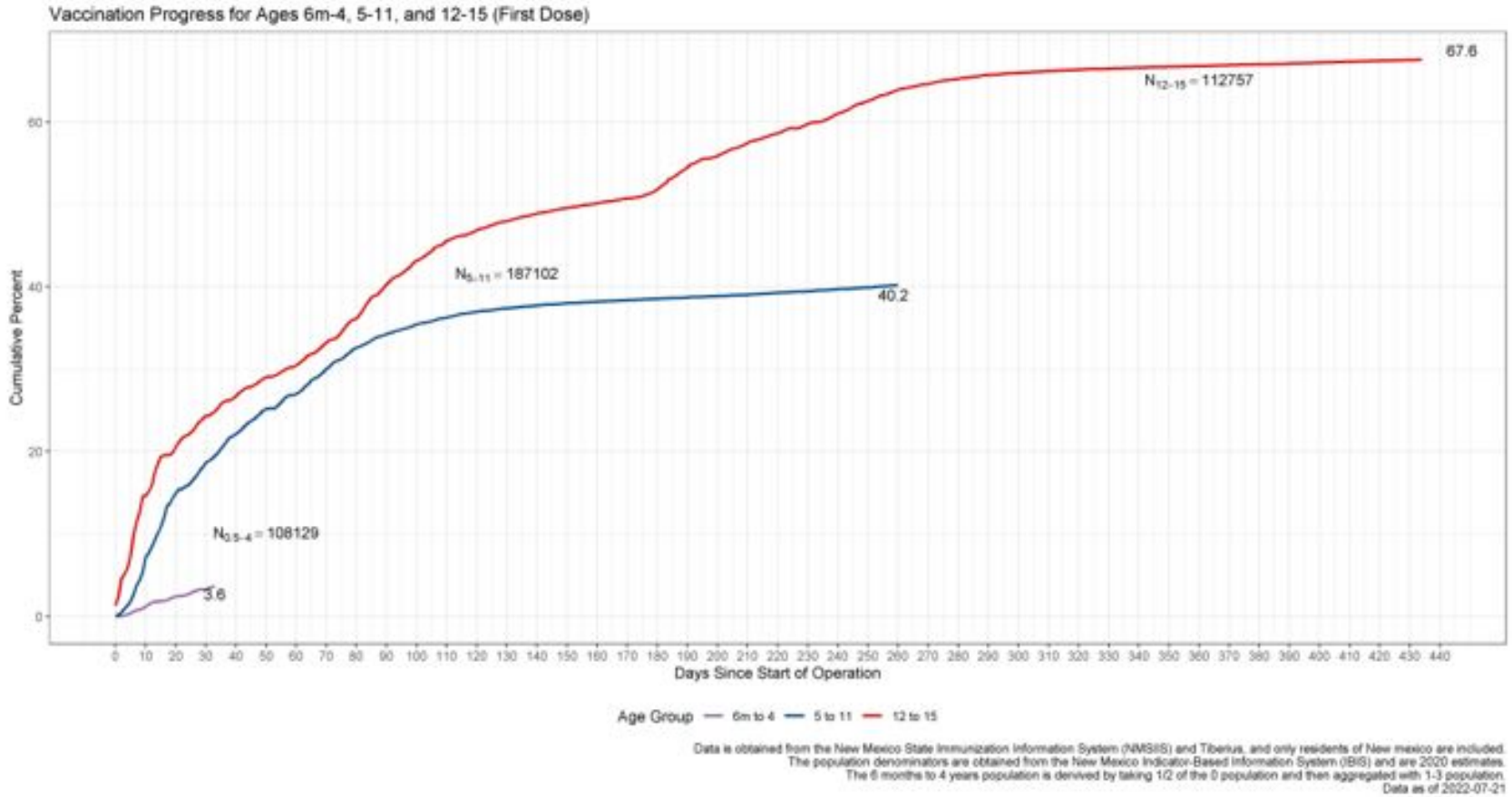
New Mexico COVID-19 Vaccine Administration



NMSIIS and Tiberius data

Vaccination Progress:

6 months - 4 years vs. 5-11 years vs. 12-15 years



#6mo - 4yo who have gotten one dose of vaccine:

3932 (thru 7/26) = 3.6% of population

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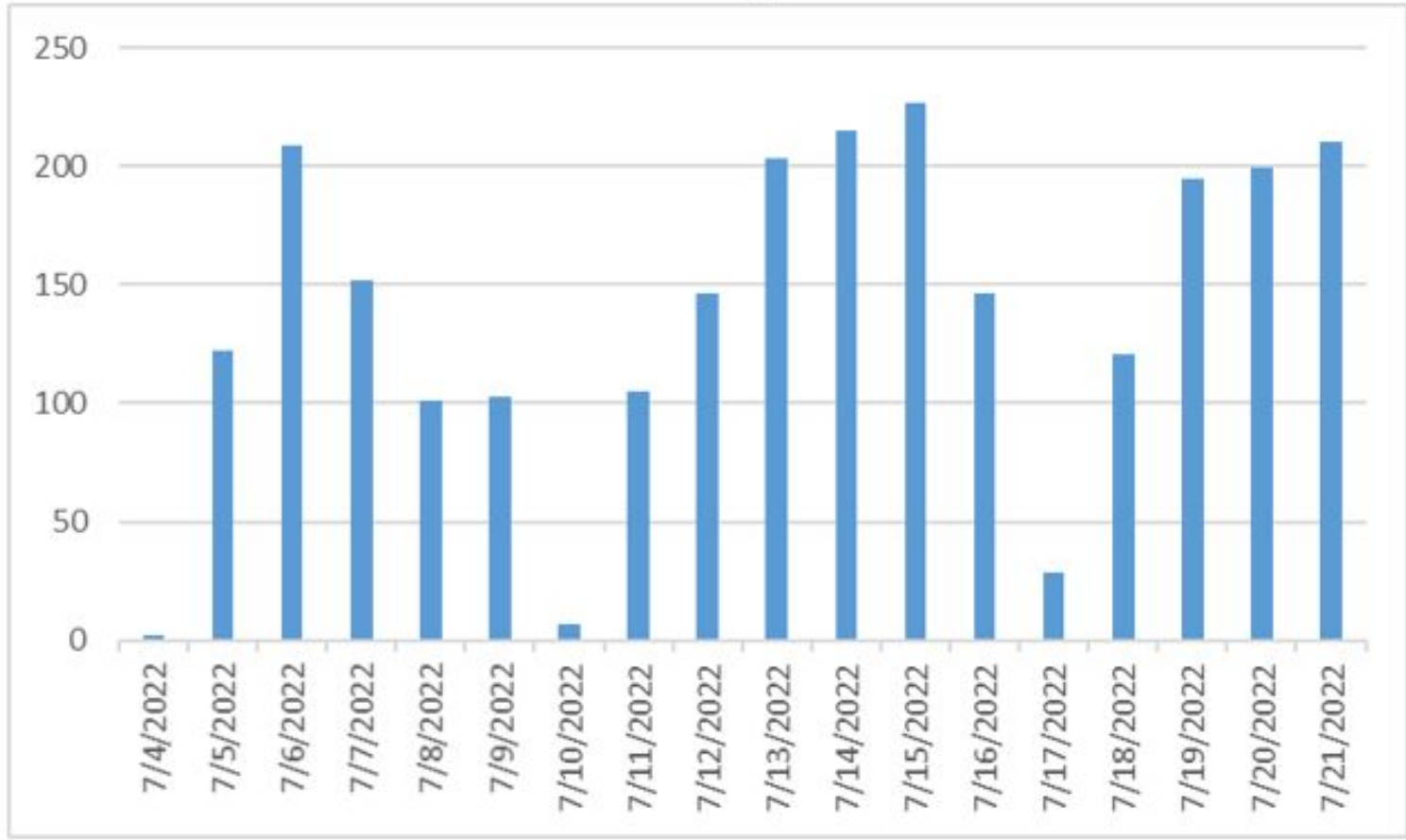
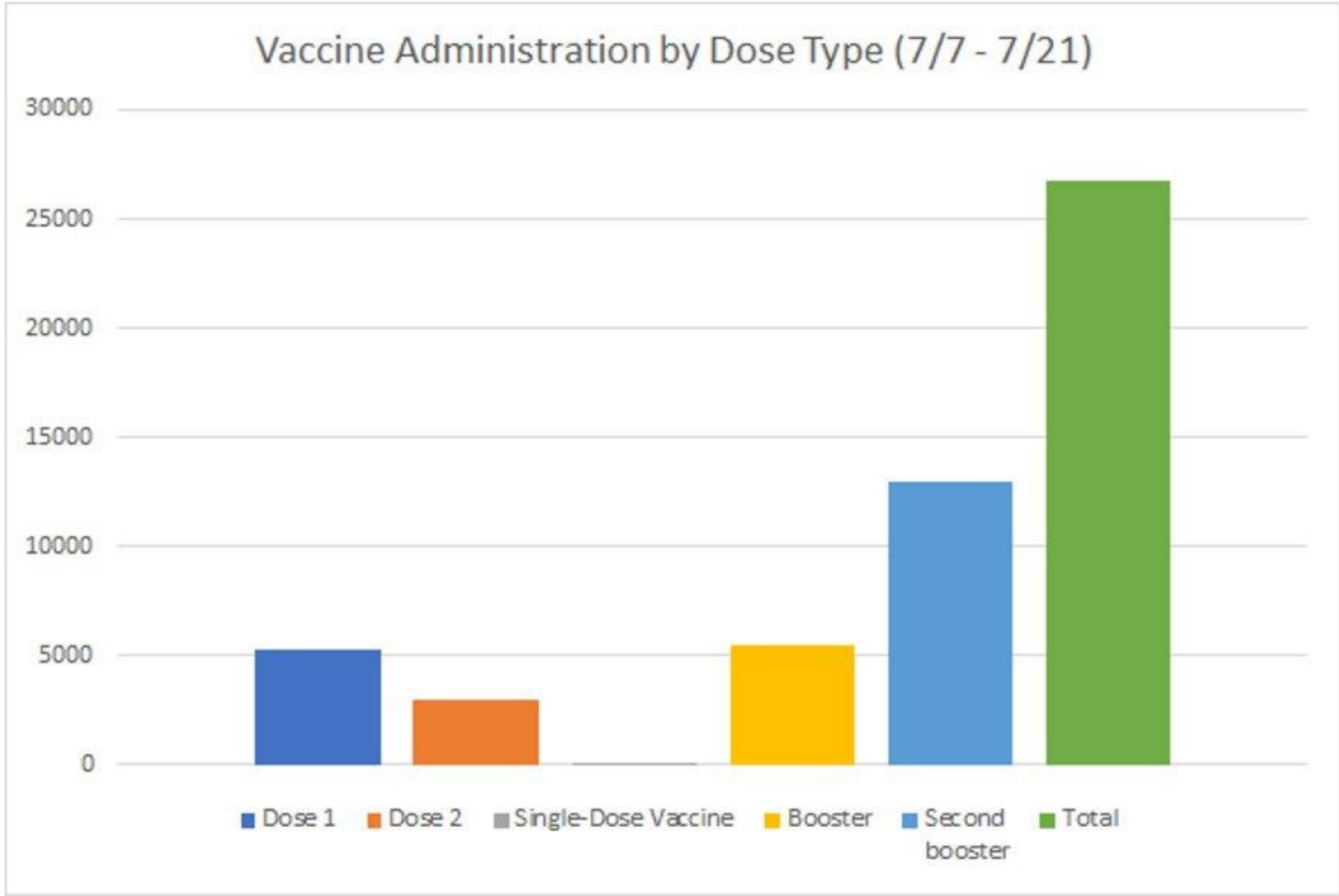
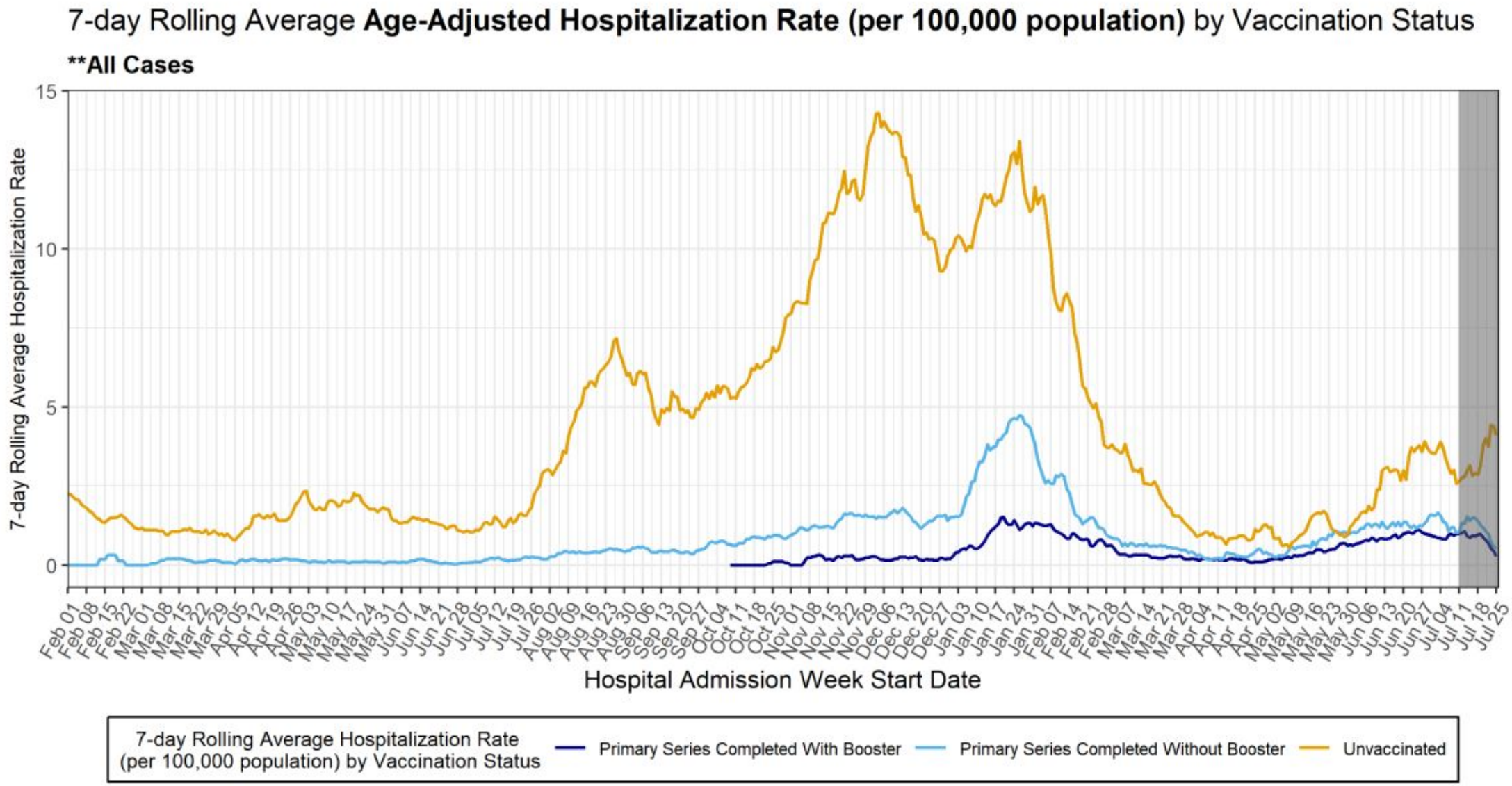
Total Doses Administered by Day:
6 month- 4 year olds



