



Investing for tomorrow, delivering today.

New Mexico Department of Health (NMDOH) Updates

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6.1.23

NMDOH Updates

- Public Health and Primary Care Integration
- Programmatic Updates or “ *What I wished I knew about DOH as a Primary Care Doc* ”
 - Rural Primary Health Care Act (RPHCA) Program Update
 - School Based Health Center Update
 - Communicable Disease Hot Topics:
 - COVID, MP ox, Latent TB, Syphilis, Hanta Virus
 - Substance use and Harm Reduction
 - Health Alert Network (HAN)/ EPI Hotline
- State Health Improvement Plan : What we can do together

Before we start...

On behalf of all colleagues at the Department of Health, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have and continue to contribute to what today is known as the State of New Mexico.



New Mexico Department of Health 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.

NMDOH 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

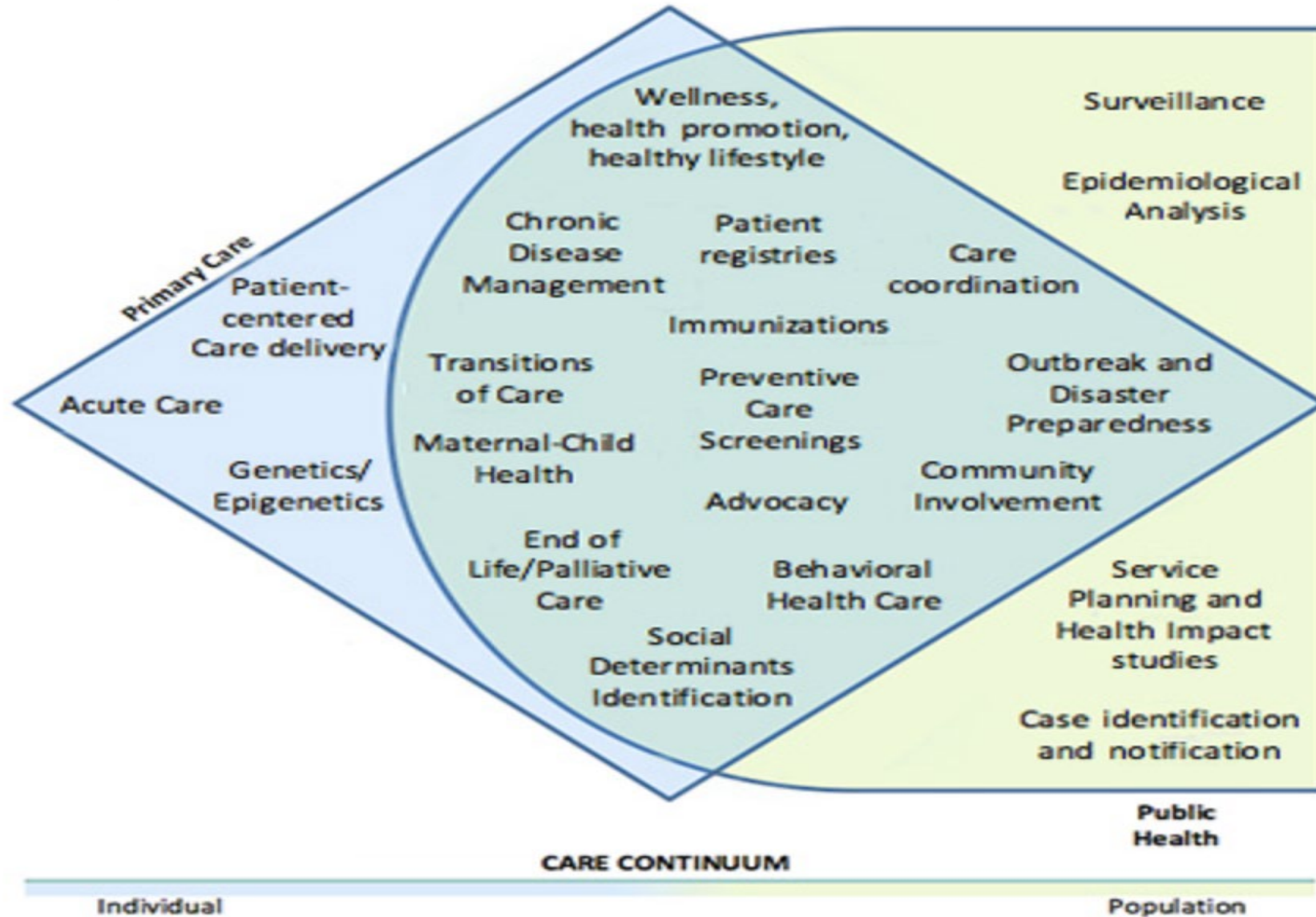
Primary Care and Public Health

- Public health works to make our state a healthier and safer place to live and work for our populations
- We need both good primary healthcare and a strong public health system

Public health is “*what we as a society do collectively to assure the conditions in which people can be healthy.*”

--Institute of Medicine,
1988

Primary care and public health continuum



Public Health and the NMDOH

Public Health has the responsibility of protecting and promoting the health of the public. Public health infrastructure consists of the service areas and capabilities to do this work.

