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New Mexico STD Update

An Update on Sexually Transmitted Infections

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Objectives:

- Review current epidemiology of STDs in US and New Mexico
- Discuss the antibiotic resistance trends influencing current STD treatment guidelines
- Discuss demographics of congenital syphilis in NM
- Review Monkeypox outbreak and resolution



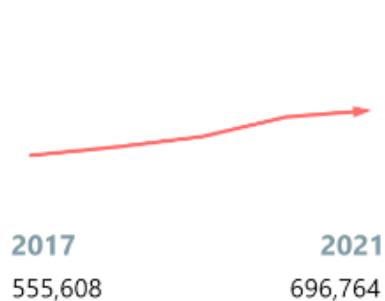
Preliminary data show 2.5 million reported cases of chlamydia, gonorrhea, and syphilis in 2021.

STDs continued to increase during the second year of the COVID-19 pandemic, with no signs of slowing. This page presents preliminary STD surveillance data for chlamydia, gonorrhea, syphilis, and congenital syphilis. These data include cases reported to CDC through the National Notifiable Diseases Surveillance System (as of July 7, 2022), STD Surveillance Network (as of June 15, 2022), and Gonococcal Isolate Surveillance Project (as of June 23, 2022), and are considered preliminary as 2021 STD surveillance data will continue to be reported to CDC through the fall of 2022. Final 2021 data, including STD case counts and rates for states and territories, will be provided in the forthcoming 2021 STD Surveillance Report. Until then, the most current complete data for chlamydia, gonorrhea, and syphilis are available in [Sexually Transmitted Disease Surveillance, 2020](#).

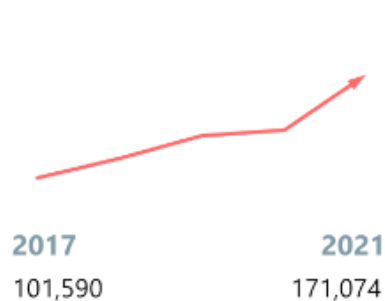
Chlamydia Cases



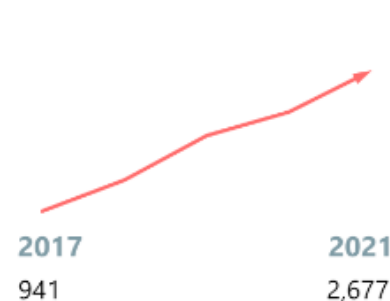
Gonorrhea Cases



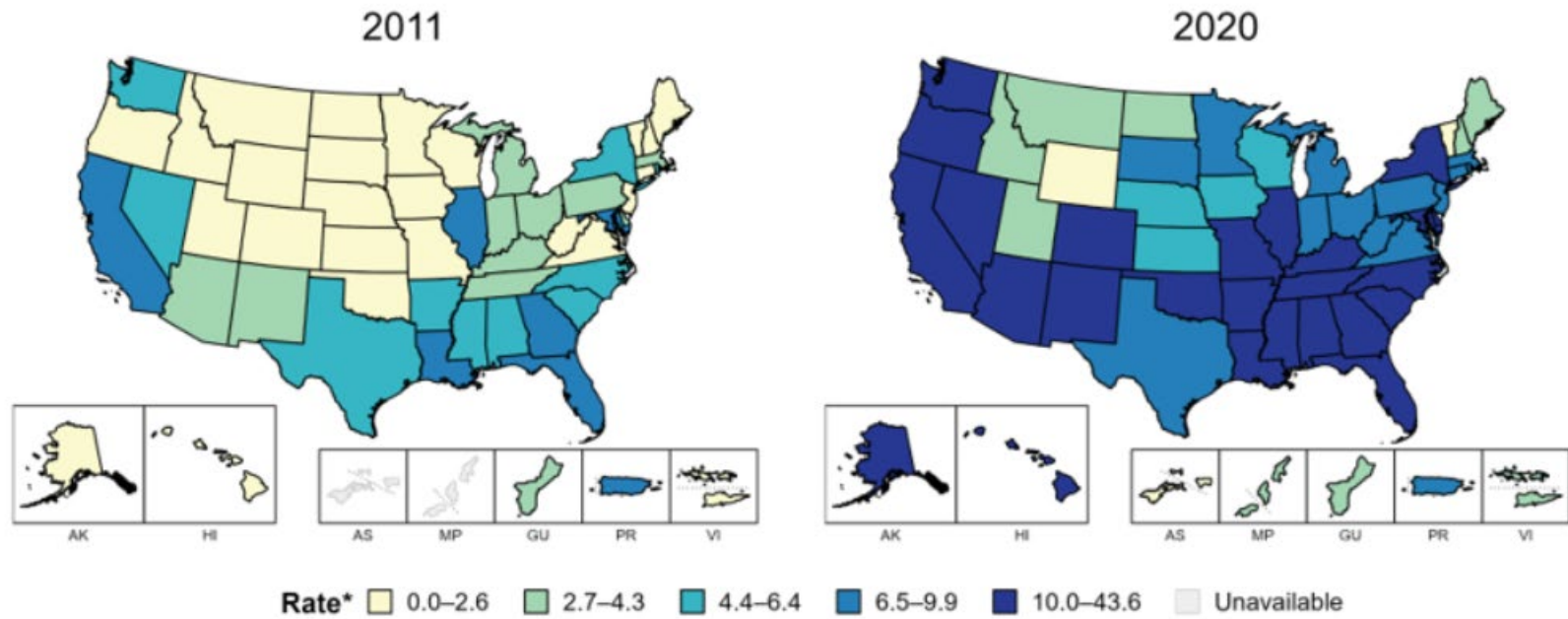
Syphilis Cases



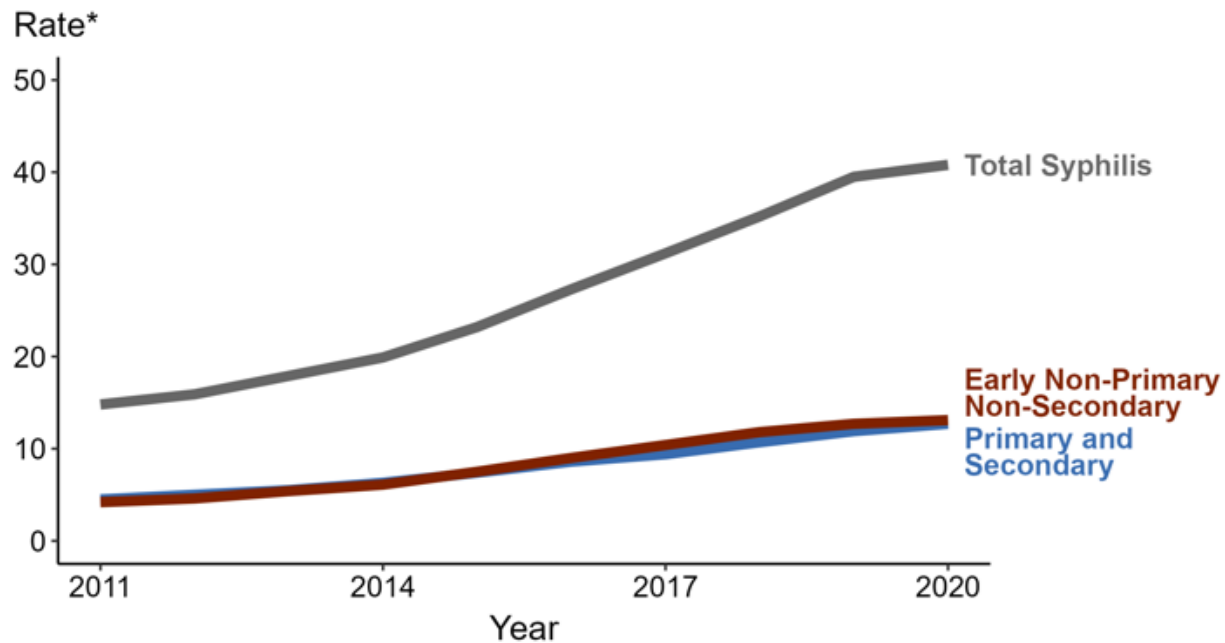
Congenital Syphilis Cases



Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



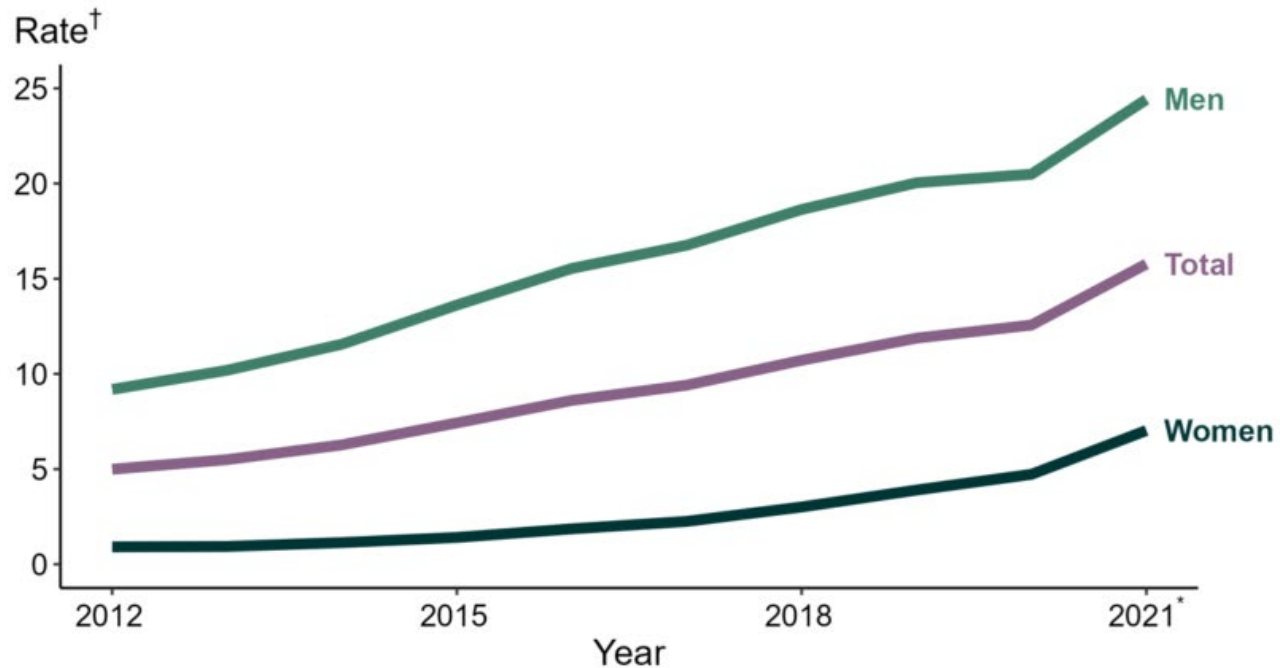
Syphilis — Rates of Reported Cases by Stage of Infection, United States, 2011–2020



* Per 100,000



Primary and Secondary Syphilis — Rates of Reported Cases by Sex, United States, 2012–2021*

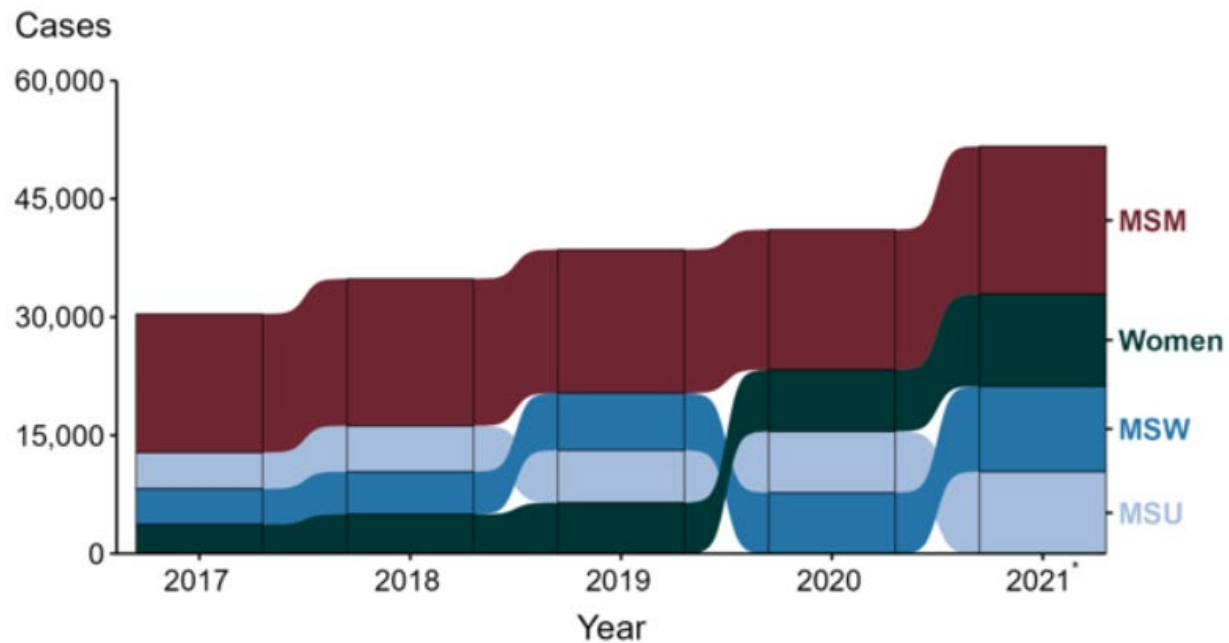


* Reported 2021 data are preliminary as of July 7, 2022

† Per 100,000



Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners, United States, 2017–2021*



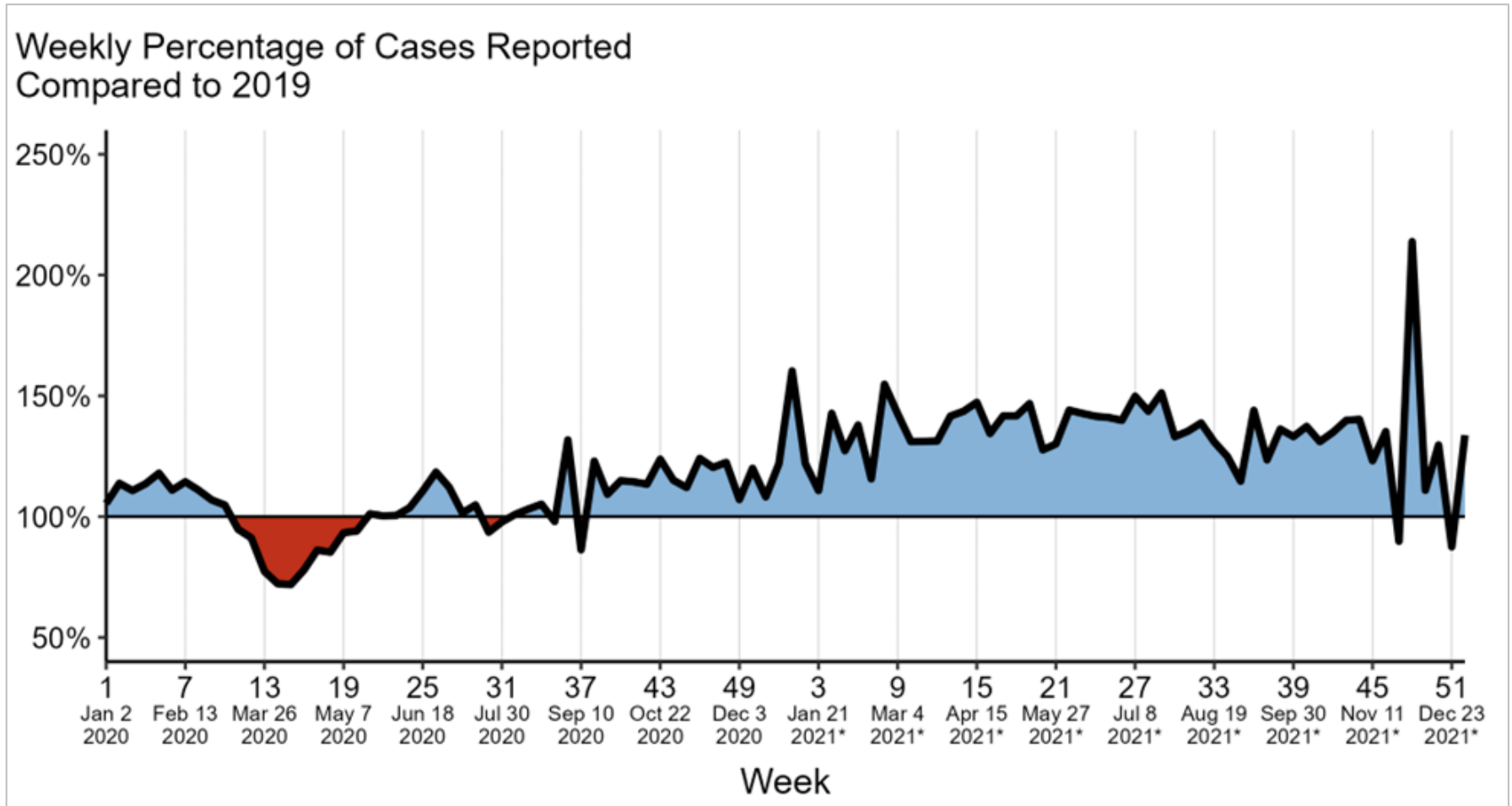
* Reported 2021 data are preliminary as of July 7, 2022.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men; MSU = Men with unknown sex of sex partners; MSW = Men who have sex with women only

NOTE: Over the five-year period, 0.4% of cases were missing sex and were not included.