IBM Watson Healthy © 2021 IBM Corporation


Vaccine Administration by Dose Type (7/7 - 7/21)
30000
25000
20000
15000
10000
5000
0
Dose 1
Dose 2
Single-Dose Vaccine
Booster
Second booster
Total

7-day rolling average hospitalization by vaccination status

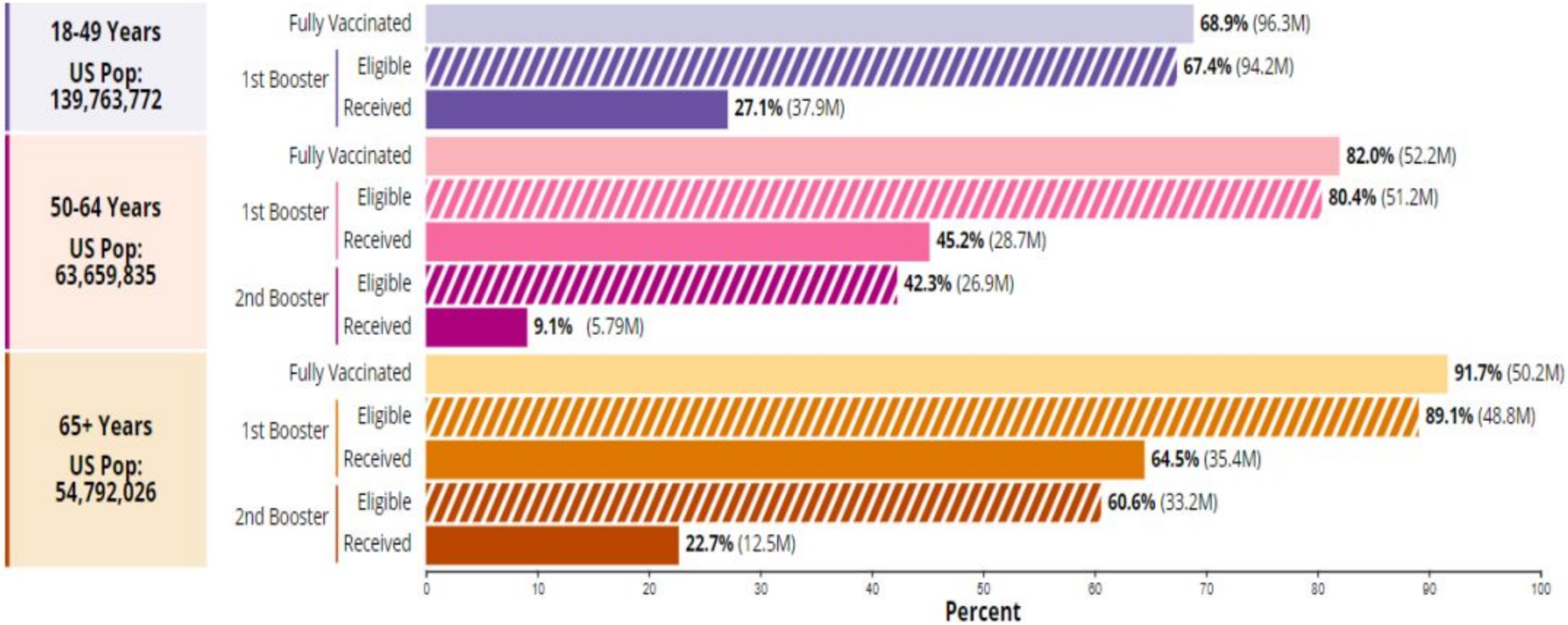


Vaccine Updates

Timeline (cont.)