NMDOH 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.*

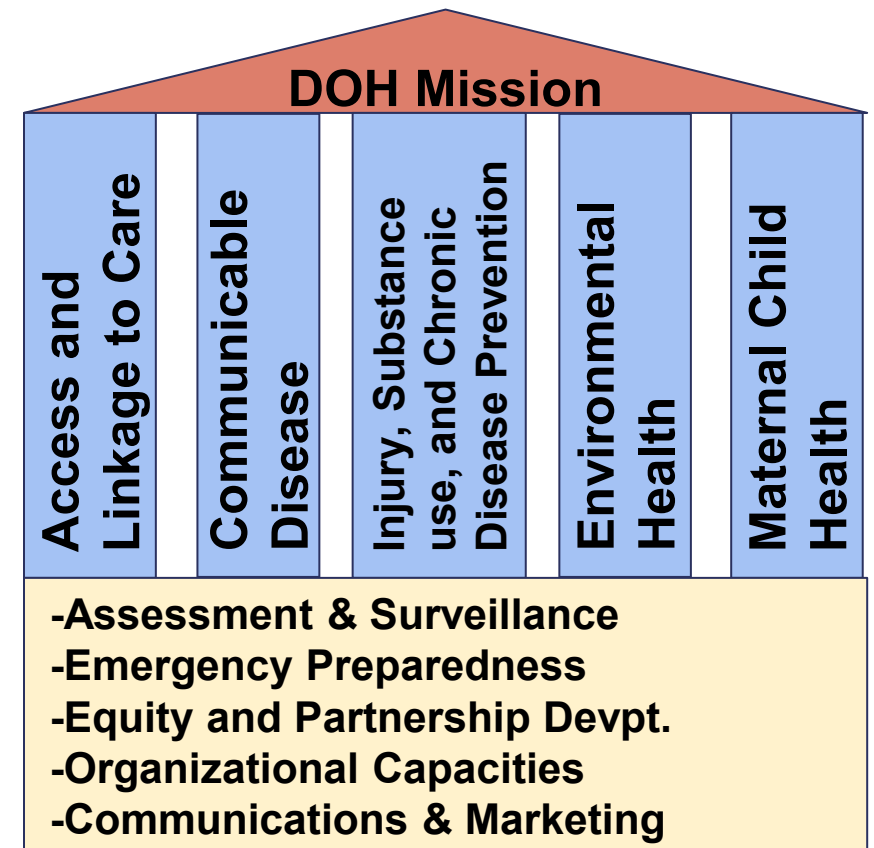
Public Health Service Areas:

Public health provides and implements specific programs, services and activities in areas aimed at protecting the health of the community.

If public health were a house, these would make up the rooms in the house

Public Health Capabilities: Cross-cutting skills and capacities needed to support public health programs and services.

If public health were a house, this would be the foundation for public health to work properly



DOH Mission

**Access and
Linkage to Care**

**Communicable
Disease**

**Injury, Substance
use, and Chronic
Disease Prevention**

**Environmental
Health**

**Maternal Child
Health**

- Assessment & Surveillance
- Emergency Preparedness
- Equity and Partnership Devpt.
- Organizational Capacities
- Communications & Marketing