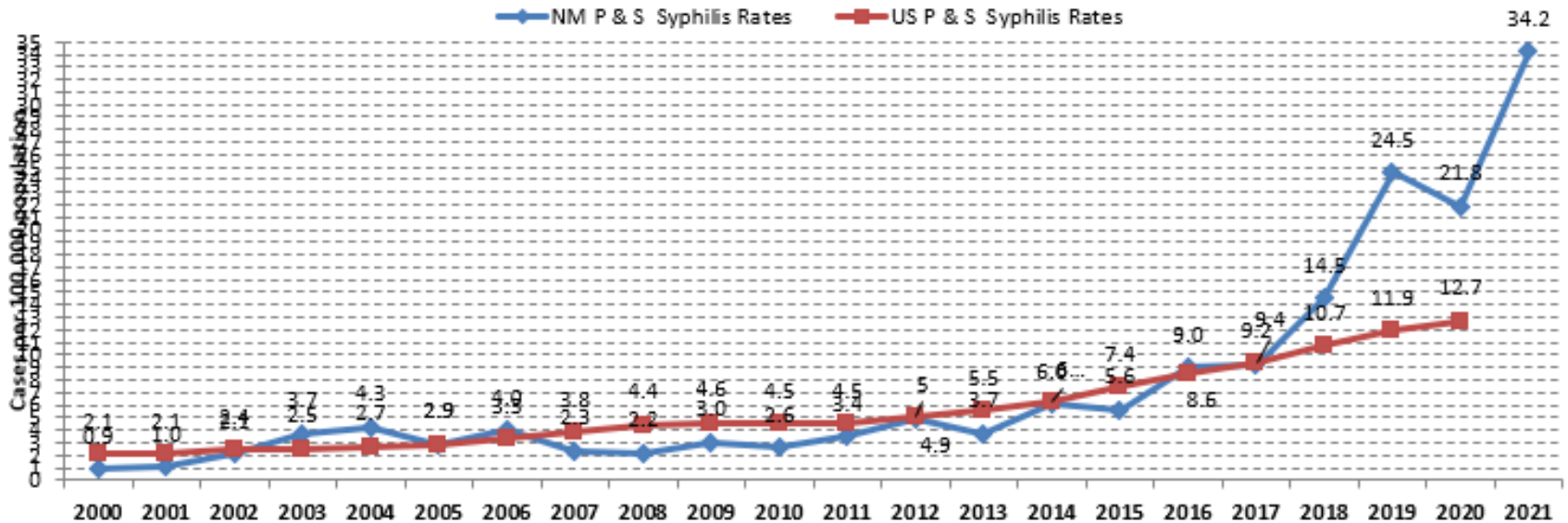
Primary and Secondary Syphilis — Reported 2020 and 2021* Cases as a Percentage of 2019 Cases by *MMWR* Week, United States



<https://www.cdc.gov/std/statistics/2020/impact.htm>

[Preliminary 2021 STD Surveillance Data \(cdc.gov\)](#)

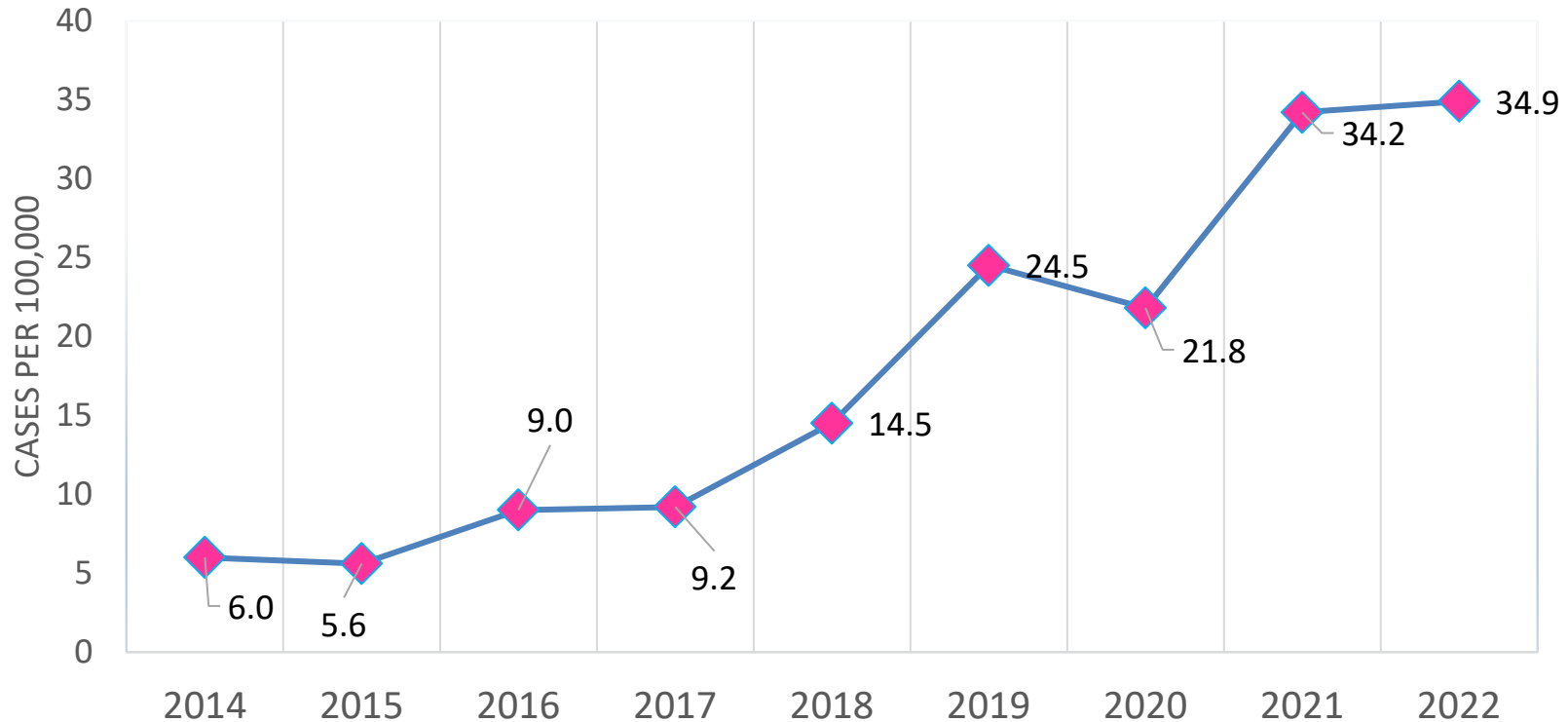
Rates of Primary and Secondary Syphilis New Mexico and US, 2000 - 2021



Source: PRISM for NM Rates, CDC Surveillance Reports for US Rates

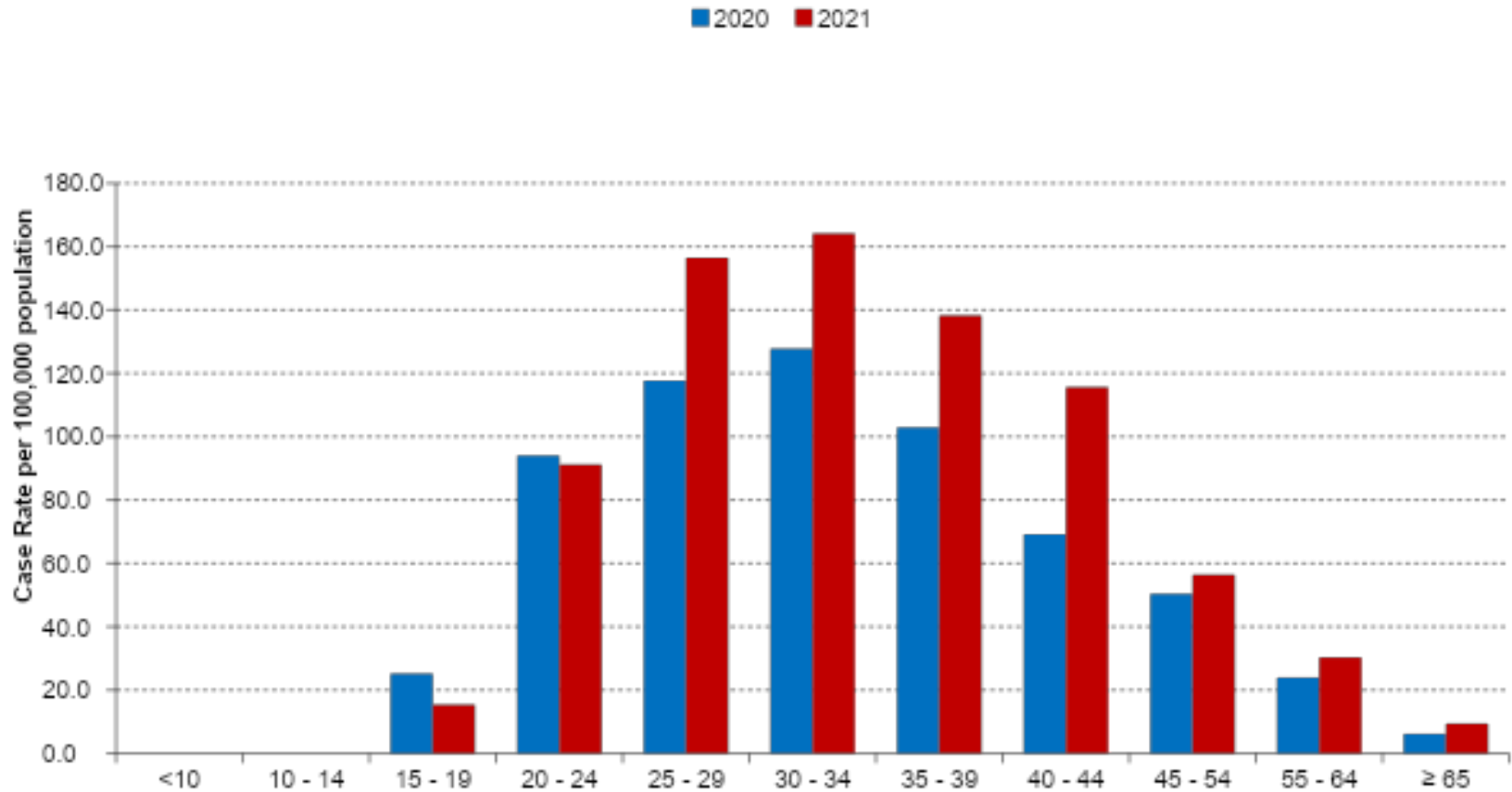
<https://www.nmhealth.org/about/phd/idb/std/data/>

Rates of Primary and Secondary Syphilis, New Mexico, 2014 - 2022

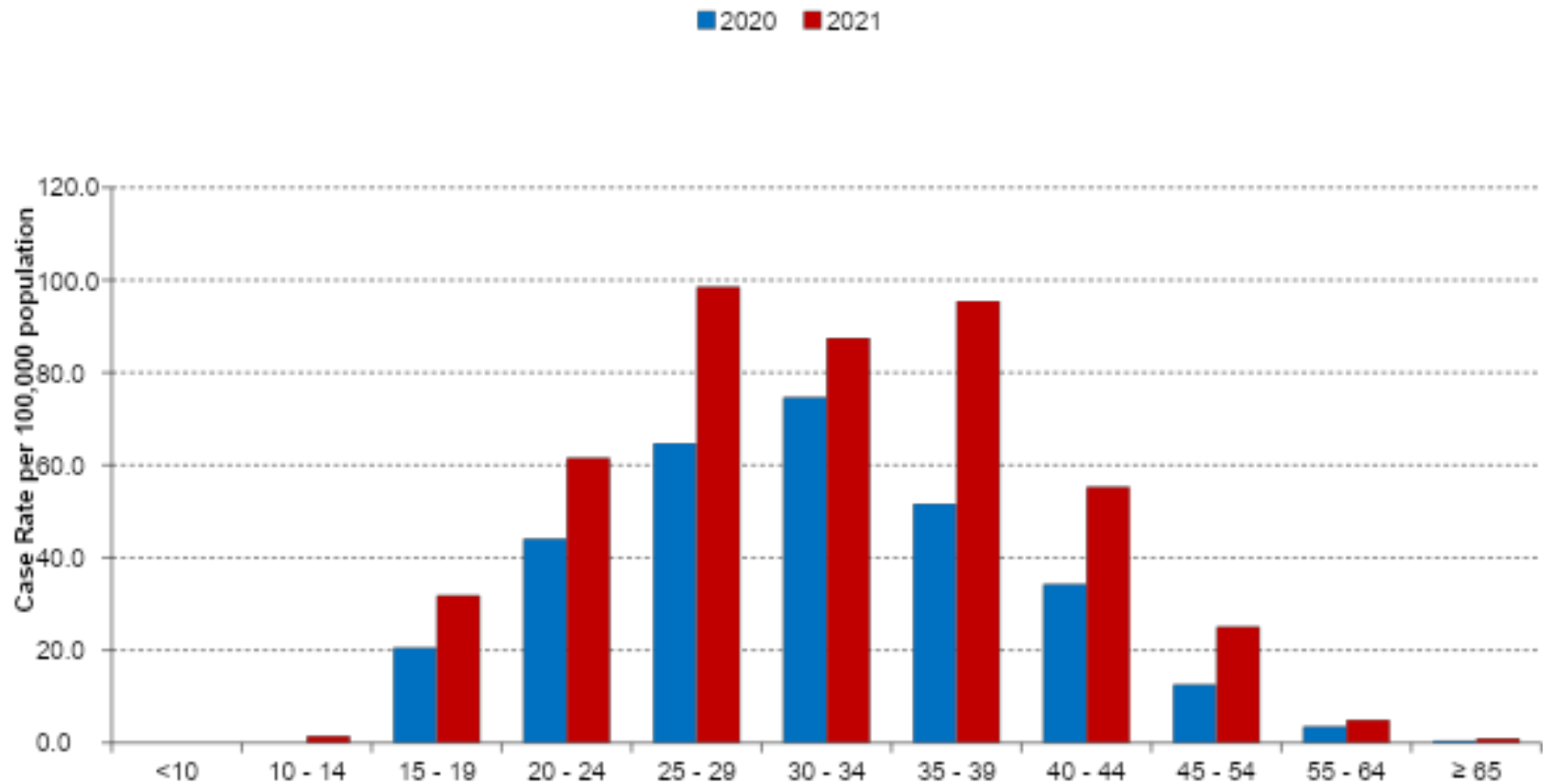


Source: PRISM for NM Rates

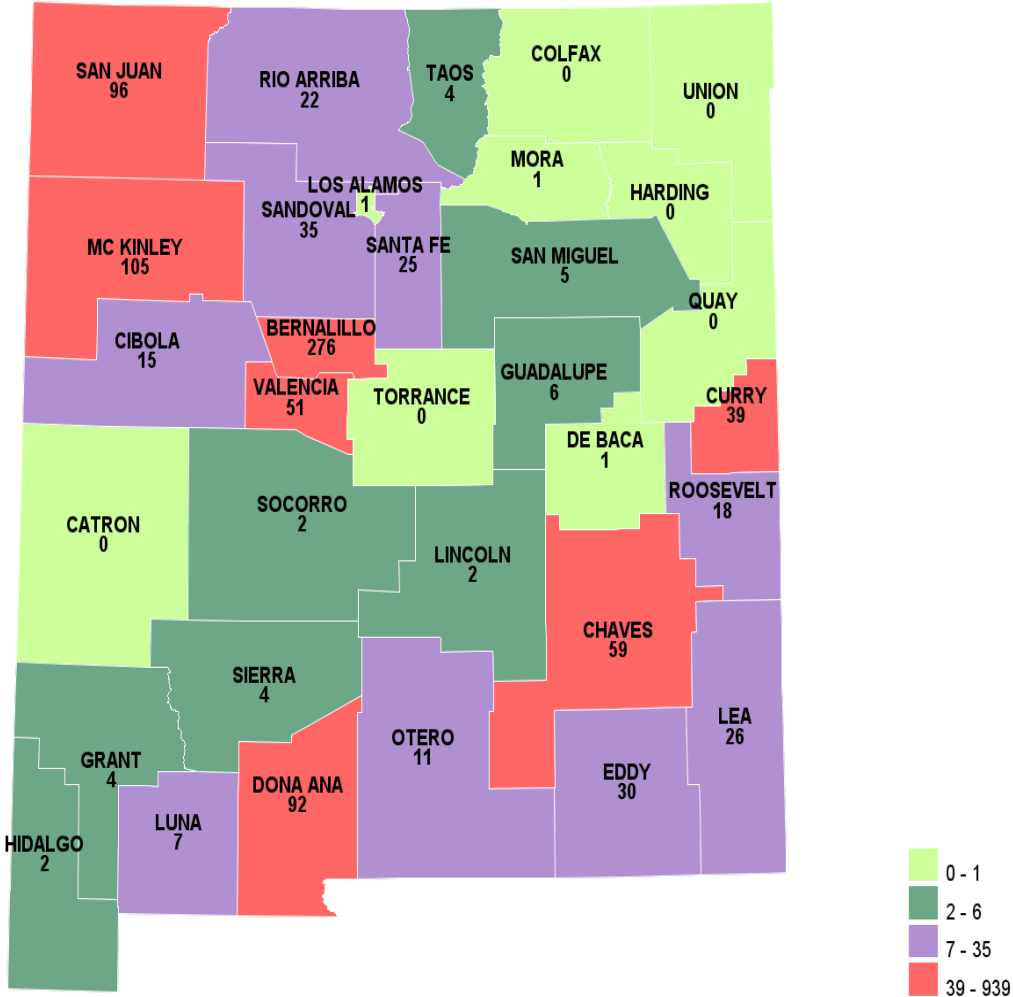
Primary, Secondary, and Early Latent Syphilis Rates by Age Group, Males New Mexico, 2020 - 2021