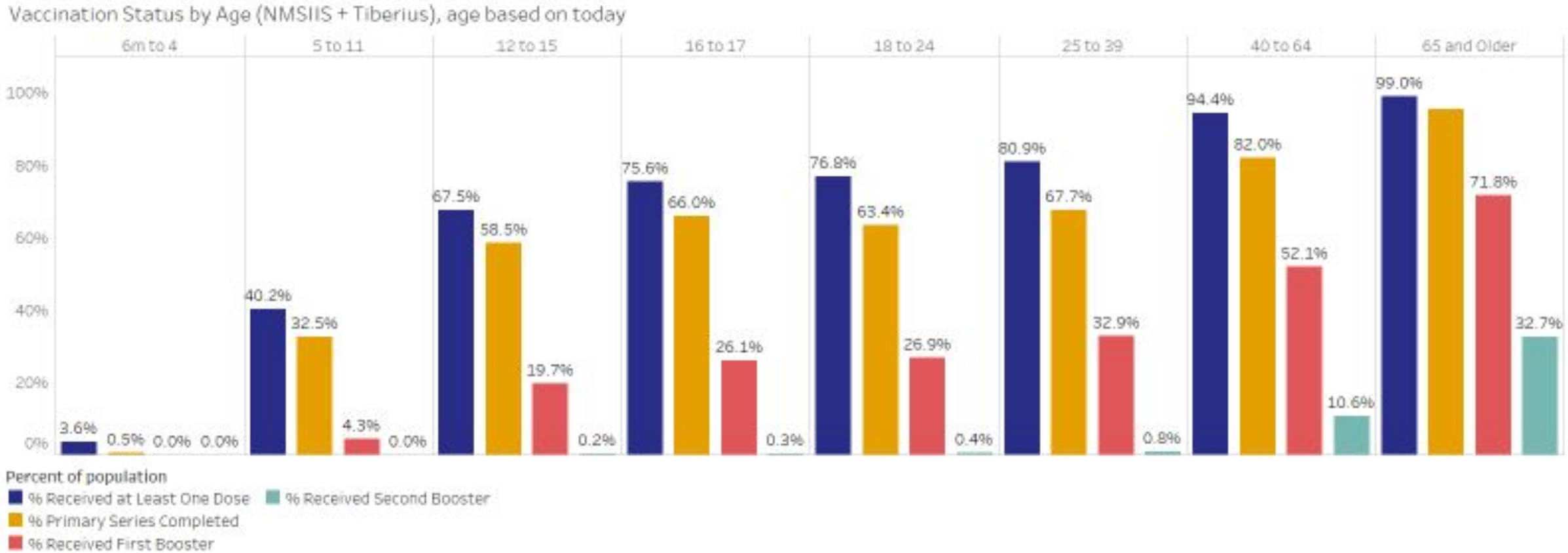
12.8.21	FDA authorizes AstraZeneca's Evusheld for emergency use
12.9.21	Pfizer boosters approved for 16 - 17-year-olds
12.22.21	FDA authorizes Pfizer's Paxlovid for emergency use
12.23.21	FDA authorizes Merck's Molnupiravir for emergency use
1.3.22	FDA. authorizes Pfizer vaccine boosters for everyone 12+ and expanded 3rd dose for immune compromised individuals to include 5 - 11
1.3.22	FDA changes booster dose time frame for Pfizer to "at least 5 months from primary series completion "
1.7.22	NM DOH recommends halting BAM/ETE and REGEN-COV due to high proportion of Omicron
1.7.22	FDA changes booster dose time frame for Moderna to "at least 5 months from primary series completion"
1.31.22	Moderna's SpikeVax FDA approved
2.4.22	Moderna's SpikeVax endorsed by ACIP and CDC
2.11.22	booster interval for immune compromised people changed to 3 months (and other changes)
2.11.22	Bebtelovimab approved (Eli Lilly) for 12+
2.17.22	NM mask mandate lifted - except in healthcare, LTCF's, residential treatment centers, State prisons, juvenile justice
2.21.22	change to weekly vaccine reporting (on Tuesdays)
2.22.22	vax interval changed o allow up to 8 weeks between first and second doses
2.23.22	texts sent to immune compromised individuals (40K texts)
2.24.22	FDA amends Evusheld EUA - recommending dose increase
3.29.22	FDA/CDC approve a 2nd mRNA booster for 50+ and for people 12+ with immune compromise
4.5.22	Sotrovimab EUA revoked by FDA
4.13.22	FDA extends mask mandate on public transport thru 5/3; federal judge strikes it down on 4.18.22
4.14.22	FDA grants EUA for first COVID19 "breath test" (InspectIR COVID-19 Breathalyzer test detects 5 VOCs in exhaled breath)
4.15.22	NM Public Health order renewed through 5/16
5.19.22	CDC recommends single booster for kids 5 - 11
6.7.22	VRBPAC recommends Novavax
6.18.22	CDC recommends Moderna for kids 6mo - 5yo and Pfizer for kids 6mo - 4yo
6.24.22	CDC recommends Moderna for kids 6 - 17 years
7.8.22	FDA *approves* COMIRNATY for 12+
7.19.22	CDC recommends Novavax for people 18+

Primary series completion among adults ages 18 years and older, United States, as of July 13, 2022



CDC COVID Data Tracker. COVID-19 Vaccinations in the United States. https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-count-total Accessed July 18, 2022

Vaccination Status by Age



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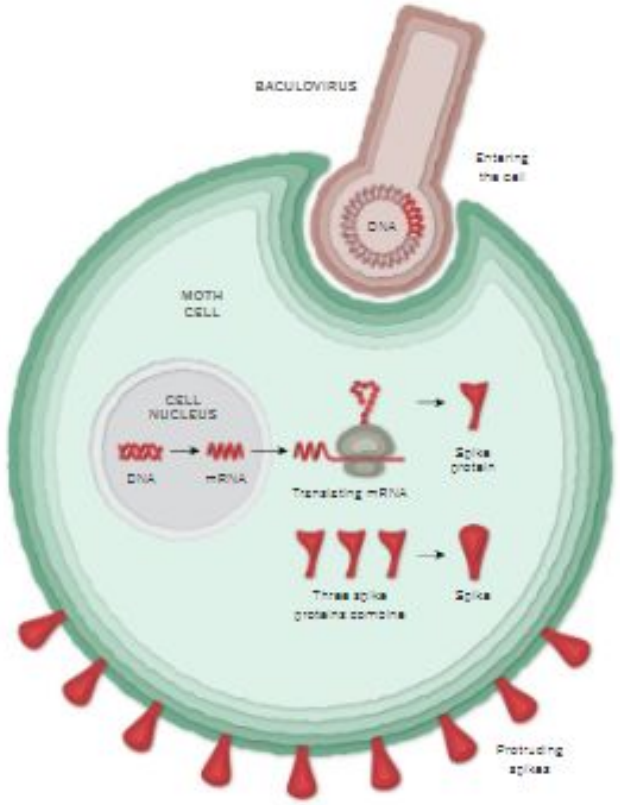
NOVAVAX - HOW it WORKS

Growing Spike Proteins

To create their vaccine, Novavax researchers started with a modified spike gene. They inserted the gene into a different virus, called a baculovirus, and allowed it to infect moth cells. The infected cells produced spike proteins that spontaneously joined together to form spikes, as they do on the surface of the coronavirus.



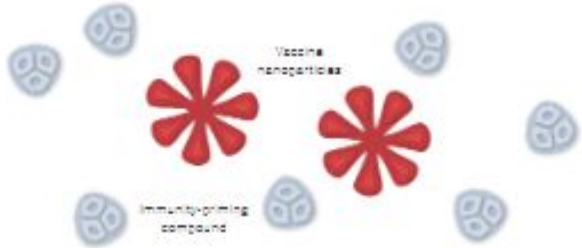
A similar method of growing and harvesting virus proteins is already used to make licensed vaccines for diseases including influenza and HPV.

Building Nanoparticles

The researchers harvested the spike proteins from the moth cells and assembled them into nanoparticles. While the nanoparticles mimicked the molecular structure of the coronavirus, they could not replicate or cause Covid-19.

Presenting the Spike

The vaccine is injected into the muscles of the arm. Each injection includes many spike nanoparticles, along with a compound extracted from the soapbark tree. The compound attracts immune cells to the site of the injection and causes them to respond more strongly to the nanoparticles.



https://www.nytimes.com/interactive/2020/health/novavax-covid-19-vaccine.html

Outcome 1: Symptomatic lab-confirmed COVID-19 Studies with unvaccinated comparator (n=1)

Population	Events/Vaccine[a] (n/N)	Events/Placebo[a] (n/N)	Vaccine efficacy (95% CI)
Primary Outcome[b]			
Ages ≥18 years	17/17272	79/8385	89.6% (82.4%, 93.8%)
Ages 18–64 years	15/15228	75/7417	90.3% (83.1%, 94.4%)
Ages ≥65 years	2/2044	4/968	76.3% (-29.1%, 95.7%)
Any comorbidity[c] (18–64 years)	6/6957	38/3451	92.2% (81.5%, 96.7%)
Any comorbidity[c] (≥65 years)	1/1125	3/580	82.8% (-64.9%, 98.2%)

a. 19,963 and 9,982 persons were randomized to vaccine and placebo

b. Cases diagnosed ≥7 days post dose 2 among persons without evidence of prior SARS-CoV-2 infection

c. Comorbidities: obesity, chronic kidney disease, chronic lung disease, cardiovascular disease, diabetes mellitus type 2

Several different adjuvants are used in U.S. vaccines.

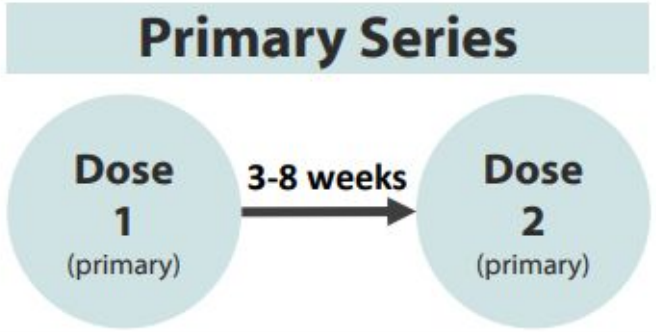
Adjuvant	Composition	Vaccines
Aluminum	One or more of the following: amorphous aluminum hydroxyphosphate sulfate (AAHS), aluminum hydroxide, aluminum phosphate, potassium aluminum sulfate (Alum)	Anthrax, DT, DTaP (Daptacel), DTaP (Infanrix), DTaP-IPV (Kinrix), DTaP-IPV (Quadracel), DTaP-HepB-IPV (Pediarix), DTaP –IPV/Hib (Pentacel), Hep A (Havrix), Hep A (Vaqta), Hep B (Engerix-B), Hep B (Recombivax), HepA/Hep B (Twinrix), HIB (PedvaxHIB), HPV (Gardasil 9), Japanese encephalitis (Ixiaro), MenB (Bexsero, Trumenba), Pneumococcal (Prevnar 13), Td (Tenivac), Td (Mass Biologics), Tdap (Adacel), Tdap (Boostrix)
AS04	Monophosphoryl lipid A (MPL) + aluminum salt	Cervarix
MF59	Oil in water emulsion composed of squalene	Fluad
AS01$_B$	Monophosphoryl lipid A (MPL) and QS-21, a natural compound extracted from the Chilean soapbark tree, combined in a liposomal formulation	Shingrix
CpG 1018	Cytosine phosphoguanine (CpG), a synthetic form of DNA that mimics bacterial and viral genetic material	Heplisav-B
No adjuvant		ActHIB, chickenpox, live zoster (Zostavax), measles, mumps & rubella (MMR), meningococcal (Menactra, Menveo), rotavirus, seasonal influenza (except Fluad), single antigen polio (IPOL), yellow fever