Rural Primary Health Care Act (RPHCA) Program Update



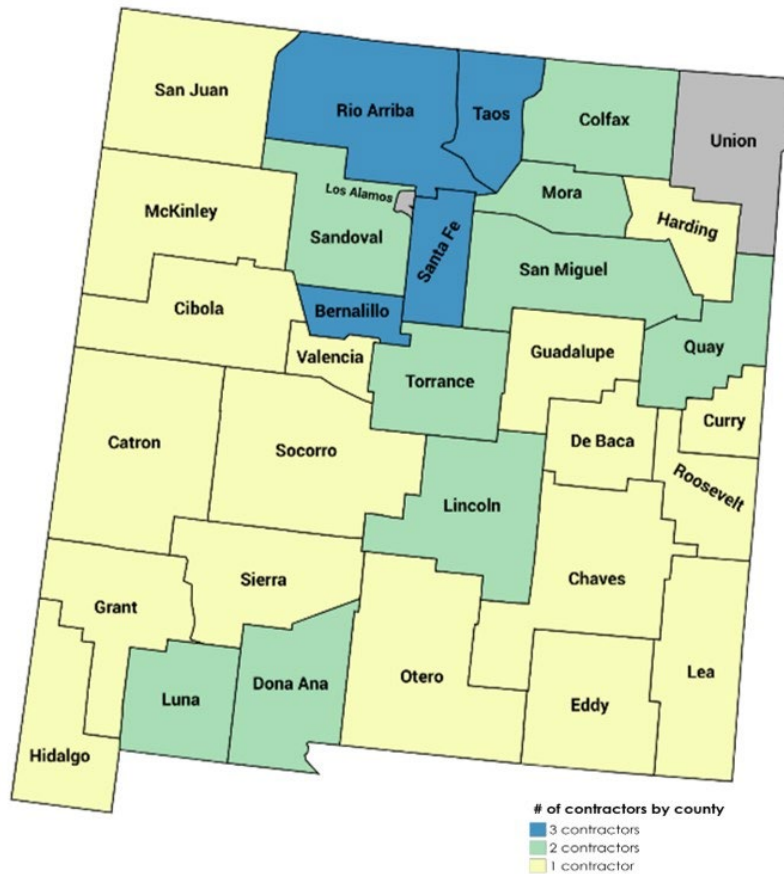
Rural Primary Health Care Act (RPHCA)

Operations of community-based primary care centers in rural and underserved areas of New Mexico.

Efforts to expand the existing base of services.

Workforce development for physicians and other providers at these services.

RPHCA Contractors during FY 20-23

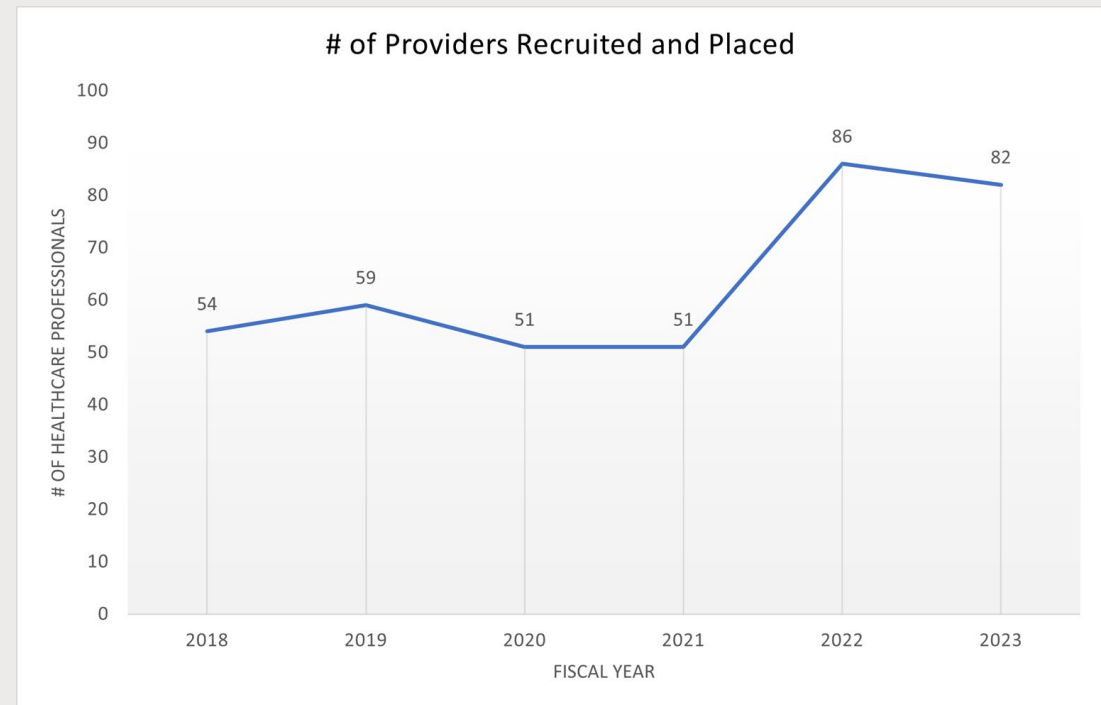


- Albuquerque Health Care for the Homeless
- Ben Archer Health Center
- De Baca Family Practice
- El Centro Family Health
- El Pueblo Health Services
- First Choice Community Healthcare
- First Nations Healthsource
- Hidalgo Medical Services
- La Casa de Buena Salud
- La Clinica de Familia
- La Clinica del Pueblo de Rio Arriba
- La Familia Medical Center
- Las Clinicas del Norte
- Mora Valley Community Health Services
- Nor-Lea Hospital District
- PHS Carrizozo Health Center
- Presbyterian Medical Services
- Quay County
- Torrance County