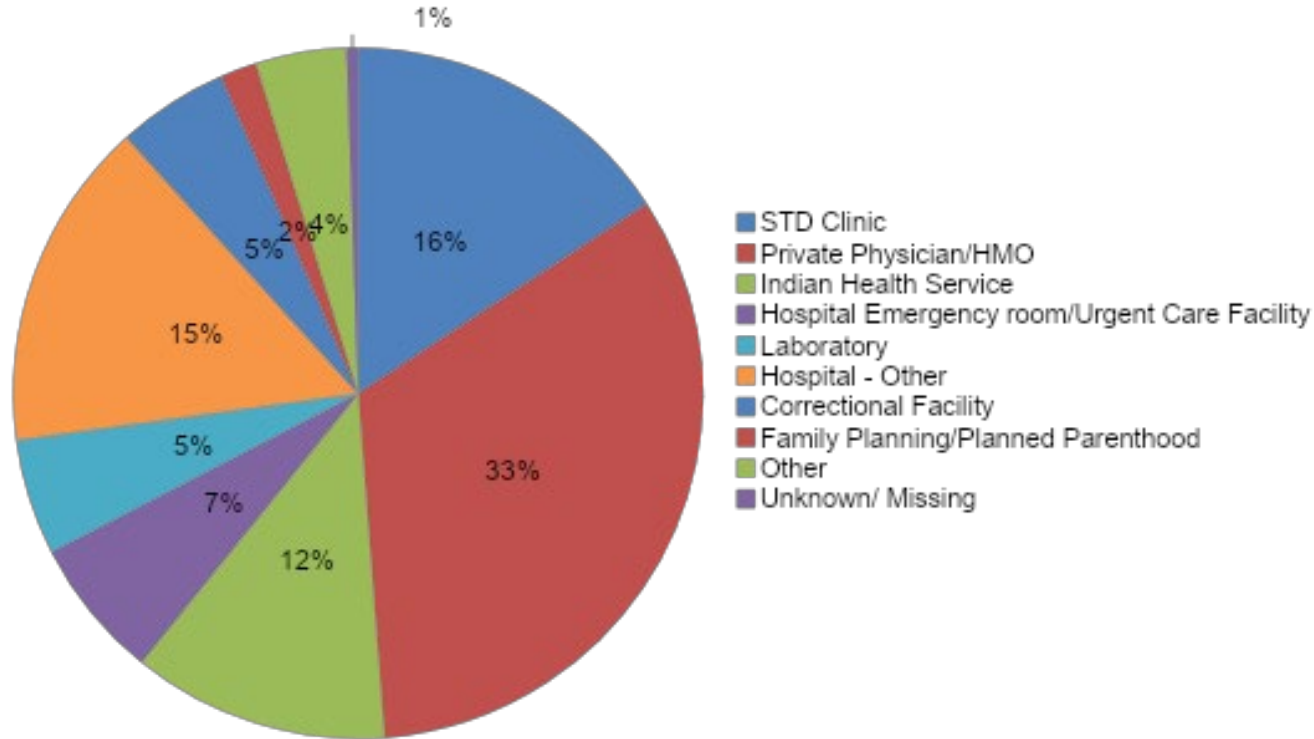
Primary, Secondary, and Early Latent Syphilis Rates by Age Group, Females New Mexico, 2020 - 2021



Primary, Secondary, and Early Latent Syphilis Cases by County 2021



Percent of Primary, Secondary and Early Latent Syphilis Cases by Diagnosing Provider New Mexico, 2021



2020 CDC National Rankings: Primary and Secondary Syphilis Rates

<https://www.cdc.gov/std/statistics/2020/tables/2020-STD-Surveillance-State-Ranking-Tables.pdf>

Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2020

Rank*	State	Cases	Rate per 100,000 Population
1	Nevada	767	24.9
2	Mississippi	741	24.9
3	Alaska	176	24.1
4	Oklahoma	941	23.8
5	New Mexico	467	22.3
6	Arizona	1,454	20.0
7	California	7,688	19.5
8	Arkansas	502	16.6
9	Georgia	1,757	16.5
10	Florida	3,520	16.4
11	New York	3,022	15.5
12	Louisiana	704	15.1
13	Oregon	628	14.9
14	Maryland	873	14.4
15	Missouri	829	13.5
16	Hawaii	182	12.9
	US TOTAL†	41,655	12.7
17	South Carolina	652	12.7
18	North Carolina	1,322	12.6
19	Illinois	1,467	11.6
20	Tennessee	767	11.2
21	Colorado	640	11.1
22	Washington	836	11.0
23	Alabama	529	10.8
24	Delaware	97	10.0
25	Kentucky	445	10.0
26	Texas	2,708	9.3
27	Ohio	1,084	9.3
28	Massachusetts	615	8.9
29	New Jersey	764	8.6
30	Rhode Island	89	8.4
31	Virginia	701	8.2
32	Pennsylvania	1,046	8.2
33	Michigan	787	7.9
34	Connecticut	280	7.9
35	Indiana	527	7.8
36	South Dakota	66	7.5
37	Minnesota	417	7.4
38	West Virginia	127	7.1
39	Wisconsin	366	6.3
40	Iowa	194	6.1
41	Nebraska	104	5.4
42	Kansas	150	5.1
43	Montana	45	4.2
44	North Dakota	32	4.2
45	Utah	131	4.1
46	New Hampshire	51	3.8
47	Idaho	66	3.7
48	Maine	38	2.8
49	Wyoming	11	1.9
50	Vermont	3	0.5

CONGENITAL SYPHILIS



TALK

Have an open & honest conversation with your doctor about risk



TEST

Ask your healthcare provider about getting tested



TREAT

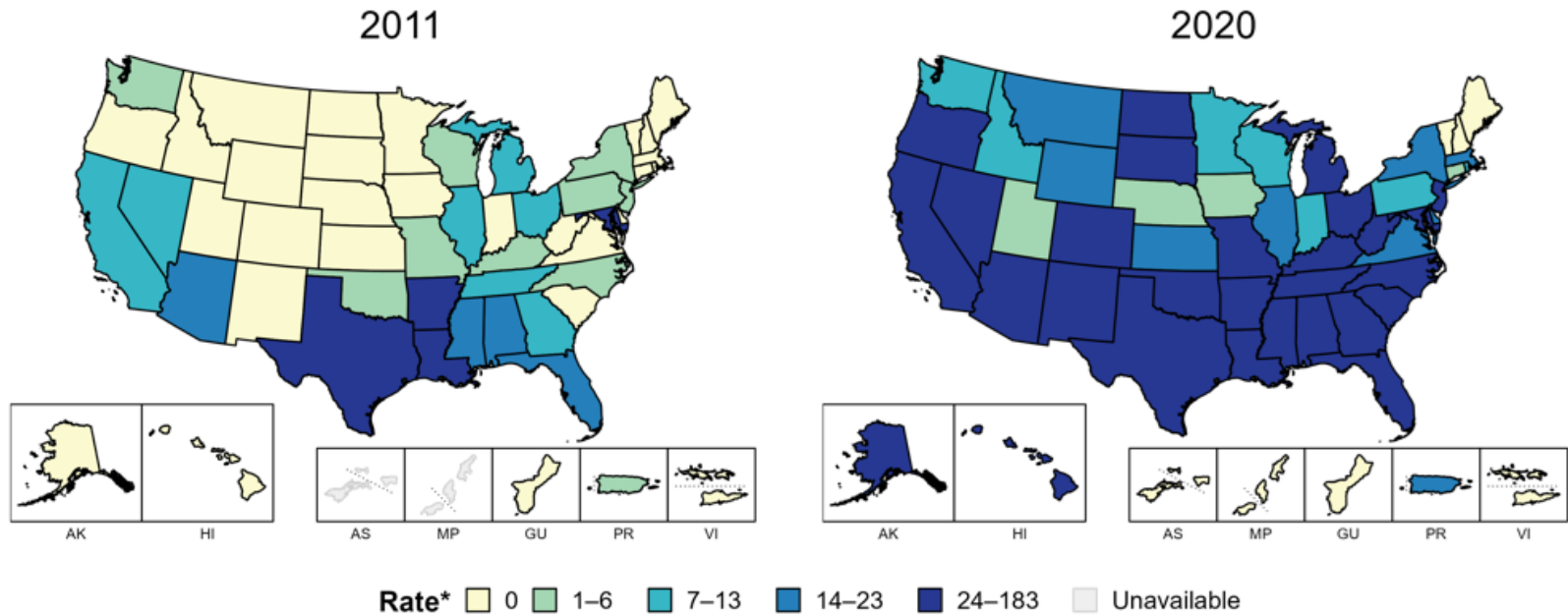
Discuss treatment options with your healthcare provider

There has been a sharp increase in the number of babies born with congenital syphilis. Protect your baby by getting tested for syphilis during pregnancy.

CLICK HERE to learn about
CONGENITAL SYPHILIS



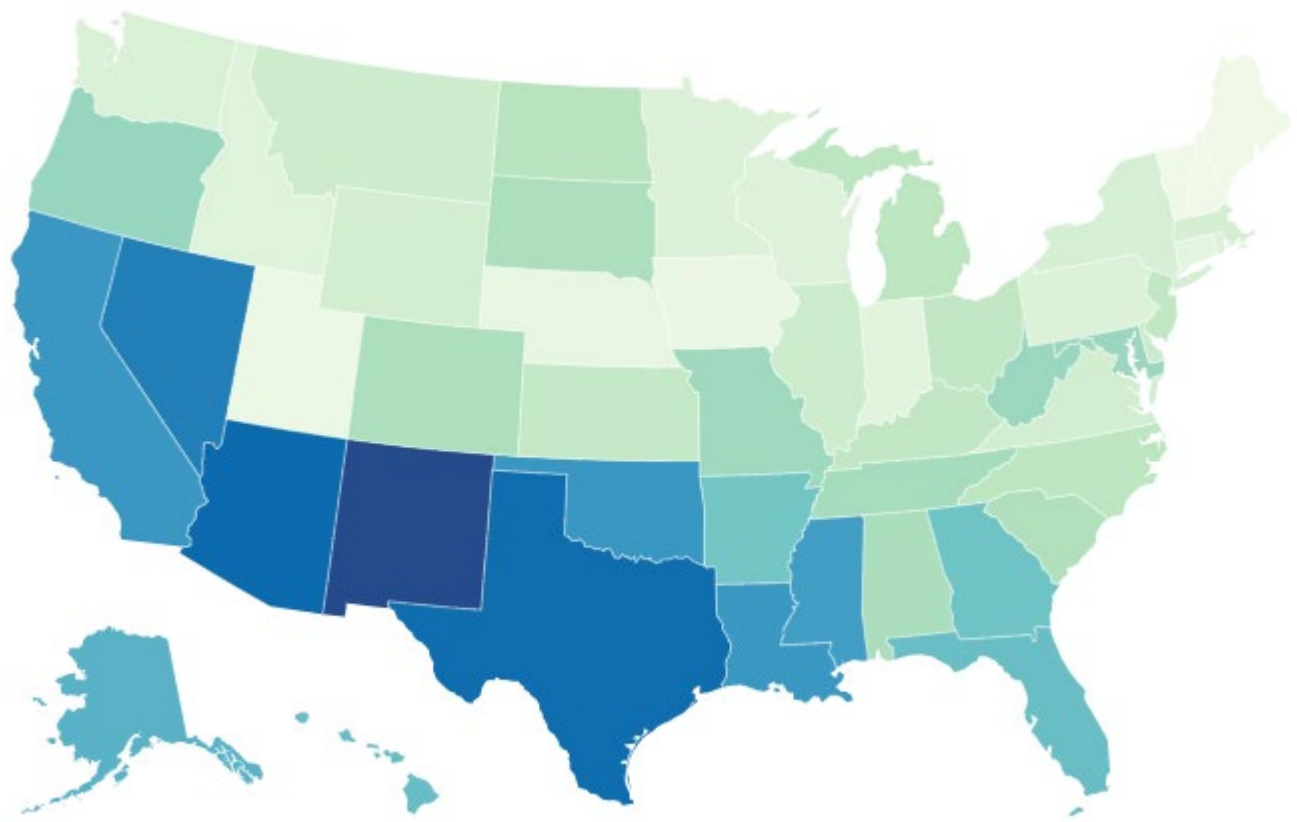
Congenital Syphilis — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



* Per 100,000 live births



Congenital syphilis rates by state



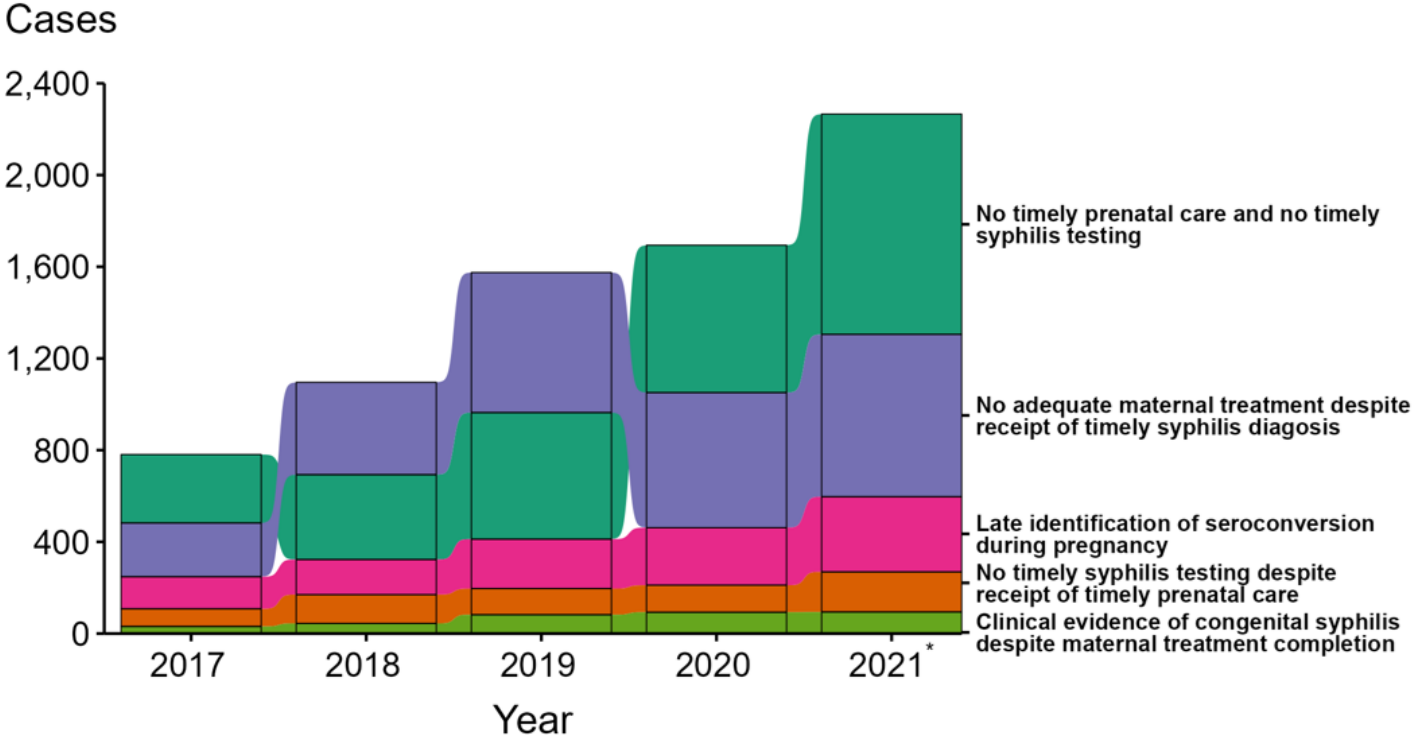
Rate is per 100,000 live births in 2020

Source: [Centers for Disease Control and Prevention](#)