https://www.cdc.gov/vaccinesafety/concerns/adjuvants.html

NOVAVAX COVID-19 VACCINE SCHEDULE

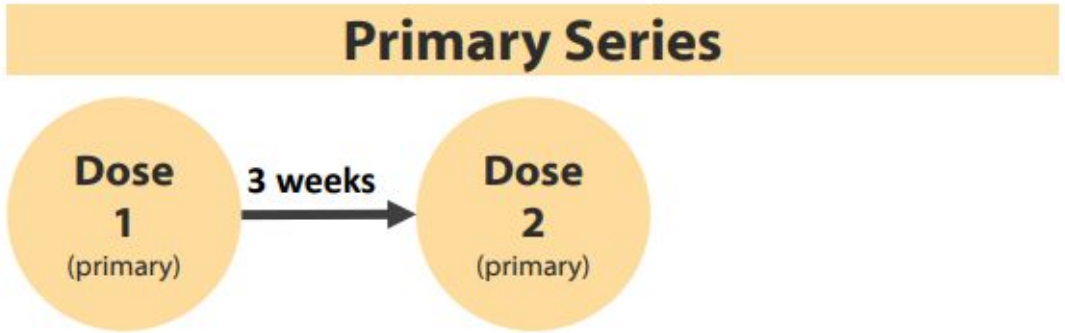
People who are **NOT** moderately or severely immunocompromised

Novavax
(18 years and older)



People who **ARE** moderately or severely immunocompromised

Novavax
(18 years and older)



Doses NOT Currently Authorized

- For people receiving a Novavax COVID-19 Vaccine primary series, the following are **NOT** currently authorized:
  - Third primary dose for people who are moderately or severely immunocompromised
  - Booster dose using ANY COVID-19 vaccine after a Novavax primary series

Novavax COVID-19 Vaccine: Preparation and Administration

Age indication:
18 years and older

Dose: 5 mcg SARS-CoV-2rS
50 mcg Matrix-M™ adjuvant

Injection volume:
0.5 mL

Preparation:
Do not dilute

Doses per vial:
10 doses

Injection route/site:
Intramuscular/deltoid

Novavax COVID-19 Vaccine: Storage

Storage:
Refrigerator 2° to 8°C (36°to 46°F).

DO NOT FREEZE

Beyond use time:
6 hours after first puncture

Expiration:
No expiration date is printed on the vial or carton

https://us.novavaxcovidvaccine.com/hcp

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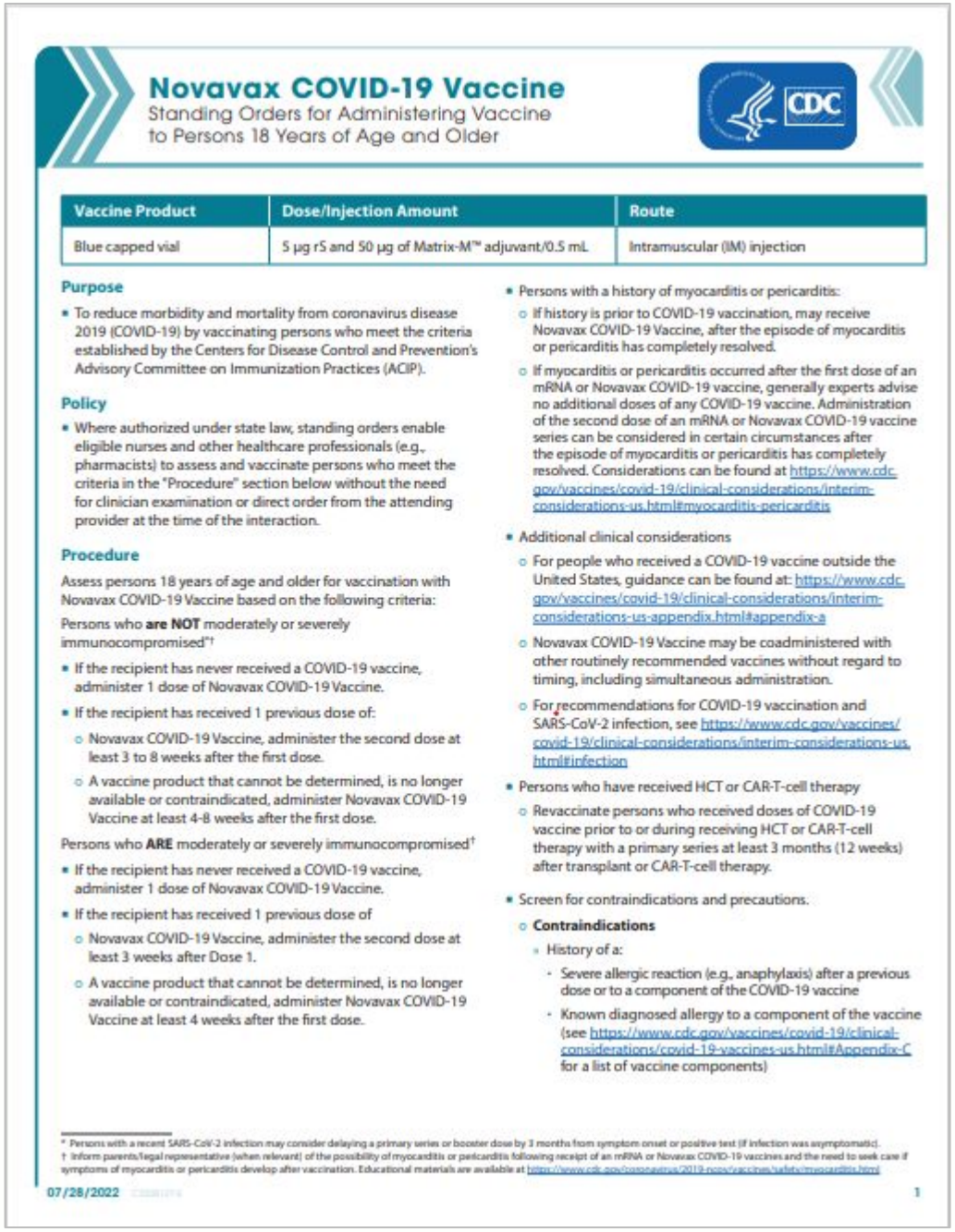
Contraindications

- History of a severe allergic reaction (e.g., anaphylaxis after a previous dose of Novavax COVID-19 Vaccine)
- History of a known diagnosed allergy to a component of Novavax COVID-19 Vaccine
- People with a known allergy to polysorbate have a contraindication to both Novavax and Janssen

In all other cases, an allergy-related contraindication to one type of COVID-19 vaccine is at least a precaution to the other types of vaccine

Precautions

- History of an immediate allergic reaction to any vaccine other than COVID-19 vaccine or to any injectable therapy
- History of a non-severe, immediate (less than 4 hours) allergic reaction after a dose of Novavax
- Moderate or severe acute illness, with or without fever
- History of MIS-C or MIS-A
- History of myocarditis or pericarditis ***after a dose*** of an mRNA or Novavax COIVD19 Vaccine.



Novavax COVID-19 Vaccine

Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older

Vaccine Product	Dose/Injection Amount	Route
Blue capped vial	5 µg rS and 50 µg of Matrix-M™ adjuvant/0.5 mL	Intramuscular (IM) injection

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

Assess persons 18 years of age and older for vaccination with Novavax COVID-19 Vaccine based on the following criteria:

Persons who **are NOT** moderately or severely immunocompromised*†

- If the recipient has never received a COVID-19 vaccine, administer 1 dose of Novavax COVID-19 Vaccine.
- If the recipient has received 1 previous dose of:
  - Novavax COVID-19 Vaccine, administer the second dose at least 3 to 8 weeks after the first dose.
  - A vaccine product that cannot be determined, is no longer available or contraindicated, administer Novavax COVID-19 Vaccine at least 4-8 weeks after the first dose.