Supporting New Mexico's Workforce

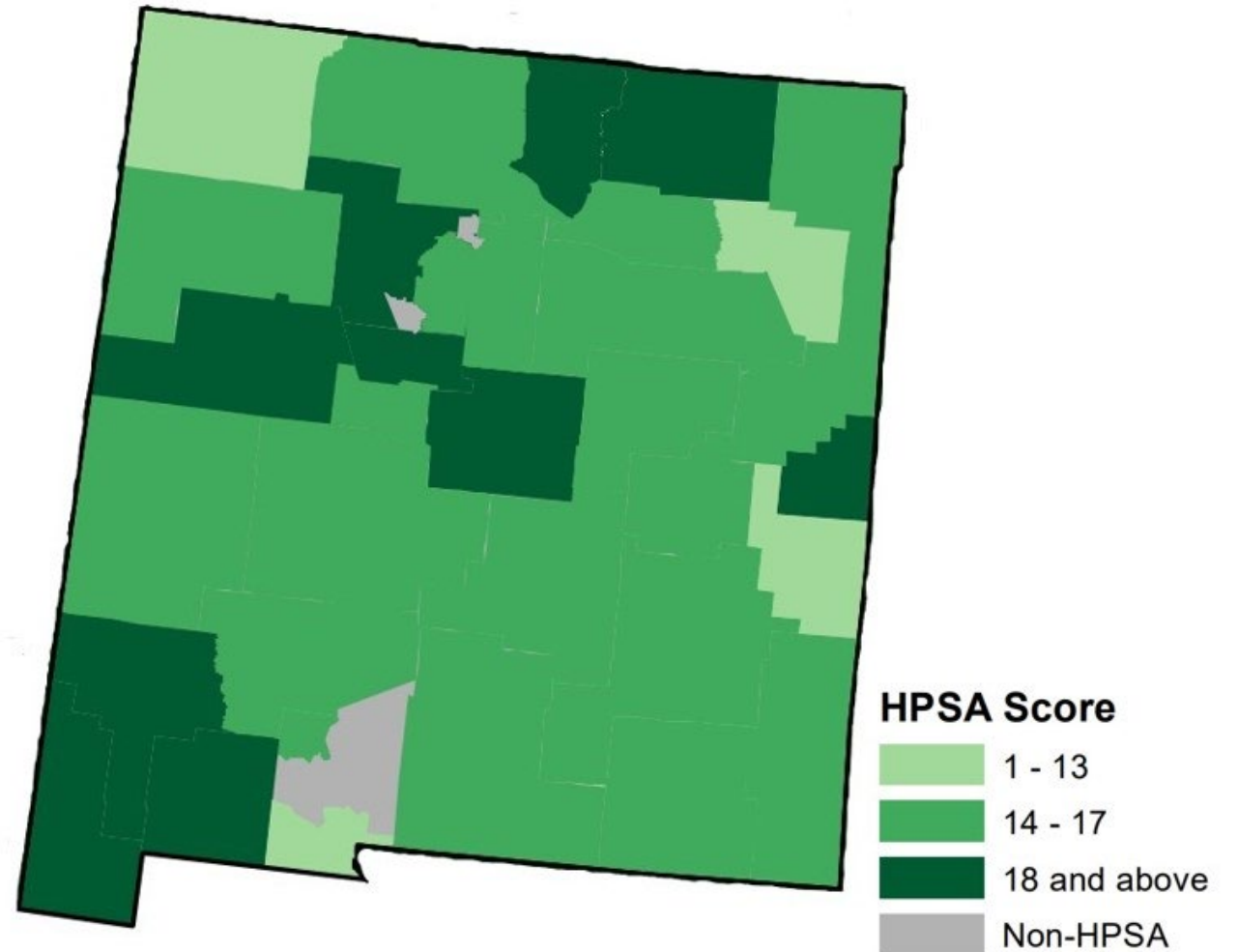
- Under RPHCA, it also supports a clearinghouse for recruitment and retention of primary care providers for underserved and rural areas of our state.
- As of May 31, 2023, eighty-two (82) healthcare providers have been recruited and placed!
 - New Mexico Health Resources, Inc.