FENIT NIRAPPIL / THE WASHINGTON POST

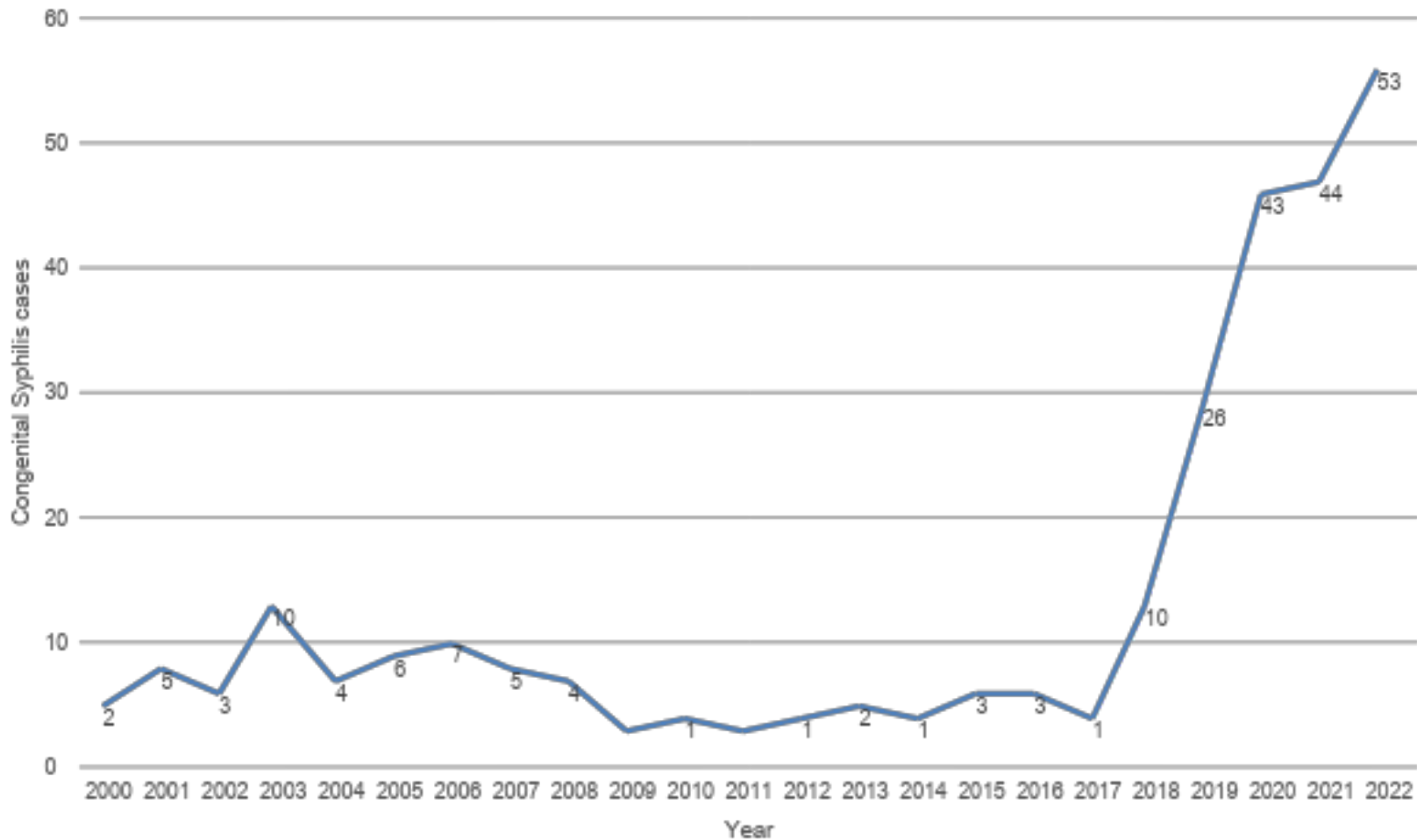
[Why syphilis cases are soaring among U.S. infants - The Washington Post](#)

Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2017–2021*

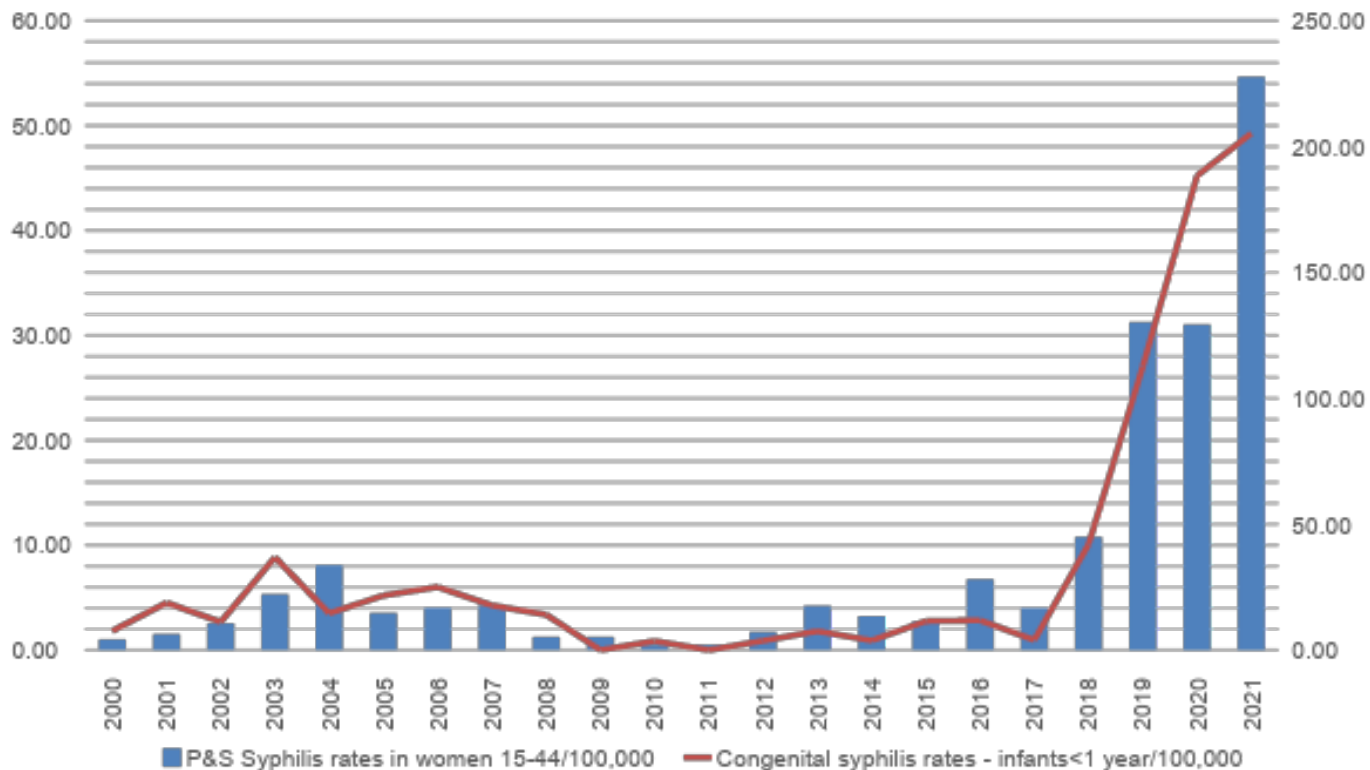


<https://www.cdc.gov/std/statistics/2021/default.htm#:~:text=Preliminary%20data%20show%202.5%20million,%2C%20syphilis%2C%20and%20congenital%20syphilis.>

Congenital Syphilis cases, New Mexico, 2000 - 2022



Congenital Syphilis rates in infants <1 year, per 100,000 population and Primary and Secondary Syphilis rates in women aged 15 -44, per 100,000 population New Mexico, 2000 - 2021



2020 CDC National Rankings: Congenital Syphilis Rates

<https://www.cdc.gov/std/statistics/2020/tables/2020-STD-Surveillance-State-Ranking-Tables.pdf>

Congenital Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2020

Rank*	State†	Cases	Rate per 100,000 Live Births
1	New Mexico	42	182.9
2	Arizona	120	151.2
3	Texas	561	148.6
4	Nevada	46	131.2
5	Oklahoma	53	107.8
6	California	481	107.7
7	Louisiana	63	106.9
8	Mississippi	37	101.0
9	Alaska	8	81.4
10	Hawaii	12	71.4
11	Florida	154	70.0
12	Georgia	82	64.9
13	Arkansas	23	62.9
	US TOTAL‡	2,148	57.3
14	Oregon	19	45.4
15	Maryland	31	44.2
16	West Virginia	8	44.1
17	Missouri	30	41.6
18	Tennessee	31	38.5
19	Alabama	21	35.8
20	Colorado	22	35.0
21	South Dakota	4	34.9
22	South Carolina	19	33.3
23	North Dakota	3	28.7
24	Michigan	29	26.9
25	North Carolina	31	26.1
26	Ohio	33	24.5
27	Kentucky	13	24.5
28	New Jersey	24	24.1
29	Kansas	8	22.6
30	Delaware	2	18.9
31	Illinois	26	18.6
32	Montana	2	18.1
33	Virginia	15	15.4
34	Wyoming	1	15.2
35	Massachusetts	10	14.5
36	New York	30	13.5
37	Washington	10	11.8
38	Minnesota	7	10.6
39	Pennsylvania	14	10.4
40	Rhode Island	1	9.8
41	Wisconsin	6	9.5
42	Idaho	2	9.1
43	Indiana	6	7.4
44	Connecticut	2	5.8
45	Nebraska	1	4.0
46	Iowa	1	2.7
47	Utah	1	2.1
	Maine	0	0.0
	New Hampshire	0	0.0
	Vermont	0	0.0



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

**PUBLIC HEALTH ORDER
OF THE CABINET SECRETARY OF
THE NEW MEXICO DEPARTMENT OF HEALTH
SEPTEMBER 30, 2022**

Increase Screening for Syphilis in All Pregnant People to Prevent Congenital Syphilis

Testing for syphilis is required:

- First prenatal exam
- 3rd trimester
- At delivery
- Urgent care/ED if no prior prenatal care
- In correctional facilities
- In case of intrauterine fetal demise at any gestational age

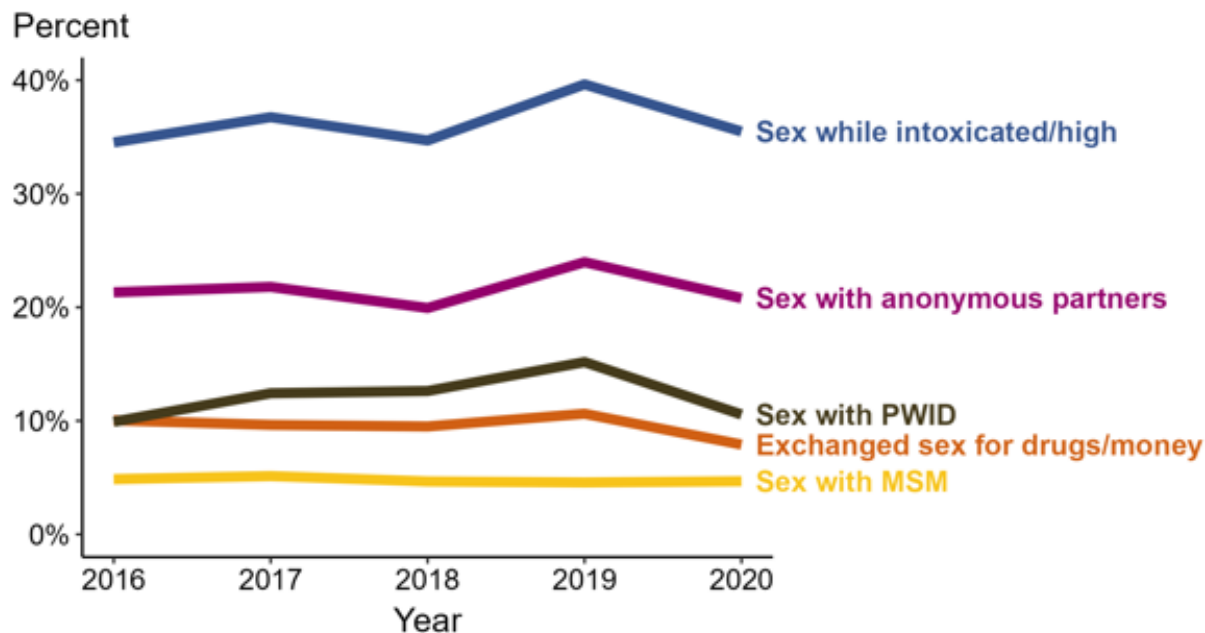
<https://nmhealth.org/publication/view/policy/5578/>



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nmhealth.org

Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Sexual Behaviors* Among Women, United States, 2016–2020

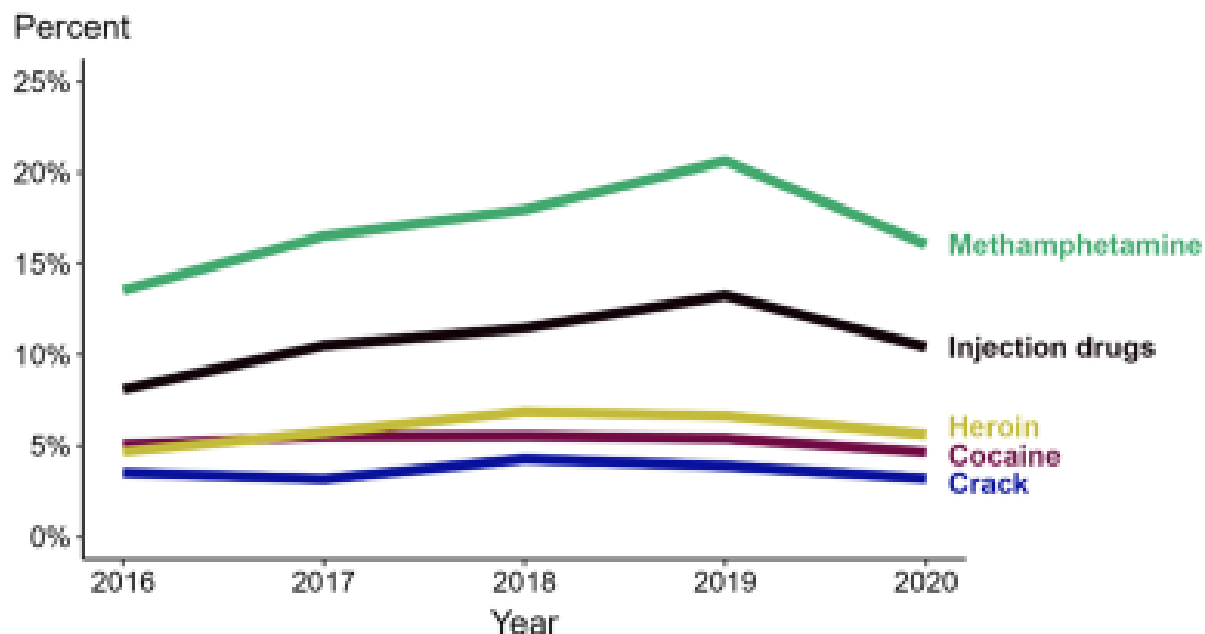


* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

ACRONYMS: PWID = Persons who injects drugs; MSM = Gay, bisexual, and other men who have sex with men



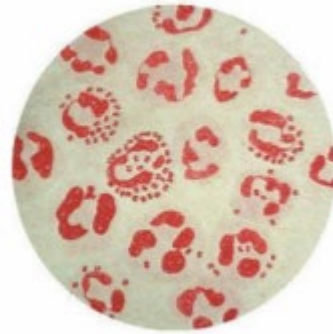
Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors* Among Women, United States, 2016–2020



* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).



STD Guidelines



CDC STI Treatment Guidelines, 2021

STI Treatment Guidelines

2021 RECOMMENDATIONS NOW AVAILABLE

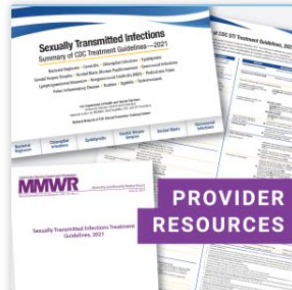
CDC's Sexually Transmitted Infections (STI) Treatment Guidelines, 2021 provides current evidence-based prevention, diagnostic and treatment recommendations that replace the 2015 guidance. The recommendations are intended to be a source for clinical guidance. Healthcare providers should always assess patients based on their clinical circumstances and local burden.