Persons who **ARE** moderately or severely immunocompromised†

- If the recipient has never received a COVID-19 vaccine, administer 1 dose of Novavax COVID-19 Vaccine.
- If the recipient has received 1 previous dose of
  - Novavax COVID-19 Vaccine, administer the second dose at least 3 weeks after Dose 1.
  - A vaccine product that cannot be determined, is no longer available or contraindicated, administer Novavax COVID-19 Vaccine at least 4 weeks after the first dose.
- Persons with a history of myocarditis or pericarditis:
  - If history is prior to COVID-19 vaccination, may receive Novavax COVID-19 Vaccine, after the episode of myocarditis or pericarditis has completely resolved.
  - If myocarditis or pericarditis occurred after the first dose of an mRNA or Novavax COVID-19 vaccine, generally experts advise no additional doses of any COVID-19 vaccine. Administration of the second dose of an mRNA or Novavax COVID-19 vaccine series can be considered in certain circumstances after the episode of myocarditis or pericarditis has completely resolved. Considerations can be found at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#myocarditis-pericarditis
- Additional clinical considerations
  - For people who received a COVID-19 vaccine outside the United States, guidance can be found at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a
  - Novavax COVID-19 Vaccine may be coadministered with other routinely recommended vaccines without regard to timing, including simultaneous administration.
  - For recommendations for COVID-19 vaccination and SARS-CoV-2 infection, see https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection
- Persons who have received HCT or CAR-T-cell therapy
  - Revaccinate persons who received doses of COVID-19 vaccine prior to or during receiving HCT or CAR-T-cell therapy with a primary series at least 3 months (12 weeks) after transplant or CAR-T-cell therapy.
- Screen for contraindications and precautions.
  - **Contraindications**
    - History of a:
      - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
      - Known diagnosed allergy to a component of the vaccine (see https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C for a list of vaccine components)

* Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
† Inform parents/legal representative (when relevant) of the possibility of myocarditis or pericarditis following receipt of an mRNA or Novavax COVID-19 vaccines and the need to seek care if symptoms of myocarditis or pericarditis develop after vaccination. Educational materials are available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html

07/28/2022

1

CDC Standing Order

[Novavax COVID-19 Vaccine: Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older (cdc.gov)]

Mixed Primary Series

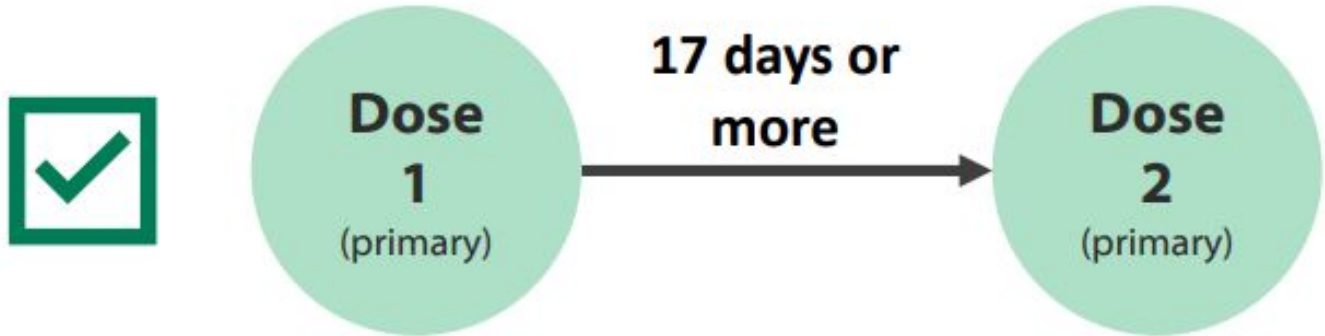
- The **same** vaccine product should be used for all doses in the primary series.
- There are limited data on the safety and efficacy of a mixed primary series composed of any combination of Moderna, Novavax, and Pfizer-BioNTechCOVID-19 vaccines.
- If a mixed primary series is inadvertently administered
  - The series is complete, and doses do not need to be repeated
  - This is considered an error; report to the Vaccine Adverse Event Reporting System (VAERS)

Mixed Primary Series, Continued

- In the following exceptional situations, a different, age-appropriate COVID-19 vaccine may be administered to complete a primary series at a minimum interval of 28 days from the last COVID-19 vaccine dose:
  - The same vaccine is not available
  - The first dose is unknown
  - A person starts but is unable to complete a primary series with the same COVID-19 vaccine due to a contraindication.
- This would not need to be reported to VAERS.

4-Day Grace Period

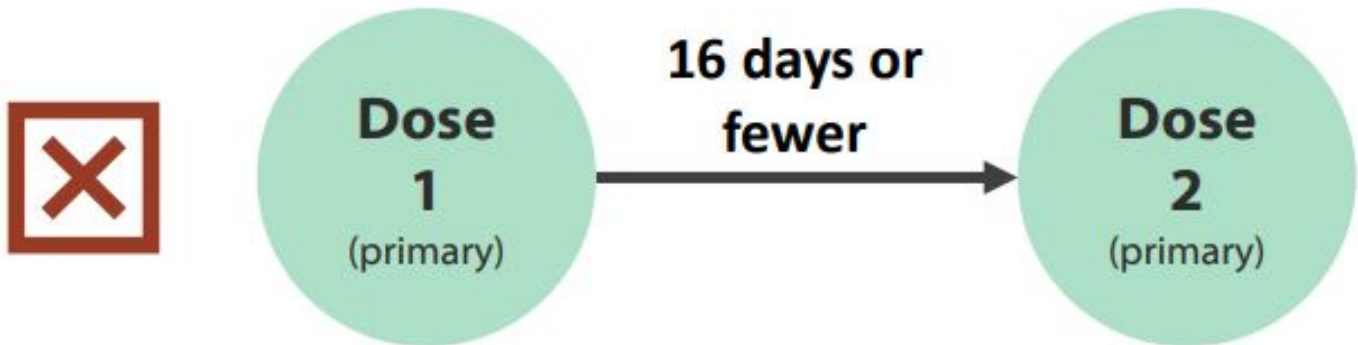
- Primary doses administered up to 4 days before the minimum interval, known as the 4-day grace period, are considered valid.



- **DO**: Use the grace period to determine if doses are valid when retrospectively reviewing records.
- Do **NOT**: Use the grace period to schedule appointments earlier than the recommended interval.

4-Day Grace Period

- Primary doses administered **prior to the grace period** are invalid.



- Doses administered prior to this time should be repeated.
  - Space the repeat dose after the dose given in error by at least the recommended interval. Some experts recommend an 8-week interval.

Coadministration

- In general, COVID-19 vaccines may be administered without regard to timing of other vaccines.
  - ☑ Same day
  - ☑ Any time before
  - ☑ Any time after
- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended for people for whom no specific contraindications exist at the time of the healthcare visit
- There are additional considerations for orthopoxvirus vaccines.

Extended Intervals

Per CDC: An 8-week interval may be optimal for people ages 6 months – 64 years (and especially males 12 – 39 years) who are not immune compromised.

Advantages: some studies show better immunogenicity and lower myocarditis/pericarditis risk

Disadvantages: slower onset of immunogenicity

** No specific Novavax data but same recommendations **

Pfizer and Novavax Webinars for Providers

Pfizer Medical Updates & Immunization Site Training for all Healthcare Providers led by Pfizer Vaccines US Medical Affairs: Pfizer has returned its training schedule to 3 days each week: Tuesday, Wednesday, and Thursday. For details, see dates and links for upcoming training sessions.

Novavax Webinars/Office Hours: Webinars/Office Hours to provide information on the COVID-19 vaccine Novavax will be offered in the upcoming weeks, following the schedule below. Please use this link to register: https://novav.ax/officehours.

- Tuesday, August 2, 2022, at 12:30 p.m. EDT
- Thursday, August 4, 2022, at 2:00 p.m. EDT
- Tuesday, August 9, 2022, at 12:30 p.m. EDT
- Thursday, August 11, 2022, at 12:30 p.m. EDT
- Tuesday, August 16, 2022, at 12:30 p.m. EDT
- Thursday, August 18, 2022, at 2:00 p.m. EDT

For more information, see novavax.com/contact or https://www.novavaxcovidvaccine.com/ or contact Novavax Customer Service at 1-855-239-9174.

NOVAVAX Providers

Baca Community Health	ABQ
Johns Pharmacy	ABQ
UNM Student Health	ABQ
Best Buy Drugs	ABQ
Patricia Davis Practice	ABQ
Belen Public Health Office	Belen
San Juan Regional Group	Farmington
Cibola Hospital	Grants
Pharmacy Five Seven Five	Hobbs
Hillrise Pharmacy	Las Cruces
Roswell Medical Clinic	Roswell
Holy Cross Hospital	Taos
Presbyterian	

Fall Booster Overview

1. Groups eligible for 2nd boosters are people who are 50 and older, and those 12 and older who are immunocompromised.
2. Omicron-adapted vaccines maybe be available as soon as early to mid-September.
3. The federal government has agreed to purchase 105 million doses of Pfizer and 66 million doses of Moderna.
4. The FDA has not yet decided on whether to approve a 2nd booster for all adults 50 and under.

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NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Investing for tomorrow, delivering today.