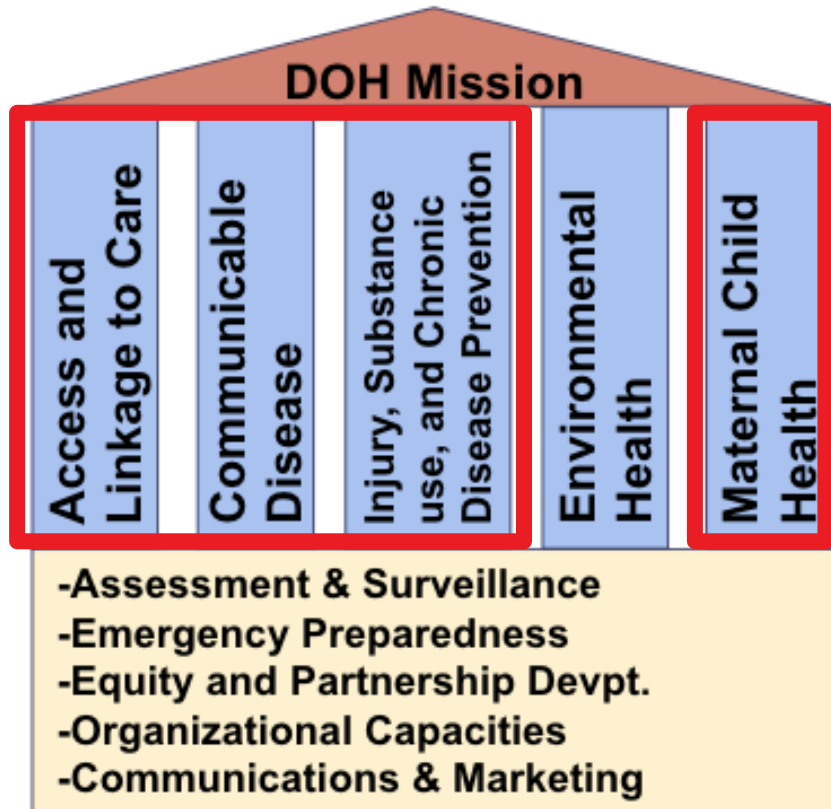


RPHCA in Health Professional Shortage Areas

- Helps support operations at more than 89 clinics sites in rural and underserved areas.
- Nearly all of these locations are in Health Professional Shortage Areas (HPSAs), designated by the federal government for critical needs.
- RPHCA-supported community-based primary care centers help fill some of these gaps.



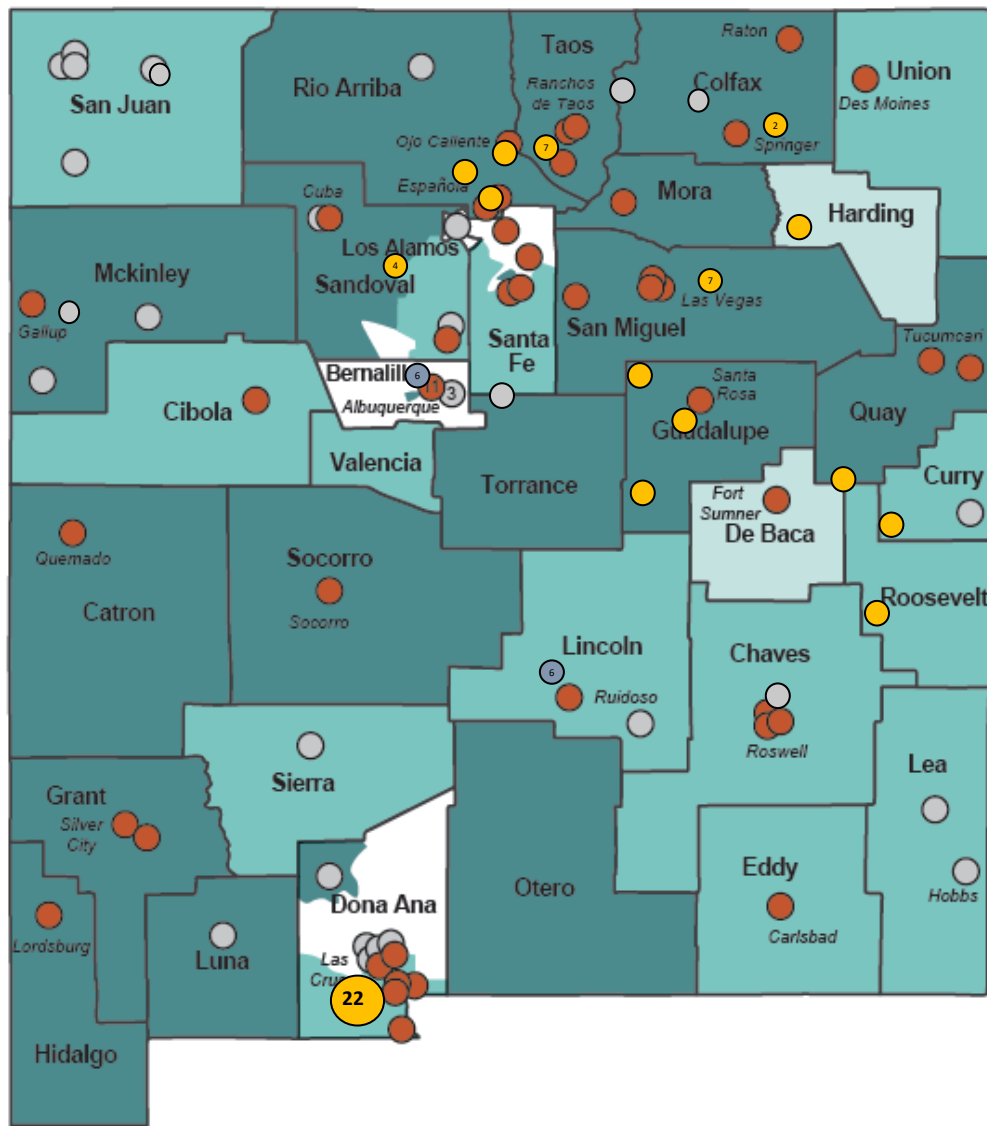
Data Source: Health Resources & Services Administration, Data as of 5/31/2023