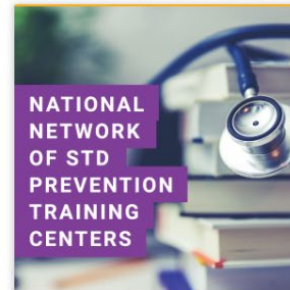
STI Treatment Guide Mobile App
Now available for Apple and Android devices.



View the full STI Treatment Guidelines.



Access print-friendly versions of the wall chart, pocket guide, and guidelines.



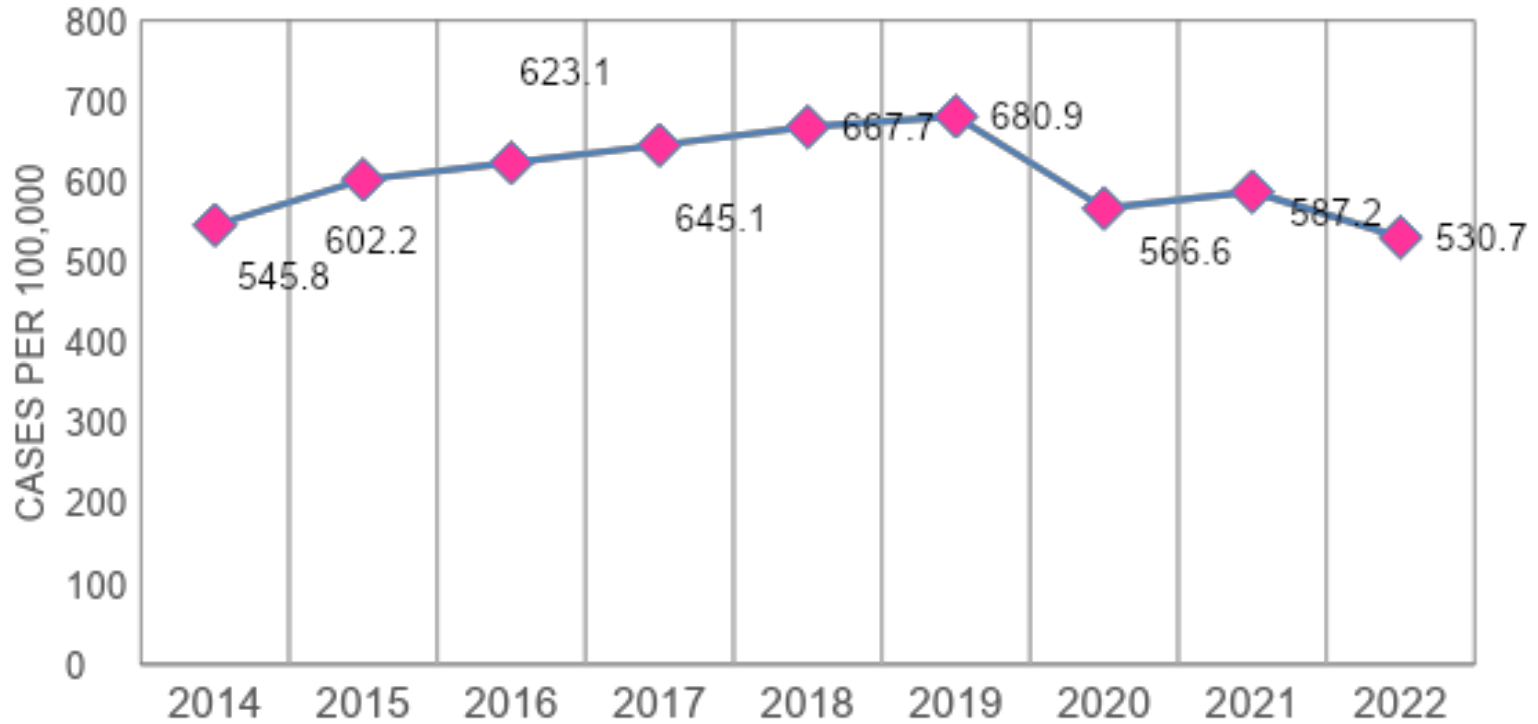
Explore STD trainings, technical assistance, clinical consultation services, and more.



Learn about recommendations and tools to help healthcare settings improve STD care services.

<https://www.cdc.gov/std/treatment-guidelines/default.html>

Chlamydia Cases per 100,000 population, New Mexico, 2014 - 2022



Chlamydia Treatment Urogenital/Rectal/Pharyngeal



Chlamydia	Recommended Treatment	Alternative Regimen (for allergy to recommended Rx)
genital, pharyngeal, rectal infections	Doxycycline* 100mg orally BID for 7 days	Azithromycin 1 g orally in a single dose OR Levofloxacin 500 mg orally once daily for 7 days
Pregnancy**	Azithromycin 1 g orally in a single dose	Amoxicillin 500 mg orally 3 times a day for 7 days

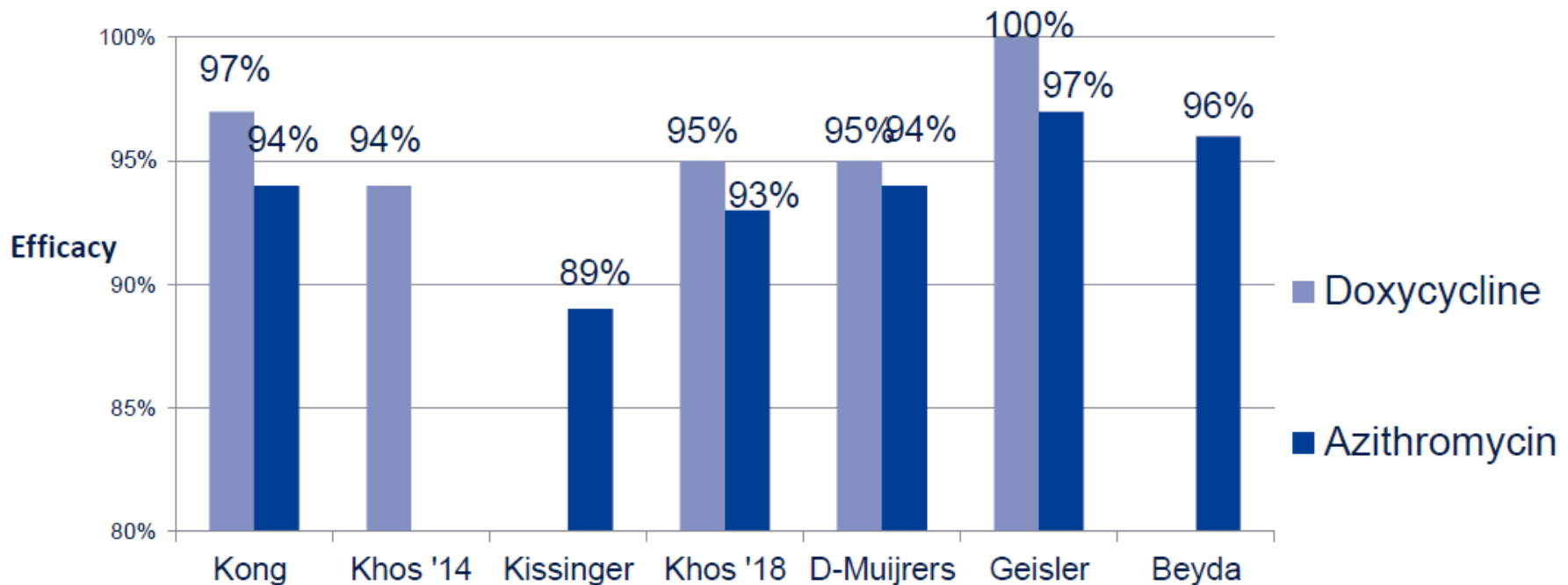
* Doxycycline delayed-release 200 mg once daily for 7 days is effective for urogenital chlamydia. More expensive but fewer GI side effects.

** Test of cure in 3 - 4 weeks only in pregnancy

***Retesting recommended for everyone in 3 months

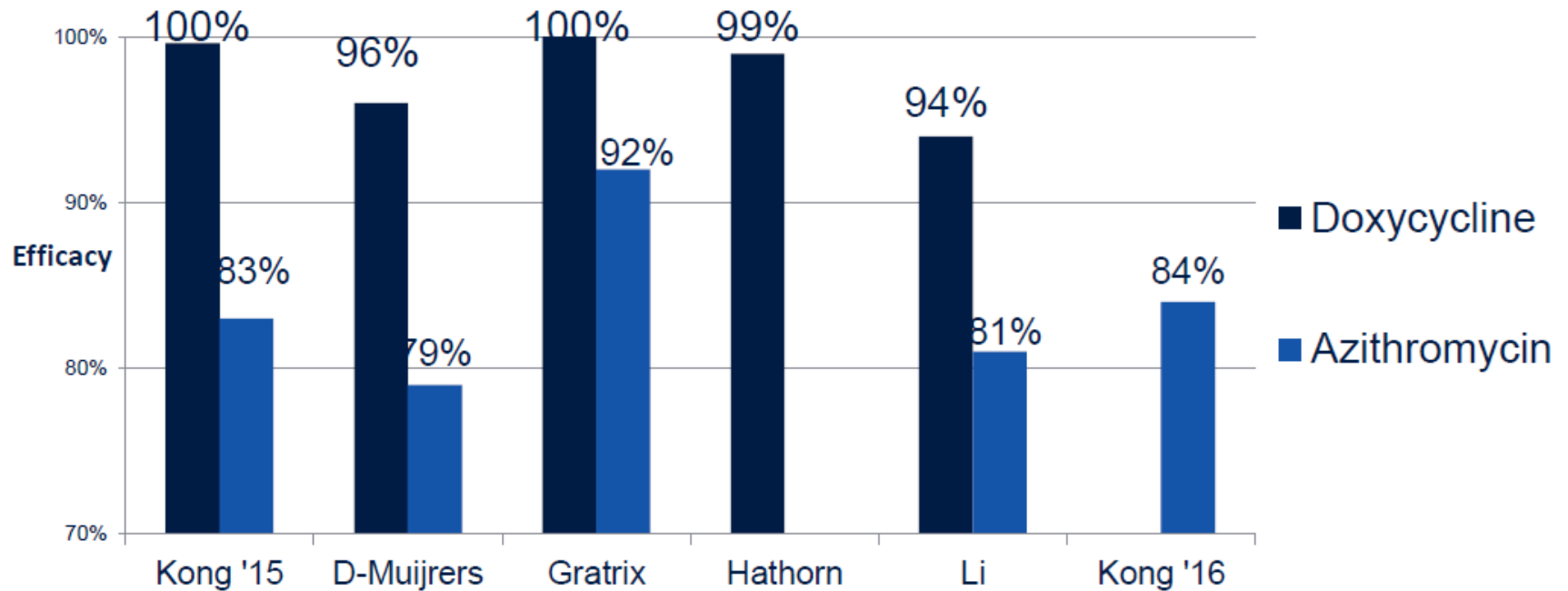
CDC 2021 STI Treatment Guidelines

Doxycycline vs Azithromycin: Urogenital Chlamydia



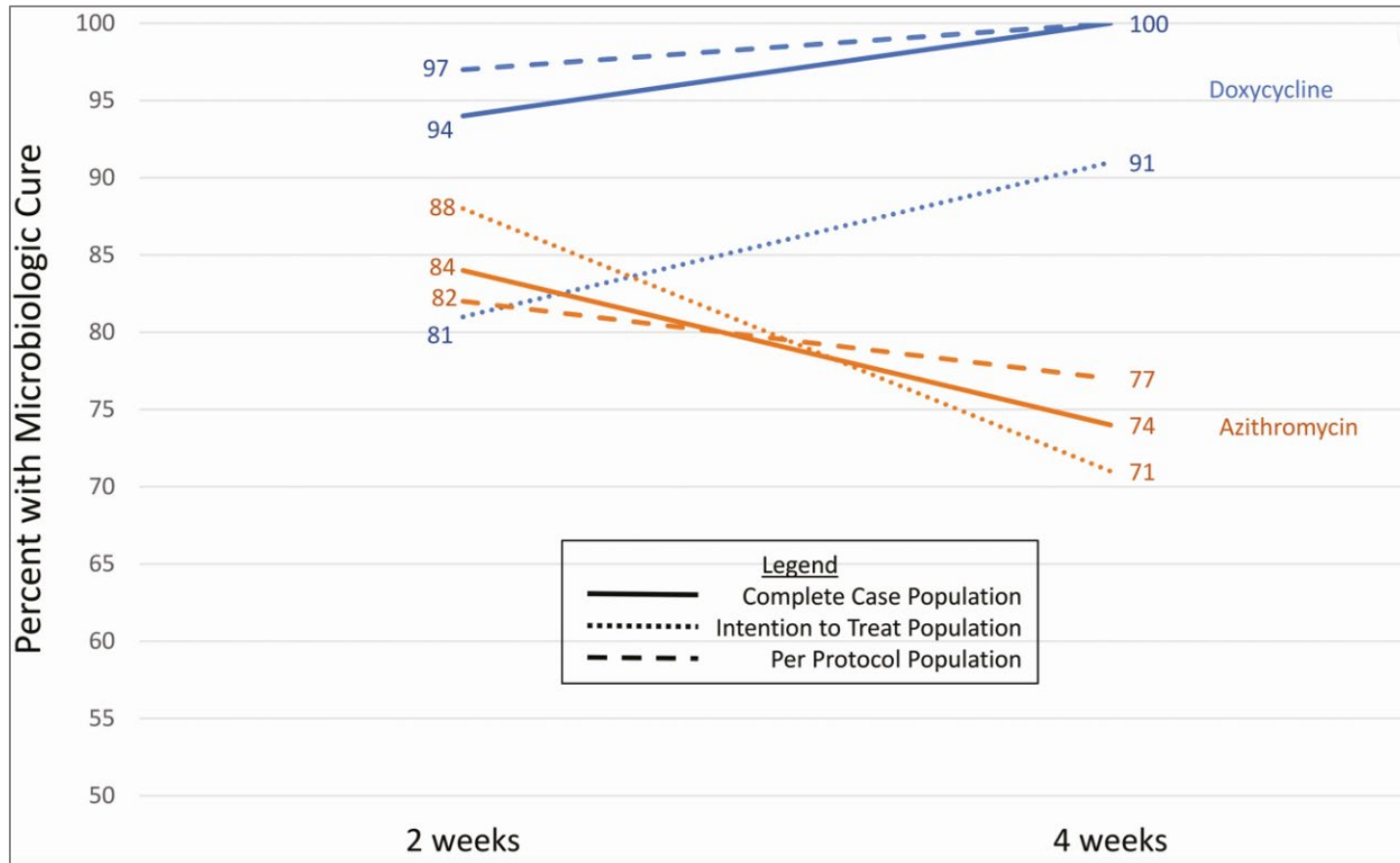
Slide credit: Dr. Will Geisler

Doxycycline versus Azithromycin : Rectal Chlamydia

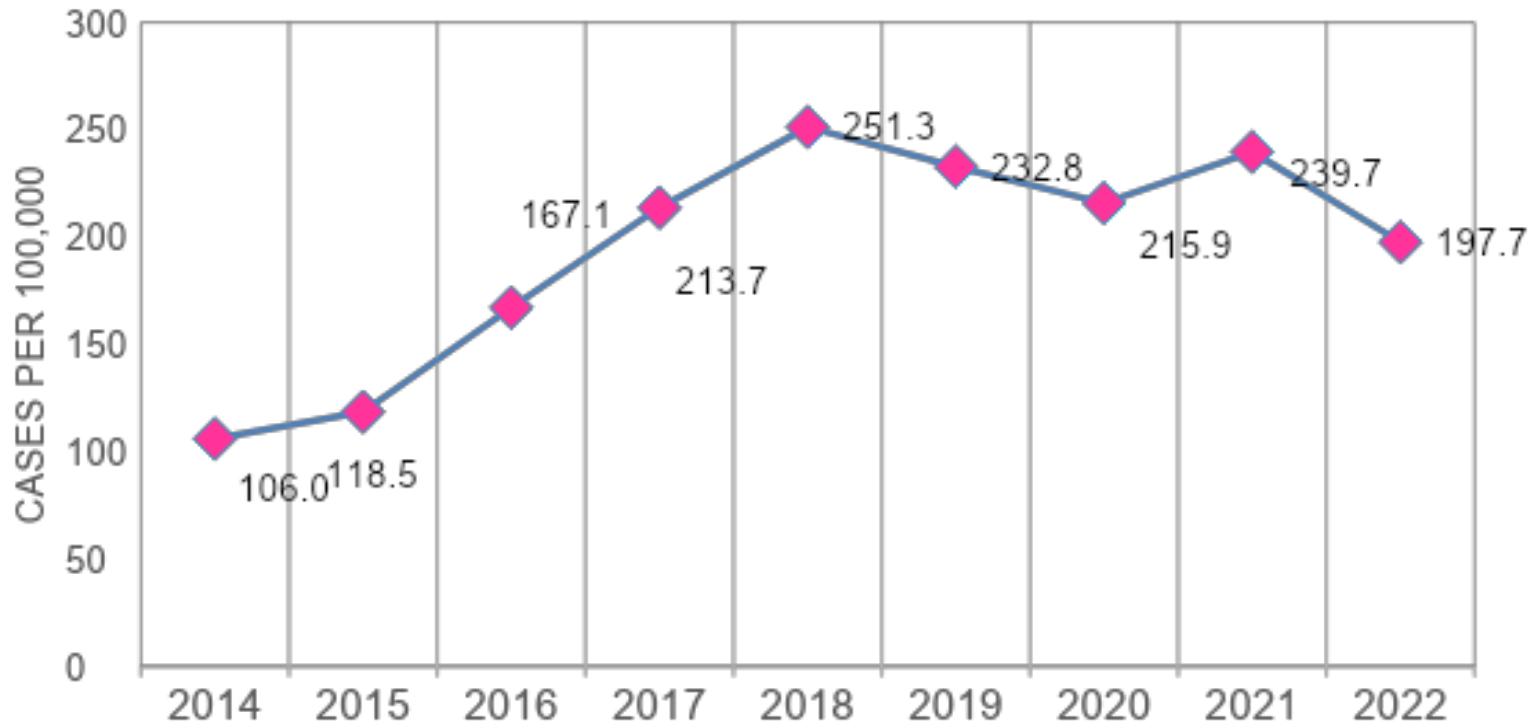


Slide credit: Dr. Will Geisler

Doxycycline Versus Azithromycin for the Treatment of Rectal Chlamydia in Men Who Have Sex With Men: A Randomized Controlled Trial FREE