Other COVID Updates

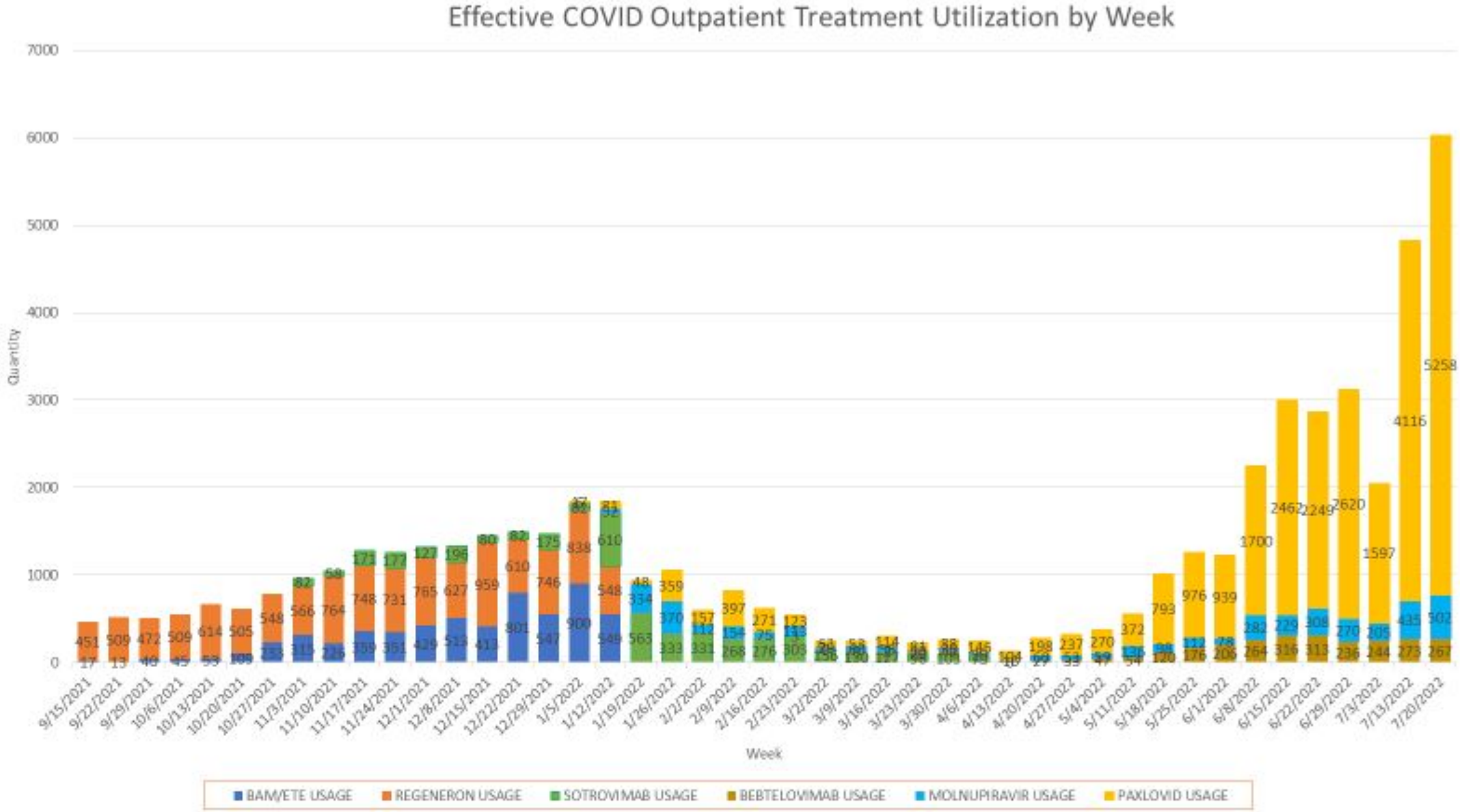
More on BA.5

Impact on Diagnostics

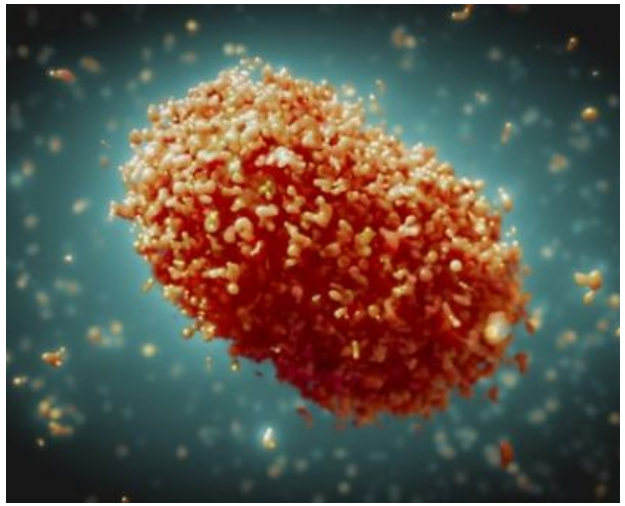
- FDA is working with test developers to understand the impact on available tests.

Impact on our Therapeutics and Vaccines

- Currently available oral antivirals, such as Paxlovid, are expected to work just as well against BA.5 as they did against prior variants.
- Monoclonal antibody drugs which are effective against other Omicron lineages are maintain performance against BA.5.
- More data is needed on the effectiveness of currently available vaccines against infection and severe illness from BA.5 infection.
    - Vaccine-induced immunity in the overall population is waning
    - Updated bivalent vaccines anticipated later this year


Effective COVID Outpatient Treatment Utilization by Week
Quantity
Week
BAM/ETE USAGE
REGENERON USAGE
SOTROVIMAB USAGE
BEBTELOVIMAB USAGE
MOLNUPIRAVIR USAGE
PAXLOVID USAGE

Monkeypox Updates



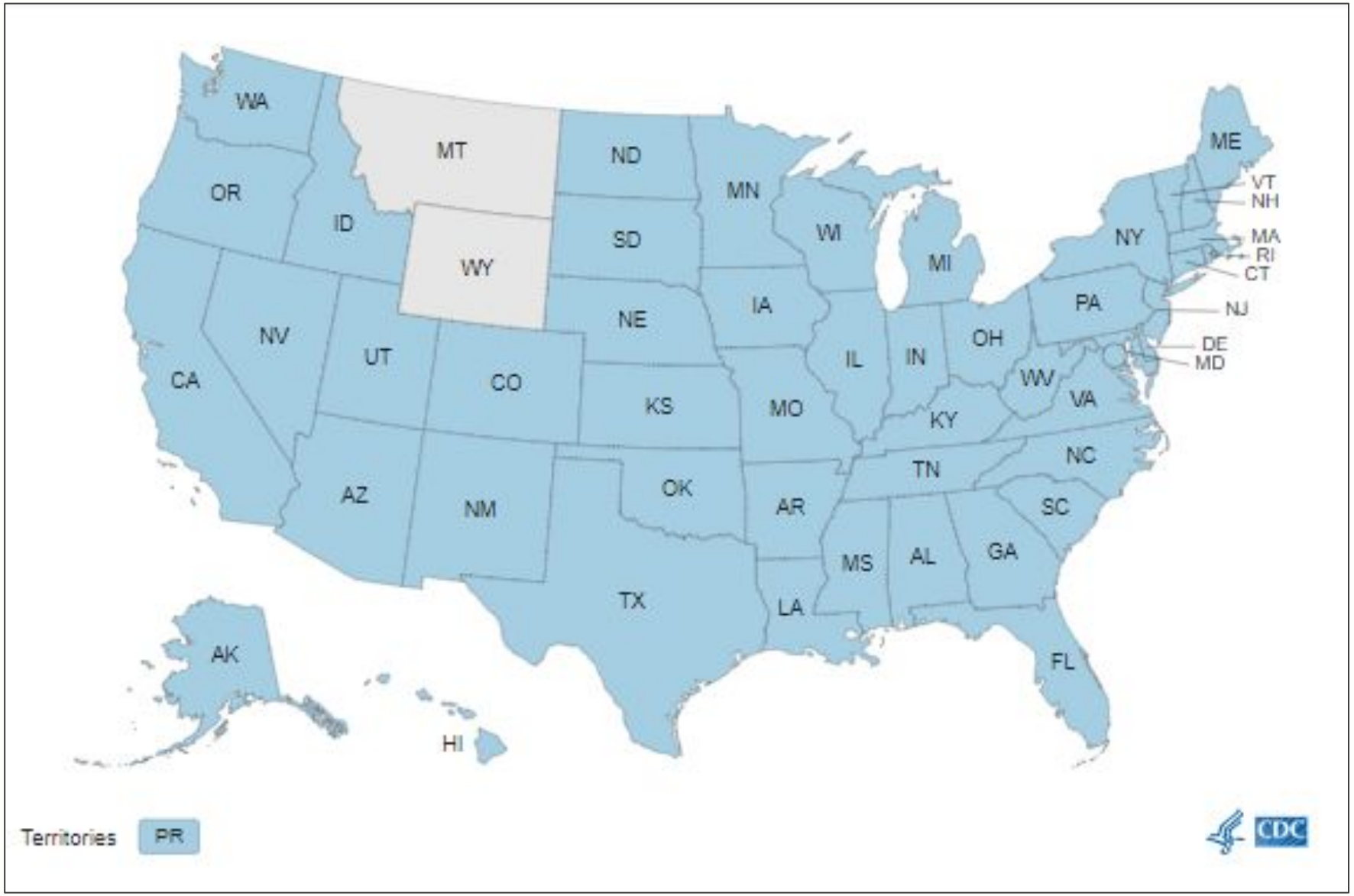
MONKEYPOX Timeline

5.17.22	First case in USA (Massachusetts)
7.23.22	WHO declares a MPX “a public health emergency of international concern”
7.30.22 - 8.2.22	NY, Illinois and California declare state of emergency