School Based Health Centers

New Mexico Counties with School-Based Health Centers or Expansion Efforts

Providing Care in Underserved Communities ¹



Primary Care Provider Shortage



¹ 32 out of 33 counties are also designated Mental Health Professional Shortage Areas.

- Does not meet the criteria for HPSA designation
- OSAH-funded SBHCs
- non-OSAH-funded SBHCs
- SBHC planning grant
- Telehealth mobile expansion



COVID-19 In Transition

End of the Public Health Emergency

End of the Public Health Emergency (PHE)

1. Testing

- In NM, Medicaid will continue to cover testing, including home antigen tests
- Insurance will decide coverage of tests

2. Vaccines

- Vaccines remain free until the national “stockpile” is used up
- After that, vaccines will be covered by insurance for those who are insured

3. Paxlovid

- Paxlovid will be free until the national “stockpile” is used up
- After that, the price will depend on Pfizer and health insurance for those who are insured





4. Data

- Jurisdictions are no longer required to report negative tests
- Fewer NAAT/PCR tests are being performed:
 - Peak NAAT/PCR reporting: 17.4 million tests performed weekly in January 2022 (Omicron variant surge)
 - Current volume of NAATs performed: less than 1 million (April 26, 2023).
- Monitoring continues through use of existing surveillance systems, established sentinel network and large healthcare databases
- Most states still reporting vaccination data

New Methods for COVID Surveillance

Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

Updated public health tracking* will keep you informed about COVID-19

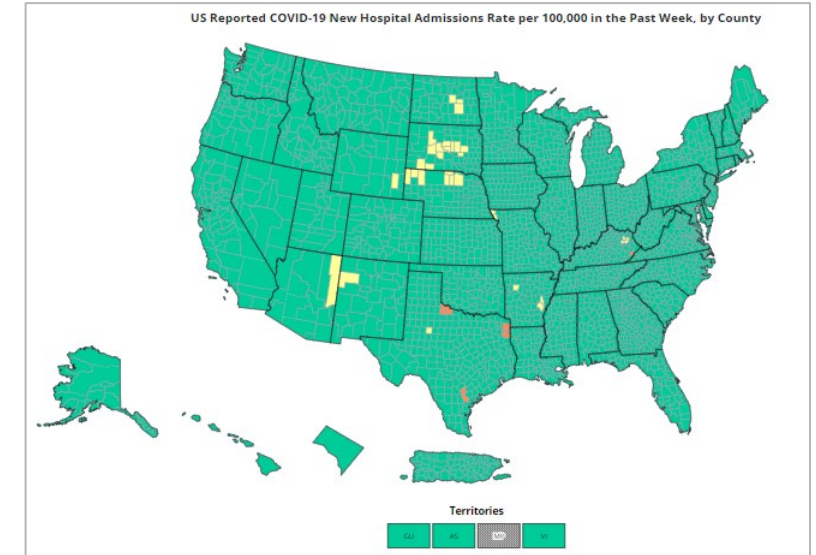


- Hospital admissions  track → Spread in communities + severity of illness
- Death certificates  track → Severity of illness
- Emergency department visits  track → Early signs of spread
- Genomic sequencing  tracks → New variants