Gonorrhea Cases per 100,000 Population, New Mexico, 2021 - 2022



Gonorrhea Treatment Uncomplicated



Gonorrhea	Recommended Treatment	Alternate Regimen (for allergy to recommended Rx)
cervix, urethral, rectal infections	Ceftriaxone 500 mg IM (if < 330 lbs.) Ceftriaxone 1g IM (if ≥ 330 lbs.)	Gentamicin 240 mg IM PLUS Azithromycin 2 g orally in a single dose
pharyngeal infections	Ceftriaxone 500 mg IM (if < 330 lbs.) Ceftriaxone 1g IM (if ≥ 330 lbs.)	no alternate
pregnancy	Ceftriaxone 500 mg IM (if < 330 lbs.) Ceftriaxone 1g IM (if ≥ 330 lbs.)	no alternate
Cefixime 800 mg orally as a single dose can be used if ceftriaxone is not available		
If chlamydia has not been excluded, treat for chlamydia with doxycycline (or alternate if doxy contraindicated)		

- No longer recommending dual therapy with azithromycin
- Test of cure in 3 - 4 weeks in pregnancy and pharyngeal
- Retesting recommended for everyone in 3 months

CDC 2021 STI Treatment Guidelines

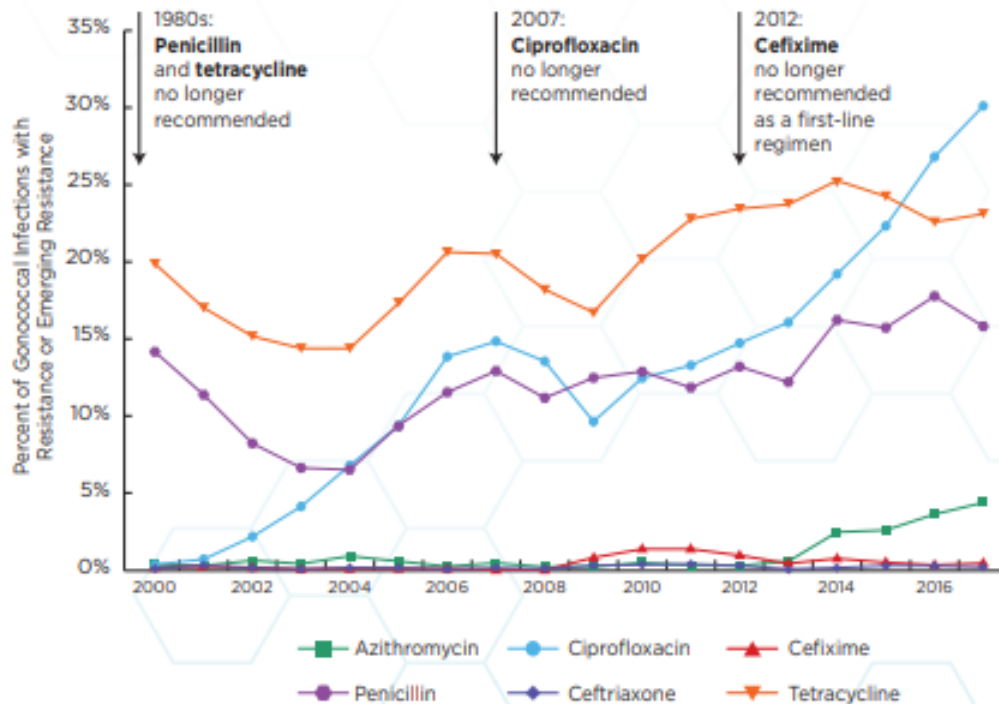
Why the Change in GC Treatment?

- Azithromycin MIC for GC steadily increased
- Ceftriaxone/cefixime MIC for GC stabilized
- Ceftriaxone pharmacokinetics
 - the higher dose ensures drug levels above the MIC for 24 hours
 - higher dose is more likely to be effective in the pharynx

History of Drug Resistant Gonorrhoea

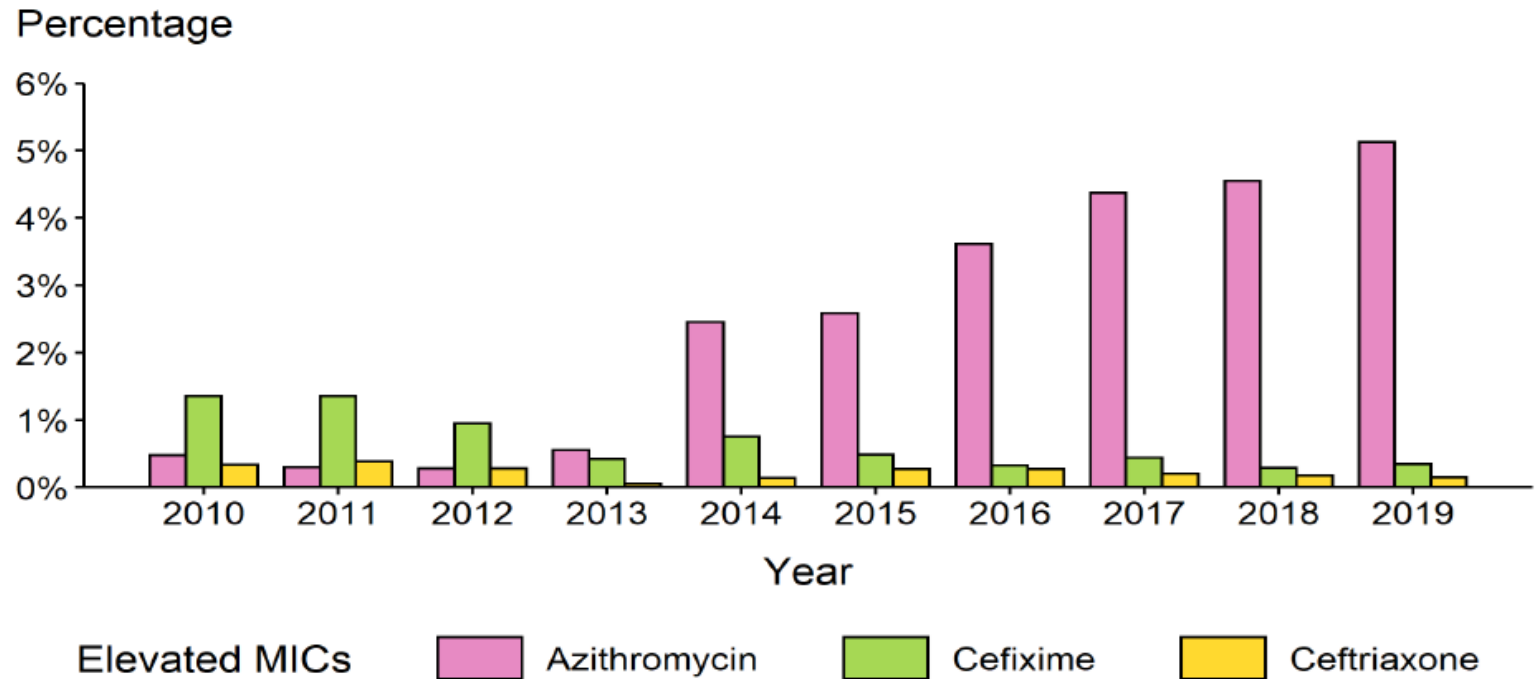
EMERGING ANTIBIOTIC RESISTANCE

Gonorrhoea rapidly develops resistance to antibiotics—ceftriaxone is the last recommended treatment.



[Drug-Resistant Neisseria Gonorrhoeae \(cdc.gov\)](http://www.cdc.gov)

Rise in GC Isolates with Decreased Susceptibility to Azithromycin (~5%) Gonococcal Isolate Surveillance Project (GISP), 2010–2019

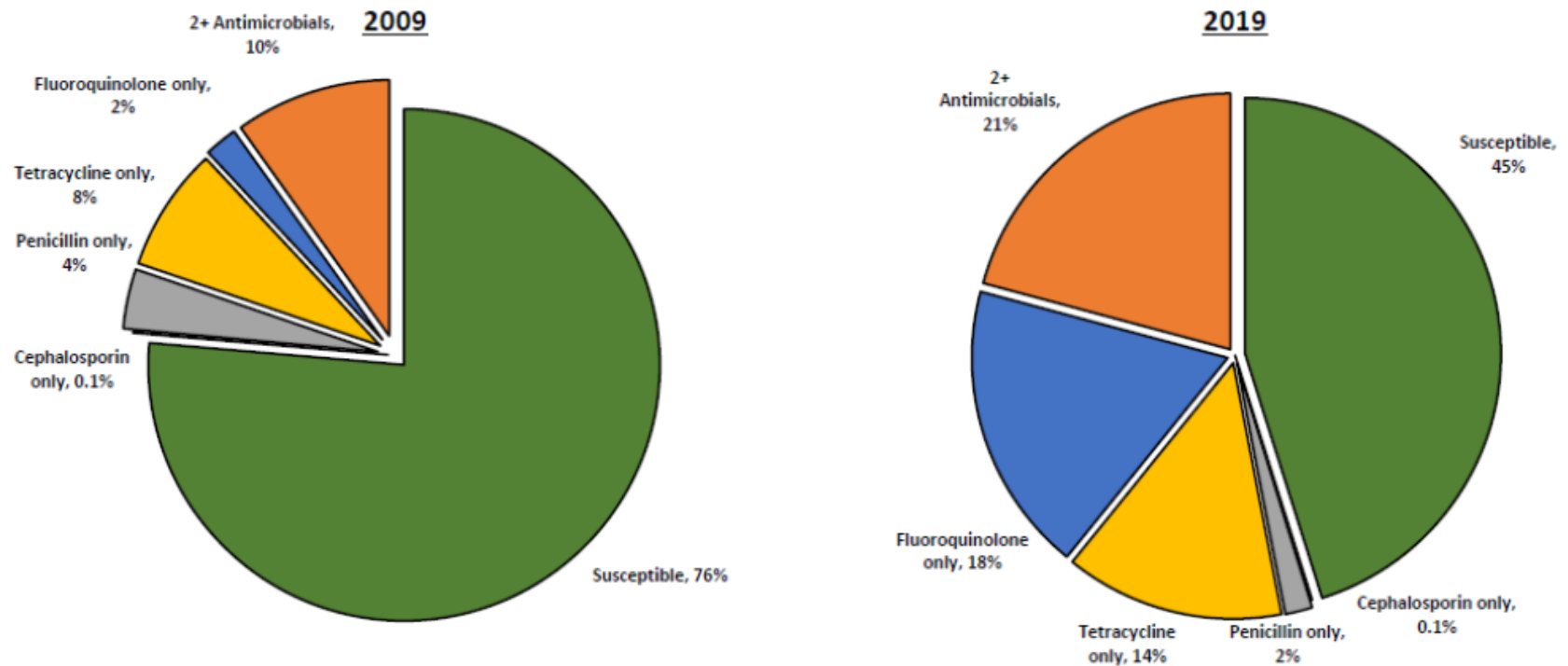


NOTE: Elevated MIC = Azithromycin: ≥ 2.0 $\mu\text{g/mL}$; Cefixime: ≥ 0.25 $\mu\text{g/mL}$; Ceftriaxone: ≥ 0.125 $\mu\text{g/mL}$

[Gonococcal Isolate Surveillance Project \(GISP\) Profiles, 2019](#)

More than half of GC Isolates are resistant to at least one antibiotic

Prevalence of Resistant or Decreased Susceptibility of *N. gonorrhoeae* Isolates to Antimicrobials, GISP, 2009 and 2019*



* 2019 data are preliminary

Slide courtesy Sancta St. Cyr
National STD Prevention Conference 2020

• February 2023

Location of Participating Sentinel Sites and Regional Laboratories, Gonococcal Isolate Surveillance Project (GISP), 2021

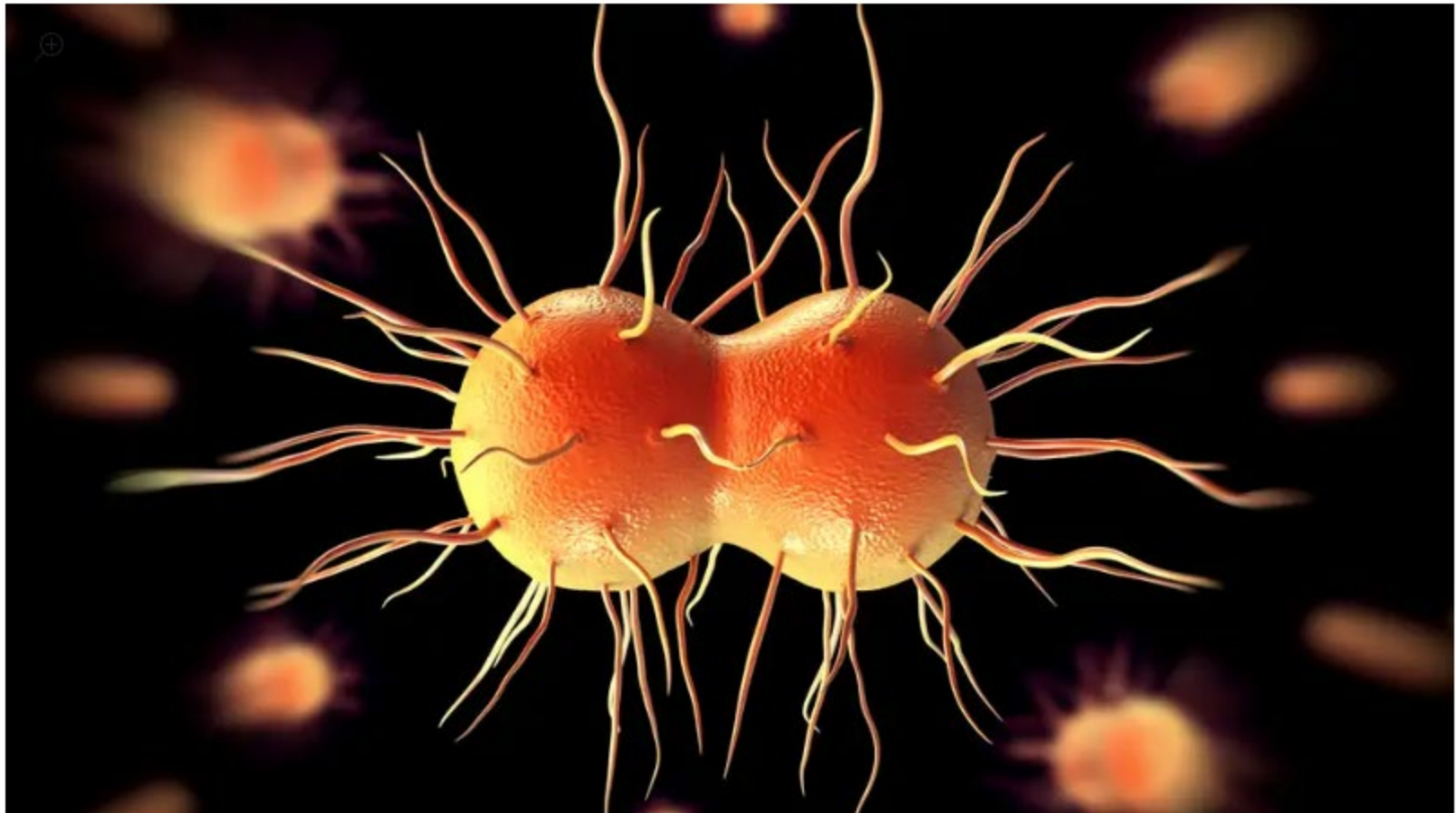


[GISP - Gonorrhea - STD information from CDC](#)

Super Gonorrhea Has Reached the U.S.