MONKEYPOX

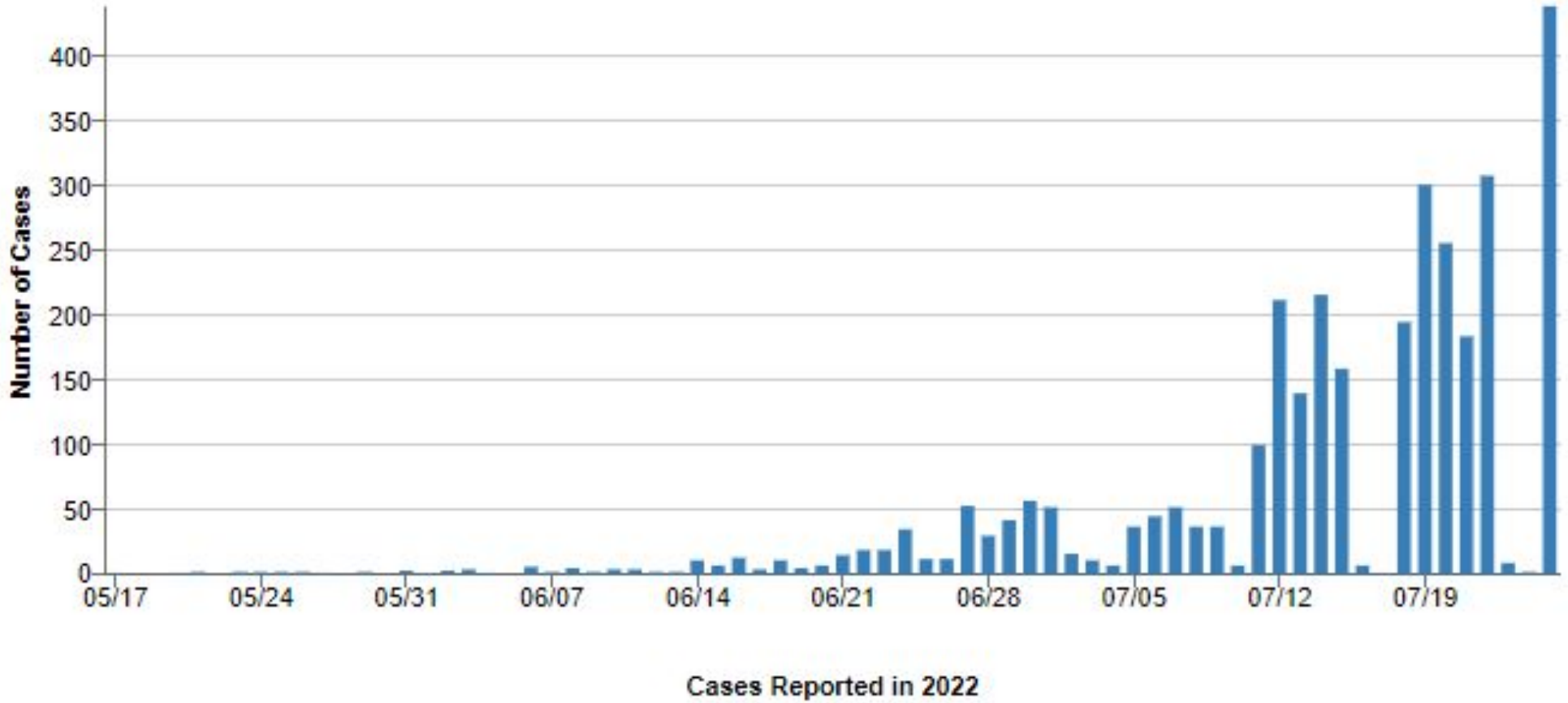
5,811 US cases

New York	1390
California	827
Illinois	520
Florida	442
Georgia	430
Texas	397



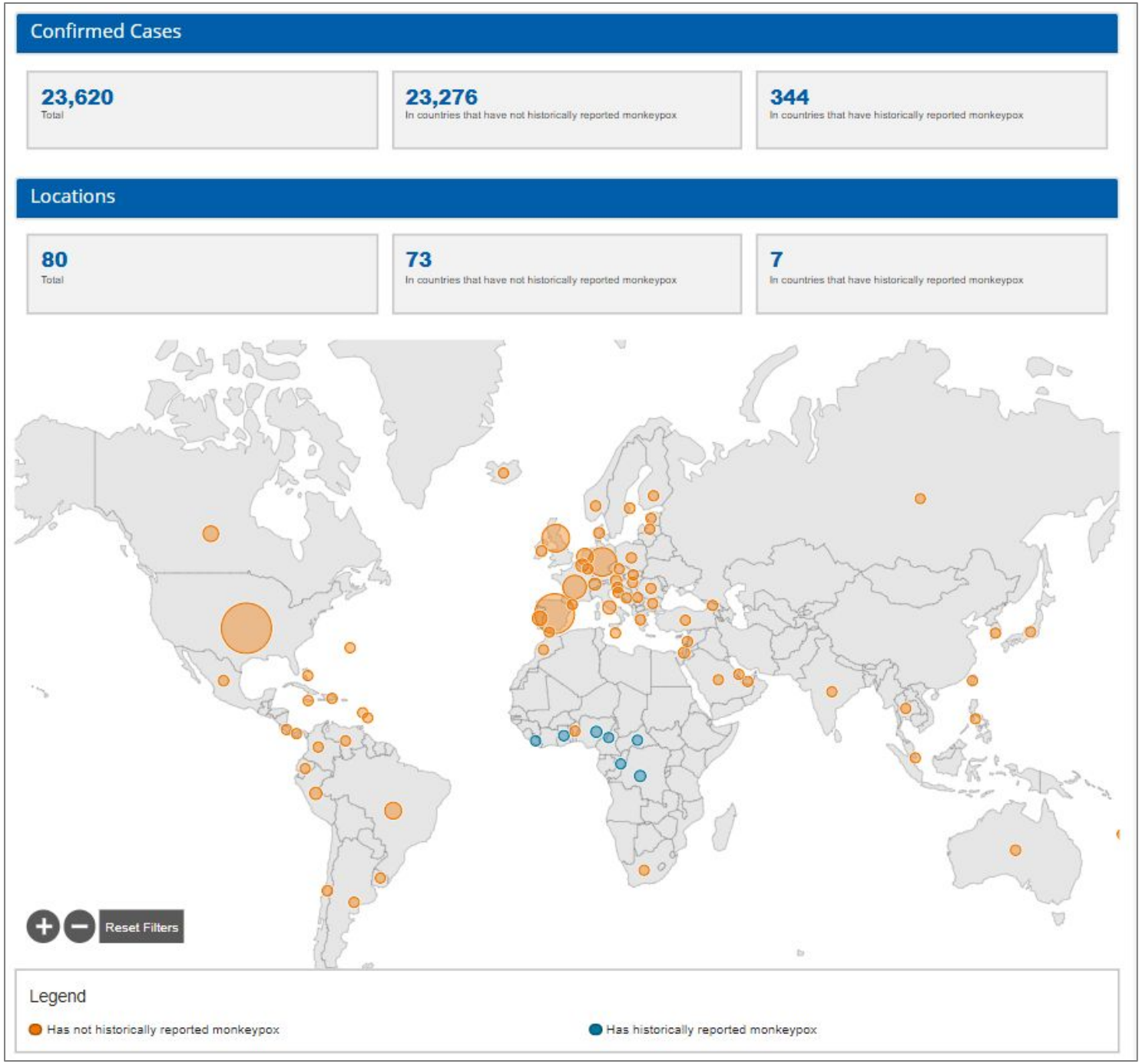
https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html

U.S. Monkeypox Case Trends Reported to CDC



Global Perspective

https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html



CDC MPX VACCINE STRATEGY

1. Monkeypox Vaccine Post-Exposure Prophylaxis (PEP):
   - “Standard PEP” for monkeypox.
   - People can be vaccinated following exposure to monkeypox to help prevent illness from monkeypox virus.
2. Outbreak Response Monkeypox Vaccine Post-Exposure Prophylaxis (PEP)++:
   - expanded PEP” or “PEP plus-plus” or “PEP++”.
   - Vaccinate people who are more likely to have been recently exposed to monkeypox even if they have not had documented exposure to someone with confirmed monkeypox
3. Monkeypox Vaccine Pre-Exposure Prophylaxis (PrEP):
   - vaccine people at high risk for monkeypox (for example, laboratory workers who handle specimens that might contain monkeypox virus).
   - Most providers do not need vaccination

https://www.cdc.gov/poxvirus/monkeypox/clinicians/smallpox-vaccine.html

CDC VACCINE STRATEGY

Post Exposure Prophylaxis

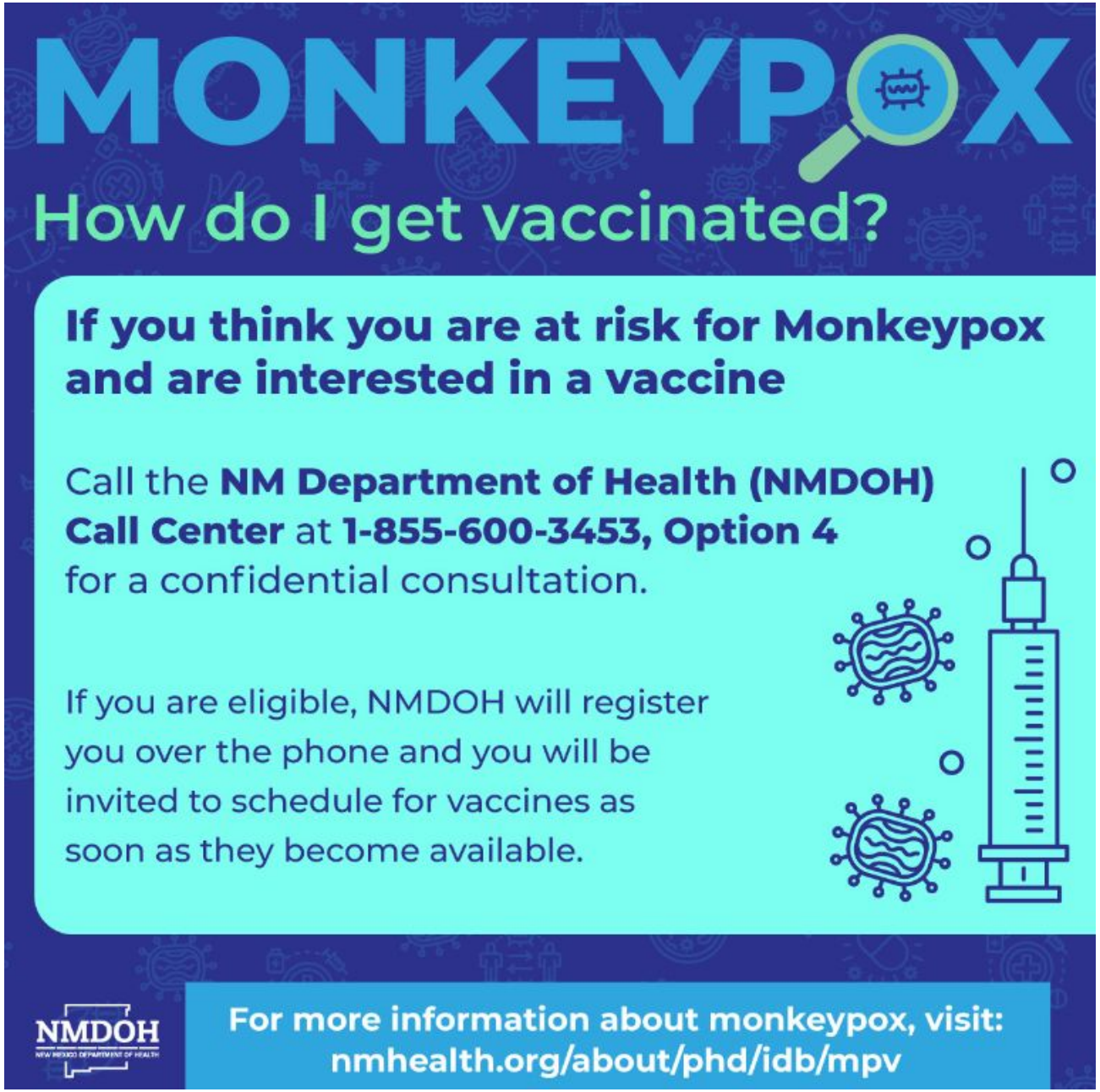
- CDC recommends that the vaccine be given within 4 days from the date of exposure for the best chance to prevent onset of the disease.
- If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- New Mexico has vaccine on hand for PEP and PEP++

NMDOH Monkeypox site: https://www.nmhealth.org/about/phd/idb/mpv/

CDC recommends vaccination for people who have been exposed to monkeypox and people who may be more likely to get monkeypox.