Check [COVID.cdc.gov](https://www.cdc.gov) to know when to take action

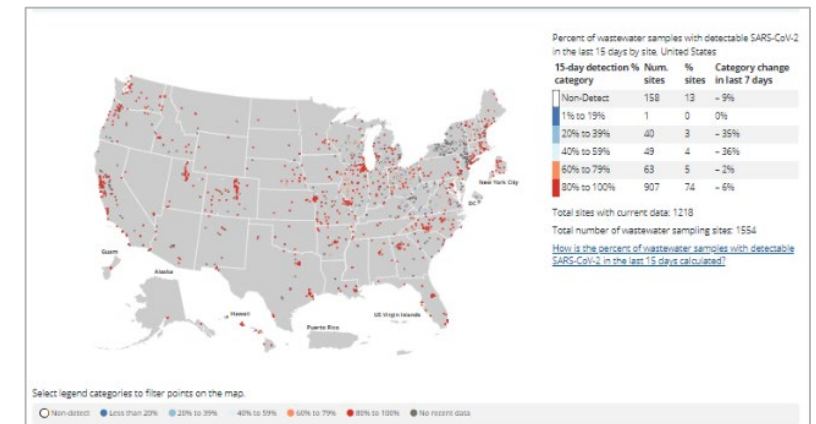
*To account for changes in available data after the end of the U.S. Public Health Emergency declaration

bit.ly/mm7219e1

MAY 5, 2023



[CDC COVID Data Tracker: Maps by Geographic Area](https://www.cdc.gov/data-tracker/maps-by-geographic-area)



<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm>

Surveillance and Reporting in NM

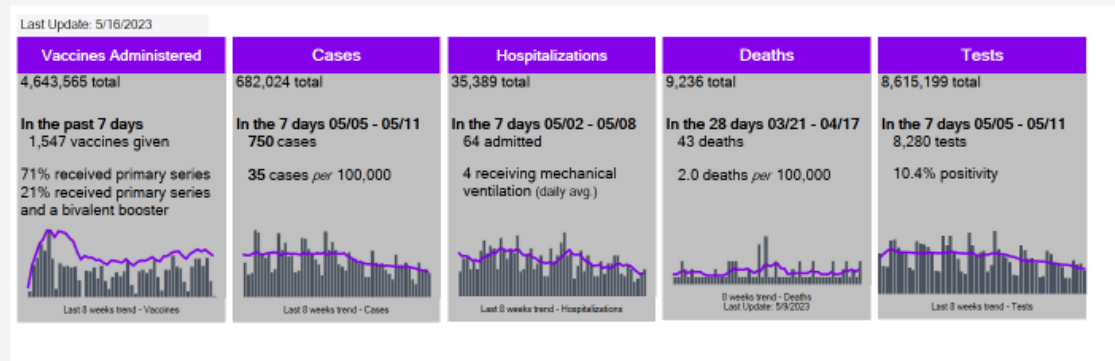
COVID-19 Epidemiology Reports

The New Mexico Department of Health (NMDOH) is committed to providing New Mexico residents with the most current information regarding COVID-19 in the state. As part of the COVID-19 pandemic response, NMDOH collects and analyzes statewide data for COVID-19 positive cases, hospitalizations, and deaths. The reports below reflect these critical data and will be updated weekly.

Note: Ongoing efforts to improve the completeness and accuracy of the hospitalization data will result in week-to-week changes in the cumulative hospitalization counts. These changes are not affecting recent hospitalization data, but will affect the historical (i.e., cumulative) hospitalization baseline.

Weekly Reports

NMDOH is unable to update Deaths related to COVID-19 in the Weekly Reports at this time.



[Data Notes](#)

After April 11, 2023, the COVID-19 bi-weekly reports below will be published monthly, on every third Tuesday of the month.

Case Reports

[DOWNLOAD THE LATEST COVID-19 CASE REPORT](#)

Variant of Concern Reports

[DOWNLOAD THE LATEST COVID-19 VOC REPORT](#)

Vaccination Reports

[DOWNLOAD THE VACCINATION REPORT](#)

Community Transmission for Healthcare Facilities

[DOWNLOAD THE COVID-19 COMMUNITY TRANSMISSION REPORT](#)

Reports from 05/05/2023

[View Previous COVID-19 Reports](#)

[View NMDOH Influenza and Respiratory Disease Surveillance Reports](#)

Hospitalization Reports

[DOWNLOAD THE LATEST COVID-19 HOSPITALIZATION REPORT](#)

Mortality Reports

NMDOH is unable to publish the Monthly Mortality Report at this time. See the Previous COVID-19 Reports link below for the most recent report.