Massachusetts officials have reported two cases of gonorrhea that are resistant or less susceptible to

By **Ed Cara** Published January 20, 2023 | Comments (30) | Alerts



An illustration of *Neisseria gonorrhoeae* bacteria.

Illustration: Shutterstock (Shutterstock)

Ceftriaxone/Cefixime Resistant Strains

- Isolates with high -level ceftriaxone resistance and risk for treatment failure identified in:
 - China, Japan, S.Korea, Thailand, the Philippines, Vietnam, Canada, Australia, Denmark, France, UK
- First US case in Las Vegas 2019
 - male patient with partner from China
 - detected via GISP
 - responded to ceftriaxone
 - [Notes from the Field: First Case in the United States of Neisseria gonorrhoeae Harboring Emerging Mosaic penA60 Allele, Conferring Reduced Susceptibility to Cefixime and Ceftriaxone | MMWR \(cdc.gov\)](#)
- 10 cases in UK Dec 2021 - June 2022
 - 9 cases from Asia -Pacific area residing in UK for school
 - 1 case not linked to others
 - [Eurosurveillance | Detection of 10 cases of ceftriaxone-resistant Neisseria gonorrhoeae in the United Kingdom, December 2021 to June 2022](#)
- 2 cases in Massachusetts Jan 2023
 - GC resistant or reduced response to 5 antibiotic classes
 - no travel history
 - cases not linked
 - responded to ceftriaxone
 - [Department of Public Health announces first cases of concerning gonorrhea strain | Mass.gov](#)

Reporting

[Suspected Gonorrhea Treatment Failure Consultation Form \(cdc.gov\)](#)



Suspected Gonorrhea Treatment Failure Consultation Form

Suspected gonorrhea cephalosporin treatment failure or any *N. gonorrhoeae* specimen with decreased cephalosporin susceptibility should be reported directly to CDC by either clinicians or health departments by completing the Suspected Gonorrhea Treatment Failure Consultation Form. **Clinicians should contact their state or local health department to coordinate completion of the report form prior to submitting it to CDC.**

To report a suspected gonorrhea treatment failure to CDC, please complete and submit this REDCap Survey form. It may be necessary to perform a **medical record review** or to **ask the patient** additional questions to complete some parts of the form. Specific sections of the form **require** completion to submit the form. However, if you do not have all information, please complete the form with as much information as you can. Please do not include any identifying patient information (e.g., patient name, date of birth, medical record number, social security number).

Clinicians in CDC's Division of STD Prevention will review the form and follow up with submitting providers. **If you need immediate clinical assistance, please contact your local or state public health department.**

If you have **questions about reporting a case to CDC or need assistance with treatment, please contact the Gonorrhea Treatment Failure team (gcfailure@cdc.gov; 404-718-5447; Centers for Disease Control and Prevention, Division of STD Prevention).**

Suspected Gonorrhea Treatment Failure Consultation Form

Healthcare providers and health departments can report suspected gonorrhea cephalosporin treatment failure or any *N. gonorrhoeae* specimen with decreased cephalosporin susceptibility through the [Suspected Gonorrhea Treatment Failure Consultation Form](#).

For questions about reporting a suspected treatment failure or resistant case, please email: GCFailure@cdc.gov

ient identifying

Address:

64 characters remaining

City:

64 characters remaining

State:

2 characters remaining

Zip:

5 characters remaining

Antibiotics for GC in the Pipeline

- Zoliflodacin - phase 3 trial results expected 7/2023
- Gepotidacin - phase 3 trial results expected 10/2023

Gonorrhea should be treated with a **single** **500 mg injection** of **ceftriaxone***



CDC no longer recommends
a 2-drug approach.

*See updated guidelines for details: <https://bit.ly/6950a6>

CDC.GOV

Penicillin Allergy

- Reported allergy to penicillin is approximately 10% in the US.
- Approximately 80% of patients with a true IgE-mediated allergic reaction to penicillin have lost the sensitivity after 10 years.
- Studies have shown that the true rates of allergy are low, ranging from 1.5% to 6.1% of people who report a penicillin allergy.
- Third-generation cephalosporins (e.g., ceftriaxone and cefixime) have lower cross-reactivity with IgE-mediated penicillin-allergic patients (<1%) compared with first- and second-generation cephalosporins (range: 1%–8%).
- Anaphylaxis to cephalosporins is extremely rare among persons who report a penicillin allergy (estimated at 1 per 52,000 persons).
- Use of third- and fourth-generation cephalosporins and carbapenems is safe for patients without a history of any IgE-mediated symptoms (e.g., anaphylaxis or urticaria) from penicillin during the preceding 10 years.

NMDOH STD Program

- Disease Prevention
- Case Management
- Surveillance/Data
- Contact Tracing
- Partner Services
- Outreach and Education



Case
Management &
Partner
Notification:

New HIV
diagnosis

Congenital
Syphilis

Primary,
Secondary &
Early Latent
Syphilis

Pregnant women

Co-infections
(Gonorrhea &
Chlamydia)

Disease Prevention Program Priorities

NMDOH STD Program

Disease Intervention Specialists

Disease Intervention Specialists (DIS)

They identify persons with a reportable STD, conduct interviews, and ensure that both the patient and their partners are properly treated.

This was the original “contact tracing” before the COVID-19 pandemic.

Interviewed 1,284 patients
during calendar 2019

Reached 691 partners
for testing and treatment

Case Investigation from A -Z

STD Program receives positive lab report

Investigation is assigned to a DIS (by region)

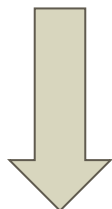
DIS researches testing and treatment history (PRISM, HIE, call to provider)

DIS reaches out to the patient within 24 hours (phone, mail, visit)

Continue attempts to contact patient (following program guidelines)



Case Investigation, continued



Get patient in for treatment if needed

Interview patient, obtain partner info, contact partners confidentially

Case Review: What information is missing? Does the story make sense based on what we know about syphilis?

Schedule a re-interview within 72 hours

Get partners in for testing and treatment

STD CASE REPORTING FORM

Sexually Transmitted Diseases (nmhealth.org)



NEW MEXICO SEXUALLY TRANSMITTED DISEASE MORBIDITY FORM

PATIENT DEMOGRAPHIC DATA

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE:** _____
STREET ADDRESS: _____ **TOWN/CITY:** _____ **STATE:** _____ **ZIP CODE:** _____
DATE OF BIRTH: _____ **PHONE (Home/Cell):** _____ **(Work):** _____
SEX ASSIGNED AT BIRTH: Male Female **CURRENT GENDER IDENTITY:** M F Trans/MTF Trans/FTM Other _____
RACE (Check all that apply): White Black Native American Asian Native Hawaiian/Pacific Islander Other Unknown
ETHNICITY: Hispanic Non-Hispanic Unknown **MARITAL STATUS:** Single Married Partnered Unknown

DISEASE DATA

CHECK REPORTABLE DISEASES:

SYPHILIS
 PRIMARY
 SECONDARY
 Early Non-Primary/Non-Secondary
 Late Latent or Unknown
 Neuro Involvement Yes No
 Optic Involvement Yes No
 Otic Involvement Yes No

GONORRHEA
 Uncomplicated Asymptomatic
 Uncomplicated Symptomatic
 SALPINGITIS
 EPIDIDYMITIS

CHLAMYDIA
 PID YES NO
 CHANCROID
 Other Untreated STD _____

SYMPTOMS: _____ **SYMPTOM onset (Date):** _____

MEDICAL INFORMATION

NAME OF FACILITY: _____ **REPORTED BY:** _____ **PHONE:** _____ **FAX:** _____
ADDRESS: _____ **TOWN/ CITY:** _____ **STATE:** _____ **ZIP:** _____

DATE OF COLLECTION/TEST	DIAGNOSTIC TEST	RESULTS	SPECIMEN SOURCE	LABORATORY NAME

TREATMENT INFORMATION

DATE OF TREATMENT	TREATMENT/DRUG	DOSE	NAME AND TITLE OF CLINICIAN

PREGNANCY STATUS YES NO **WAS PREP OFFERED?** YES NO **WAS PREP PRESCRIBED?** YES NO
 ESTIMATED DUE DATE: _____

WAS (EXPEDITED PARTNER THERAPY) PROVIDED FOR YOUR SEXUAL PARTNER(S)? YES NO
 IF EPT WAS PROVIDED HOW MANY DOSES WERE GIVEN? _____

FOR MORE INFORMATION ON EXPEDITED PARTNER THERAPY IN NEW MEXICO PLEASE GO TO <http://nmhealth.org/IDB/epi/ptb/> OR CALL (505) 476-3611 FOR ADDITIONAL INFORMATION

PHYSICIANS COMMENTS: _____

New Mexico Revised Statutes 12-3-5, 1, Health Department Regulations Art. 1, 24-1-7 and New Mexico Administrative Code 7.4.3.13 require that patients with laboratory confirmed chlamydia, syphilis and gonorrhea be reported to the New Mexico Department of Health (NMDOH) STD Program within 24 hours.

PLEASE FAX COMPLETED FORM TO:
505-476-3638

FOR CONSULTATION CALL: (505) 476-3636 or (505) 476-3611

This form is available electronically at: <http://nmhealth.org/about/phd/fdb/std/>

PRISM - NM STD Database



Tasks Search Unattached Tests Reports Add Screening Admin Helpdesk



Welcome, MirandaH.Durham

Alerts / Home

New Mexico Dept. of Health

Chlamydia	CT NAT	Urine	06/12/2019	06/12/2019	Negative	
Gonorrhea	GC NAT	Urine	06/12/2019	06/12/2019	Negative	
HIV	HIV-1/2 Ag/Ab	Blood	06/12/2019	06/12/2019	Negative	
Syphilis	RPR		06/12/2019	06/12/2019	Reactive	1:4

Reset User Security

Location/Provider	Screening Date	Exam Date	Treatment Date	Treatment Name
UNIVERSITY OF NEW MEXICO HOSPITAL EMERGENCY ROOM - ER: 2211 Lomas Blvd NE, Albuquerque, NM: 505-277-1572			06/13/2019	Benzathine Penicillin G 2.4 MU IM (Dose 1)
La Familia Medical Center-Alto-Santa Fe: 1035 Alto St, Santa Fe, NM: 505-982-4425			07/16/2019	Benzathine Penicillin G 2.4 MU IM (Dose 1)



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Public Health Offices

Public Health Offices

You can also find a [Public Health Office](#) near you that provides screening and treatments services such as:

- Free, confidential examination and treatment for sexually transmitted diseases. (STD)
- Confidential counseling and treatment of contacts (partners) to persons with STDs.
- Free, anonymous testing and counseling for HIV.
- Syringe exchange program for injection drug users.
- Confidential counseling, teaching and prescribing for birth control and emergency contraception. (Plan B)
- Minors do not need parental consent to receive services in the clinic

<https://www.nmhealth.org/location/public/>

Resources

CDC Treatment Guidelines 2021:
[STI Treatment Guidelines](#)

CDC STD Data and Resources:

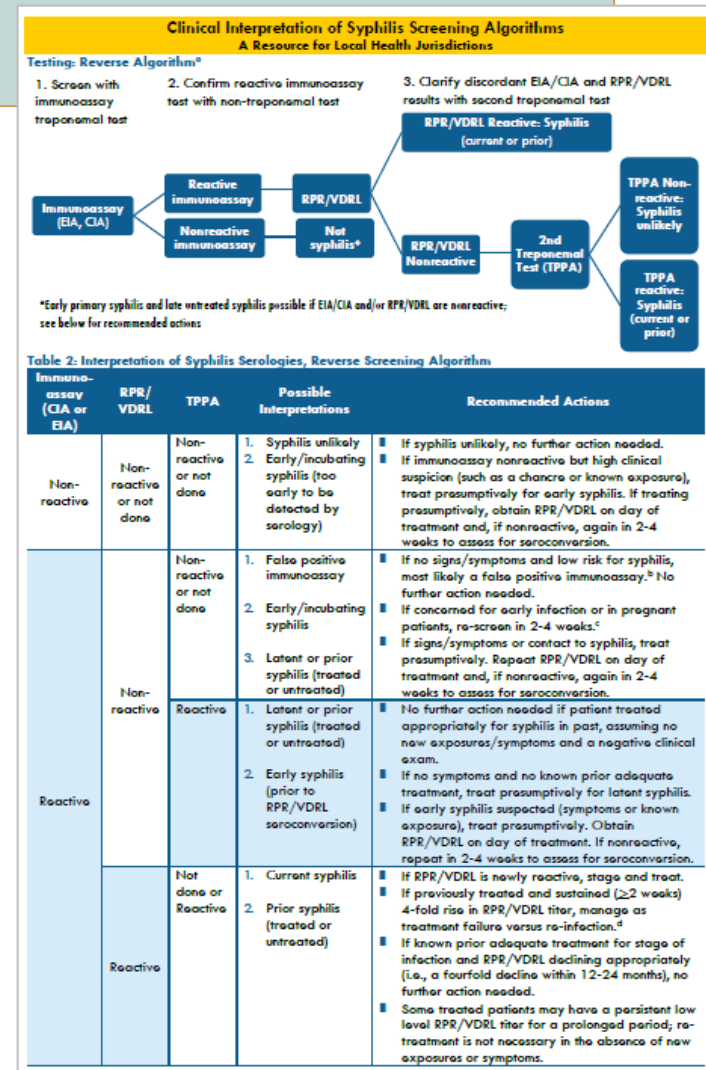
[Sexually Transmitted Diseases - Information from CDC](#)

NMDOH STD Program Website:

<https://nmhealth.org/about/phd/idb/std/>

New Mexico Administrative Code:

<https://www.srca.nm.gov/parts/title07/07004.0003.html>



STD Treatment Guide - CDC Mobile App

Provider Resources

[Print](#)



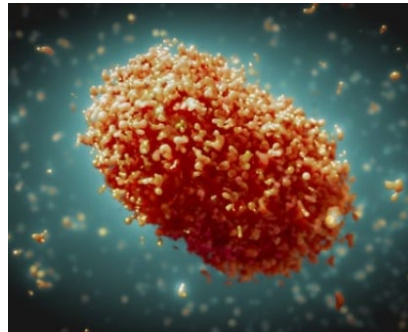
STI Treatment (Tx) Guide Mobile App

The new app offers quick and easy access to streamlined STI prevention, diagnostic, and treatment recommendations. The user-friendly interface includes more clinical care guidance, sexual history resources, patient materials, and other features to assist with patient management. Download the free app for Apple and Android mobile devices.



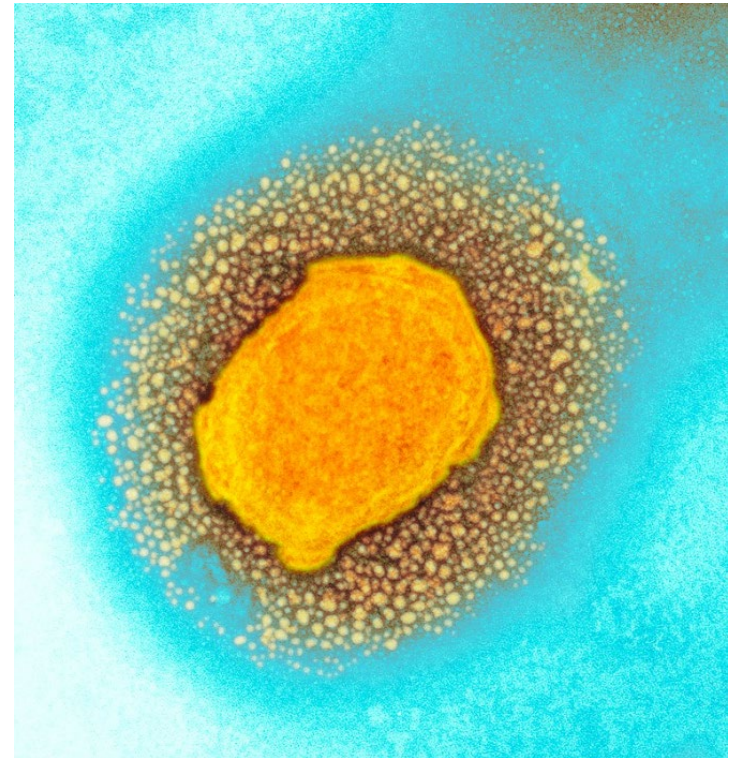
<https://www.cdc.gov/std/treatment-guidelines/provider-resources.htm>

Mpox Updates



Monkeypox Virus

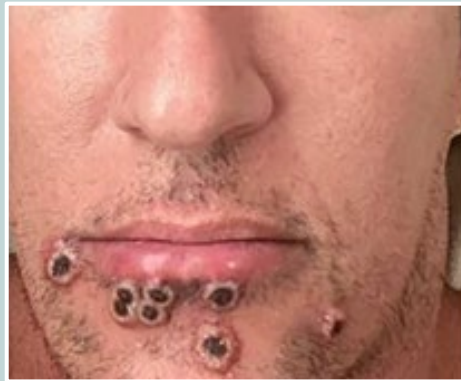
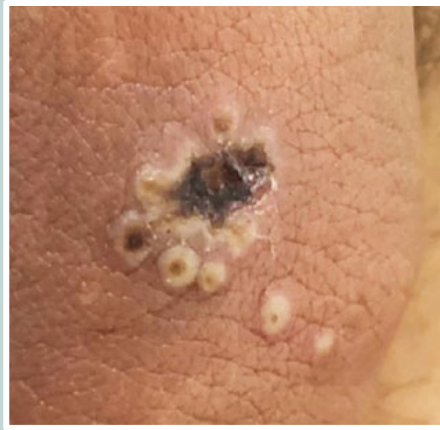
- Monkeypox virus is an enveloped double-stranded DNA virus that belongs to the *Orthopoxvirus* genus of the *Poxviridae* family.
- WHO renamed the disease 11/2022 to Mpox
- The Clade I typically causes more severe disease
- US/worldwide outbreak is largely Clade IIb
- First case in current US outbreak 5/18/2022.