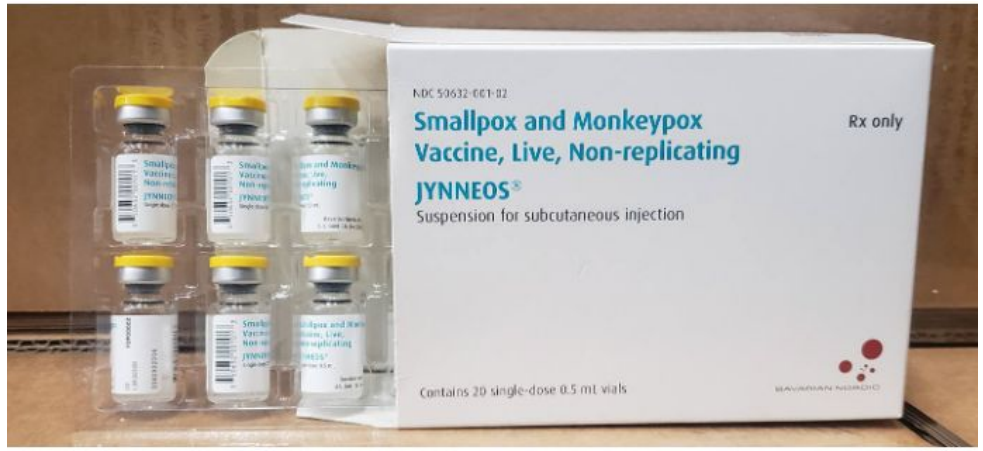
People more likely to get monkeypox include:

- People who have been identified by public health officials as a contact of someone with monkeypox
- People who are aware that one of their sexual partners in the past 2 weeks has been diagnosed with monkeypox
- People who had multiple sexual partners in the past 2 weeks in an area with known monkeypox



JYNNEOS VACCINE for Monkeypox

- JYNNEOS is a live, attenuated, non-replicating virus vaccine
- FDA approved in 2019 for prevention of smallpox and monkeypox disease in adults 18+
- Two doses given four weeks apart.
- Administered subcutaneously
- Single dose vial (0.5mL)
- Most common side effects: injection site reactions (pain, redness, swelling, induration, itching), muscle pain, headache, fatigue, nausea, myalgia, chills
- 8 weeks in the refrigerator (package insert was amended)



Contraindications

- Do not give JYNNEOS vaccine to a person who has experienced a severe allergic reaction (e.g., anaphylaxis) after a previous dose of JYNNEOS vaccine or to any of its components.
- People with a severe allergy to any component of the vaccine (including gentamicin, ciprofloxacin, egg protein) should not receive this vaccine.

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Precautions

- Moderate or severe acute illness, with or without fever
- Other live virus vaccine within 28 days

- Immune compromised
- Atopic Dermatitis
- Breastfeeding - no data
- Pregnancy - animal models
- Children under 18 - discuss with CDC
- Myocarditis risk

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Instructions for monkeypox specimen collection for SLD:

1. Call NM DOH ERD call line 505-827-0006. Patients can be directed to 1-855-600-3453 (COVID call line).
2. Use personal protective equipment (PPE) for standard, contact, and droplet precautions. (mask, eye protection, gown, gloves)
3. If the patient has multiple lesions, swab up to 4 lesions, preferably from different locations on the body and/or from lesions with differing appearances.
4. Vigorously swab each lesion **with two** separate sterile dry polyester or Dacron swabs (one sample for preliminary and one for confirmatory testing at CDC). Do not use cotton swabs.
5. Place each swab in a separate "sterile" container such as a urine cup or pour-off tube (plastic preferred).
6. **Do not add or store in viral or universal transport media.**
7. Each lesion site that is sampled requires a separate test requisition form**.** Put both samples from one site in the biohazard bag with one requisition. https://www.nmhealth.org/publication/view/form/6380/
8. Immediately refrigerate samples (2-8°C), and contact NMDOH Epidemiology Division 24/7 at (505)-827-0006.
9. NMDOH will provide shipping instructions.
10. For offices that normally use TriCore, they can send the MPX specimen to TriCore using the usual courier service and TriCore will take it to SLD (Scientific Lab Division or State Lab)

TREATMENT of Monkeypox - TPOXX

TPOXX is an antiviral medication that is approved by the United States Food and Drug Administration (FDA) for the treatment of smallpox in adults and children.

Animal species have shown that tecovirimat is effective in treating disease caused by orthopoxviruses.

Clinical trials in people showed the drug was safe and had only minor side effects.

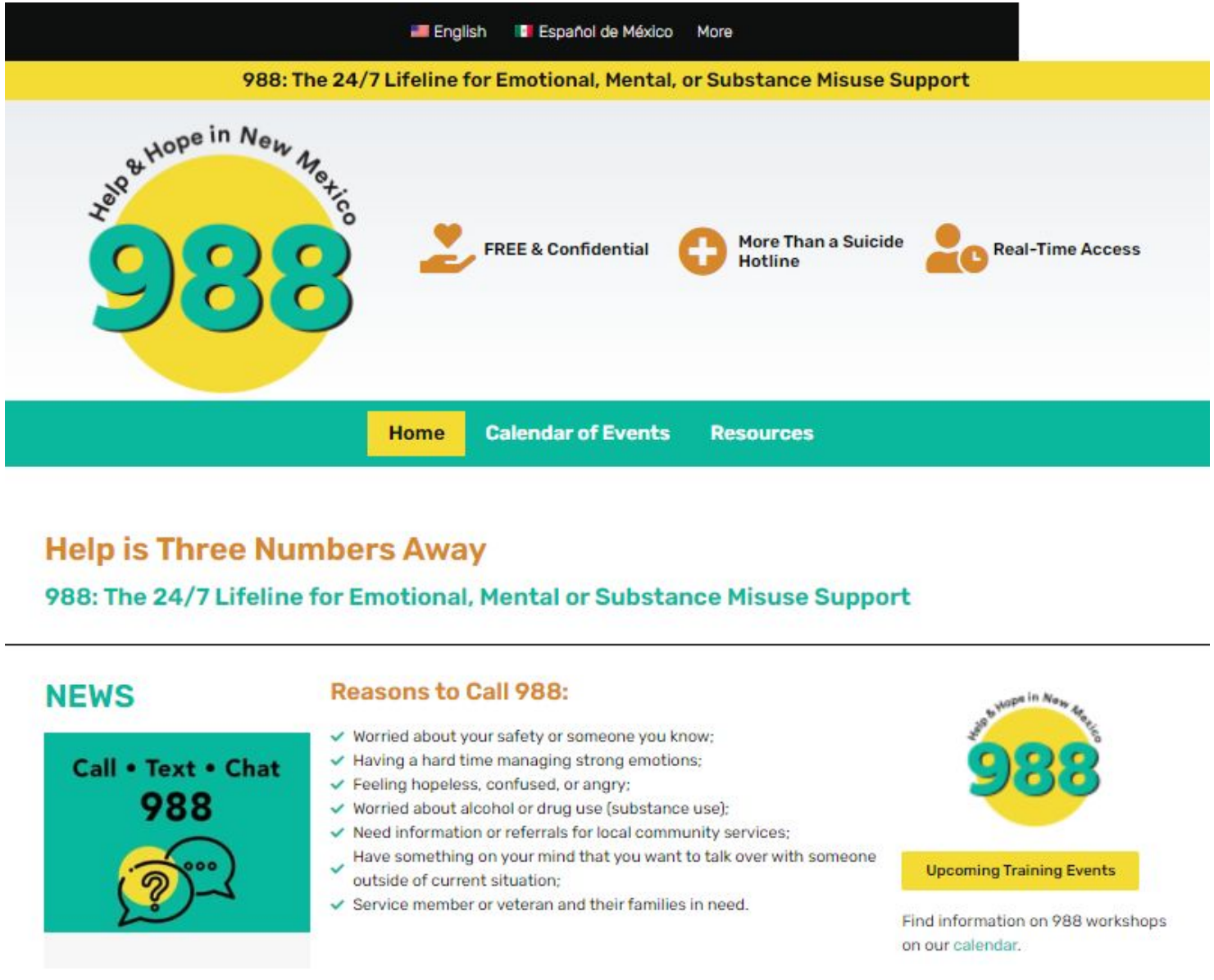
CDC holds an expanded access protocol (sometimes called “compassionate use”) that allows for the use of stockpiled tecovirimat to treat monkeypox during an outbreak.

Tecovirimat is available as a pill or an injection.

For children who weigh less than 28.6 pounds, the capsule can be opened, and medicine mixed with semi-solid food

Treatment Information for Healthcare Professionals | Monkeypox | Poxvirus | CDC

IBM Watson Health / © 2021 IBM Corporation



Home - 988 New Mexico (988nm.org)

DOH Contact Information for Providers

CONTACT INFO	DESCRIPTION
Epidemiology and Response Division 505-827- 0006	Epidemiologist on call for guidance on any reportable diseases (monkeypox, measles, rabies, etc)
COVID.Vaccines@state.nm.us	COVID-19 Vaccine Record requests; Provider COVID-19 Vaccine Order status; NMSIIS assistance.
COVID.Therapeutics@state.nm.us	Provider questions regarding COVID therapeutics
COVIDData.compliant@state.nm.us	COVID-19 vaccine storage and handling questions, temperature log and onboarding Vaccine Plan submissions.
COVID.testing-doh@state.nm.us	For Provider questions on testing and test supplies

DOH Contact Information for Patients

CONTACT INFO	DESCRIPTION
COVID-19 Call Center: 1-855-600-3453	Users who have questions or would like support with COVID vaccine registration and testing Taking Monkeypox questions and registering people for MPX Vaccine (Jynneos)
ALTSD assistance: 1-800-432-2080	For seniors and those with disabilities who need support with vaccine registration and scheduling.
1-833-551-0518	For non-health related COVID-19 questions

THANK YOU for all that you do!