Credit: UK Health Security Agency/Science Photo Library



**Mpox
Lesions**



Not Monkeypox



molluscum



hand foot mouth
disease



SYPHILIS



chickenpox

MPOX WORLD DATA

Mpox: Daily confirmed cases

7-day rolling average

Our World
in Data

LINEAR LOG



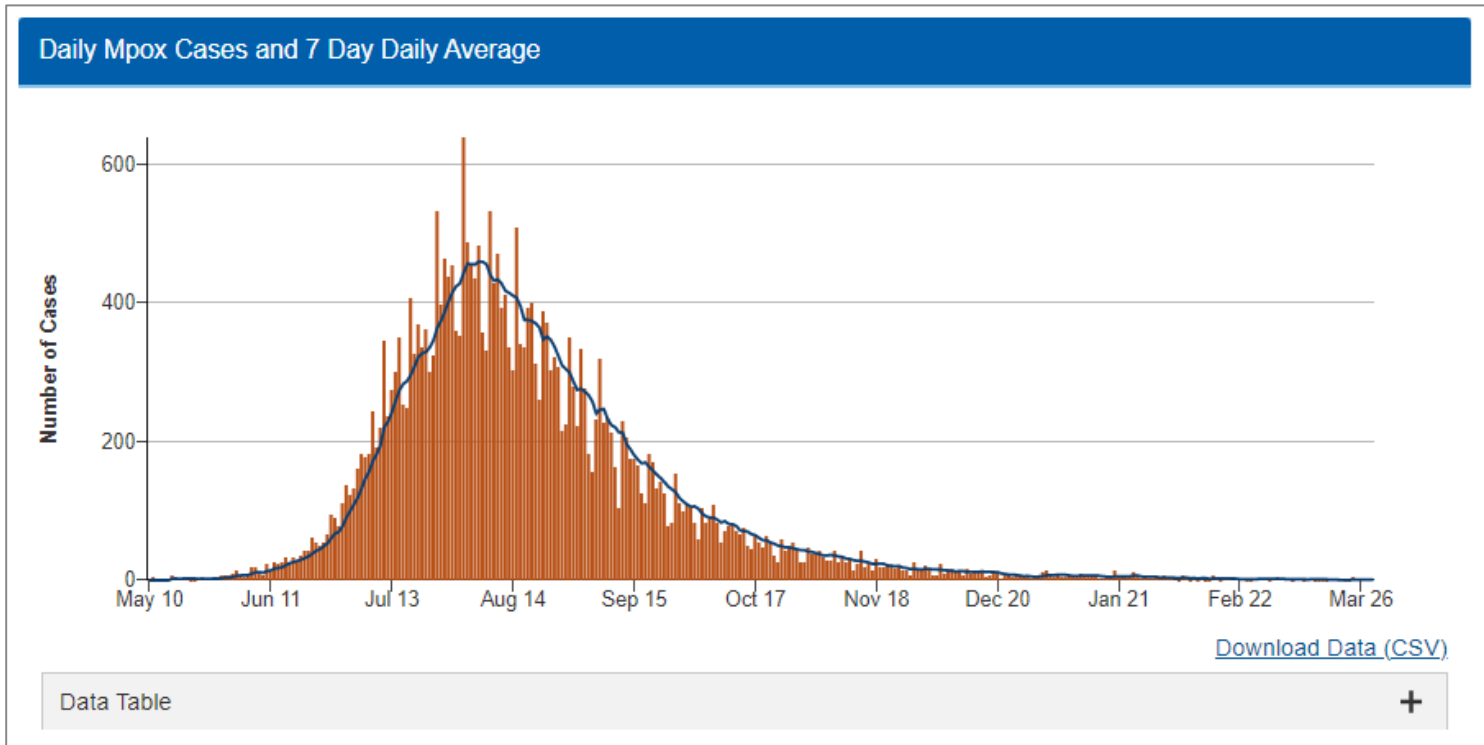
Source: World Health Organization

CC BY

▶ May 1, 2022 ○ Apr 6, 2023

<https://ourworldindata.org/monkeypox>

US MPOX Trends



data as of 3/29/23

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html>

New Mexico MPOX Weekly Report

NOTE: Mpox reports are on a MONTHLY cadence. Next Mpox report will be on 4/20/2023.

Location	Number of Cases	Percentage of State Total
Bernalillo	39	69%
Santa Fe	7	12%
All other counties, combined	11	19%
State Total	57	100%

- Hospitalizations to date: 3
 - The number of hospitalizations and deaths are those that are reported through public health investigation, may be incomplete, and are subject to change.
- JYNNEOS vaccines administered to date:
 - First doses: 2,951
 - Second doses: 2,445
- Deaths to date: 0

Age Range (Years)	Number of Cases	Percentage of State Total
13 and below	0	0%
14 to 19	0	0%
20 to 30	22	39%
31 to 40	18	31%
41 to 50	9	16%
51 to 60	5	9%
Over 60	3	5%
State Total	57	100%

Race	Number of Cases	Percentage of State Total
American Indian or Alaska Native	5	9%
Asian	≤3	
Black or African American	≤3	
White	43	75%
Unknown/Refused to Answer	3	5%
Total	57	

Sex	Number of Cases	Percentage of State Total
Female	0	0%
Male	57	100%
State Total	57	100%

Ethnicity	Number of Cases	Percentage of State Total
Hispanic or Latino	27	47%
Not Hispanic or Latino	28	49%
Unknown	2	4%
State Total	57	100%



Data from start of outbreak to 3/22/2023

<https://www.nmhealth.org/about/phd/idb/mpv/>

U.S. Wastewater Data

Updated April 5, 2023

[Print](#)



Communities can monitor the presence of mpox virus in wastewater samples. Data from samples can provide an early warning of mpox activity and spread in communities. For general information about wastewater surveillance, visit CDC's [National Wastewater Surveillance System site](#).

Legend

- Consistent detection
- No detection
- Intermittent detection
- No recent data



<https://www.cdc.gov/poxvirus/mpox/cases-data/wastewater-surveillance.html>



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nmhealth.org

Summary of Mpox Transmission

Exposure source	Mpox virus DNA detected by PCR	Replication-competent virus detected/isolated	Epidemiologically supported source of infection
Skin	Yes	Yes	Yes
Oropharynx and saliva	Yes*	Yes	Yes
Anorectum	Yes	Yes	Yes†
Semen	Yes*	Yes	Insufficient data
Urine/urethra	Yes	Yes	Insufficient data
Conjunctivae or ocular fluid	Yes	Yes	Insufficient data
Blood/plasma/serum	Yes	Insufficient data	Insufficient data
Feces	Yes	Insufficient data	Insufficient data
Vagina	Yes	Insufficient data	Insufficient data†
Breastmilk	Insufficient data	Insufficient data	Insufficient data
Contaminated sharp‡	Insufficient data	Insufficient data	Yes

<https://www.cdc.gov/poxvirus/mpox/about/science-behind-transmission.html>

Summary of Changes

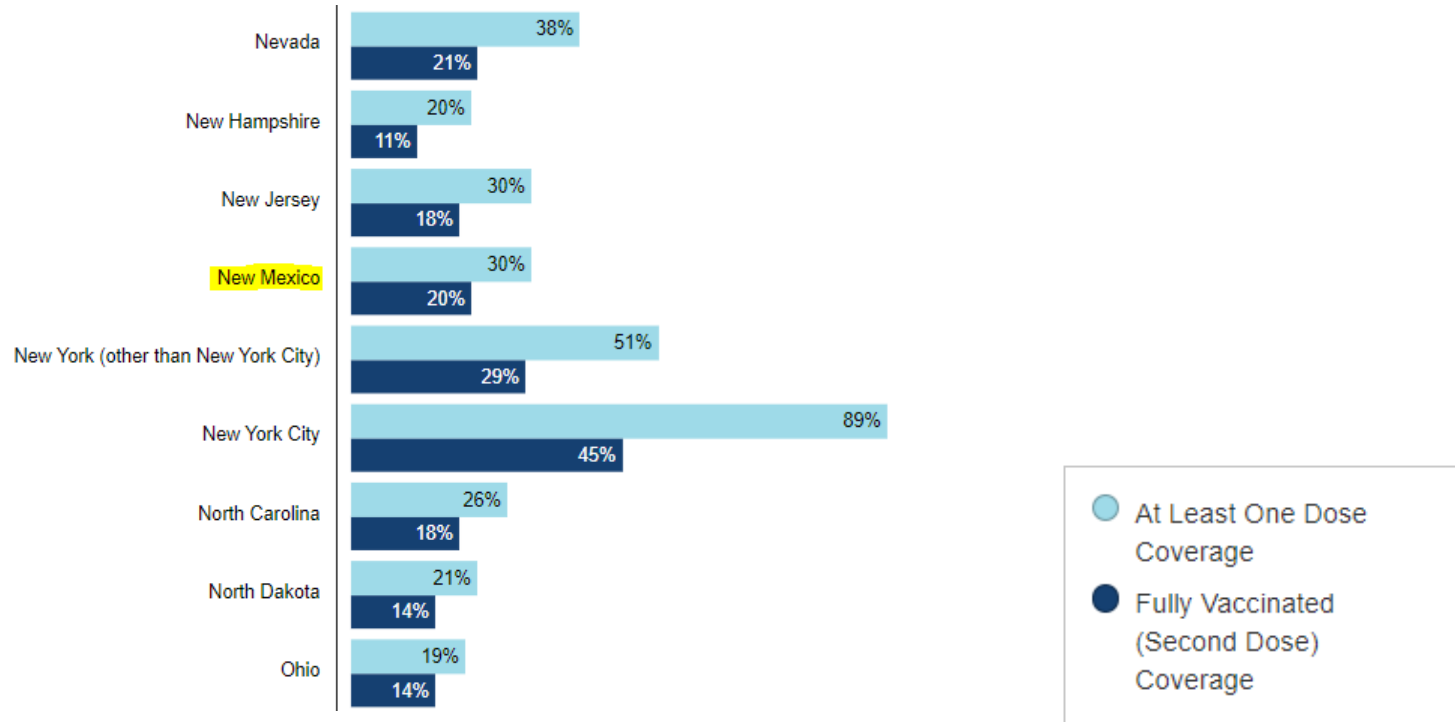
Updates as of February 2, 2023

- Incorporated findings from a growing body of scientific evidence that show some people can spread mpox virus to others from one to four days before symptoms of mpox appear. There is currently no evidence showing that people who never develop symptoms have spread mpox virus to someone else.

<https://www.cdc.gov/poxvirus/mpox/about/science-behind-transmission.html>

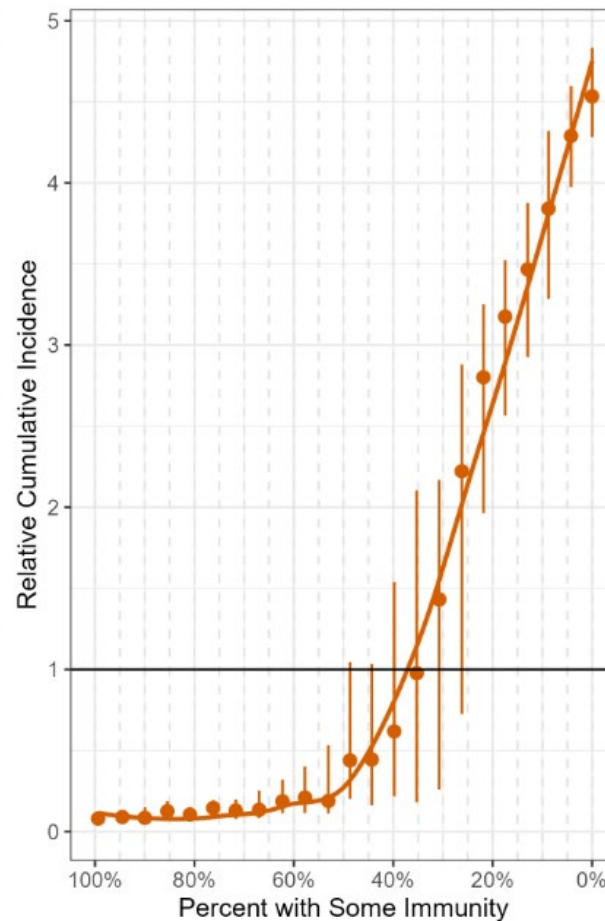
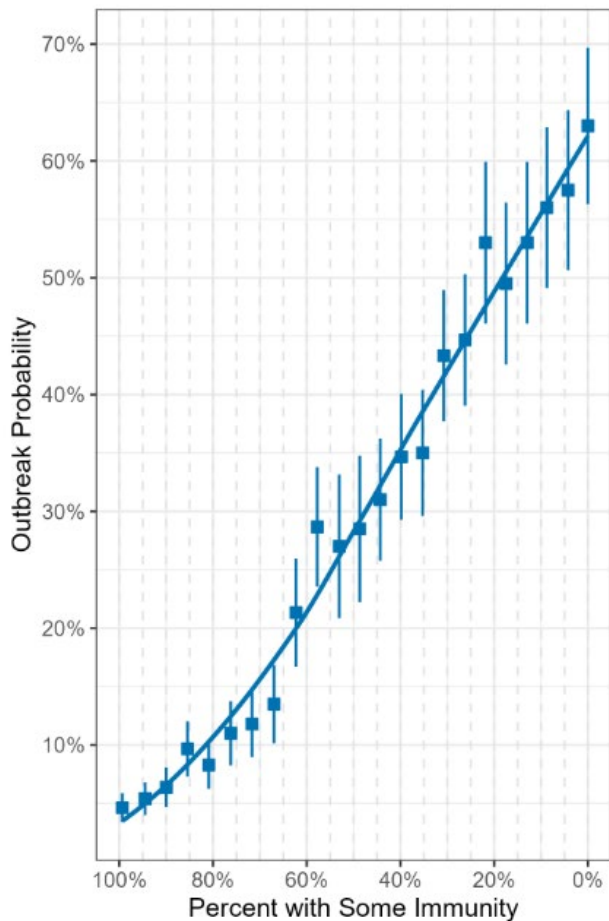
Jynneos Vaccine Coverage

Mpox Vaccine Coverage by Jurisdiction for Population at Risk for Mpox



[JYNNEOS Vaccine Coverage by Jurisdiction | Mpox | Poxvirus | CDC](#)

Risk Assessment for Mpox Resurgence



<https://www.cdc.gov/poxvirus/mpox/response/2022/risk-assessment-of-resurgence.html>

Jynneos Vaccine Eligibility

CDC recommends vaccination against mpox if:

- You had known or suspected exposure to someone with mpox
- You had a sex partner in the past 2 weeks who was diagnosed with mpox
- You are a gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
 - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis)
 - More than one sex partner
- You have had any of the following in the past 6 months:
 - Sex at a commercial sex venue (like a sex club or bathhouse)
 - Sex related to a large commercial event or in a geographic area (city or county for example) where mpox virus transmission is occurring
- You have a sex partner with any of the above risks
- You anticipate experiencing any of the above scenarios
- You have HIV or other causes of immune suppression and have had recent or anticipate future risk of mpox exposure from any of the above scenarios
- You work in settings where you may be exposed to mpox :
 - You work with orthopoxviruses in a laboratory
 - You are part of an orthopoxvirus and health care worker response team

**FIND AN
MPOX VACCINE SITE
NEAR YOU**

**Enter your ZIP code
below to find
an mpox vaccine.**

Search within

25



miles of

87107

Find

The mpox vaccine is free.

You need two doses of the vaccine for the best protection. You should get the second dose four weeks after the first dose.

<https://www.cdc.gov/poxvirus/mpox/clinicians/vaccines/index.html>

Thank you for all
that you do!