Pediatric Case Reports

[DOWNLOAD THE LATEST COVID-19 PEDIATRIC CASE REPORT](#)

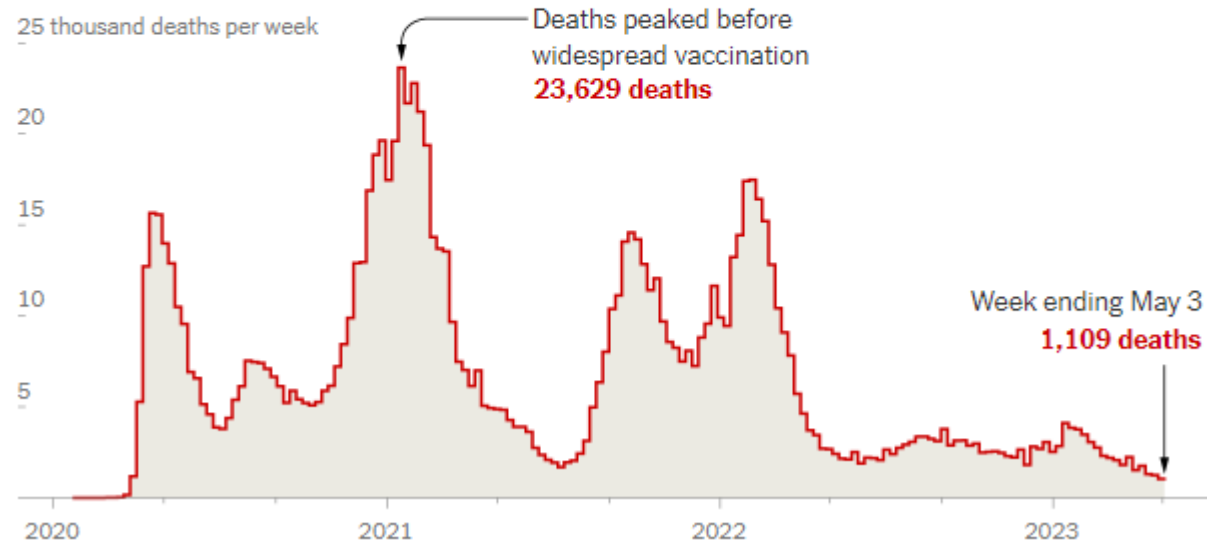
Wastewater Surveillance

[DOWNLOAD THE LATEST WASTEWATER SURVEILLANCE REPORT](#)

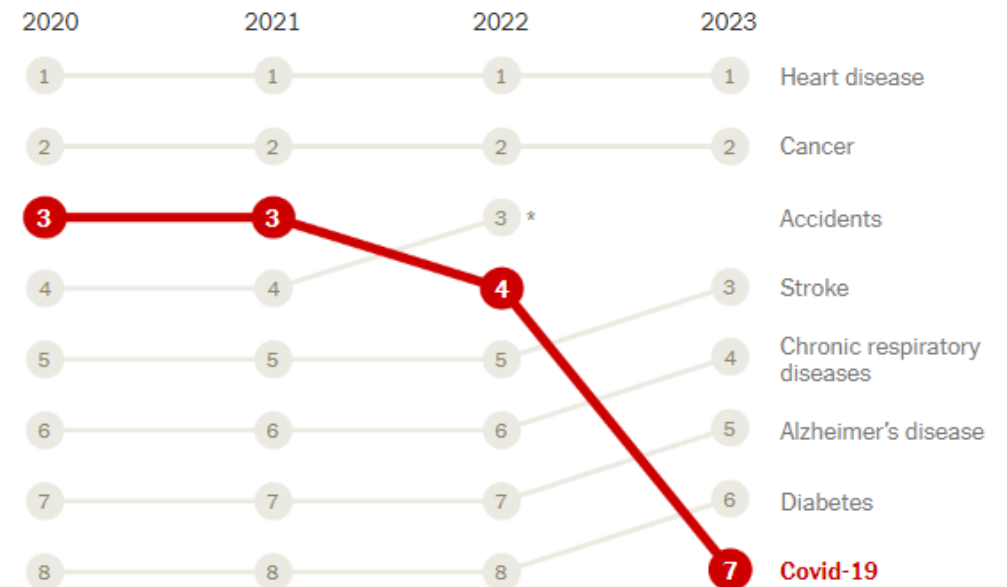
The Wastewater Monitoring report will be updated once current data becomes available.

COVID remains a public health concern

While deaths are at the lowest level since March 2020, Covid still takes the lives of a thousand people every week.



And the disease remains among the leading causes of death in the United States.



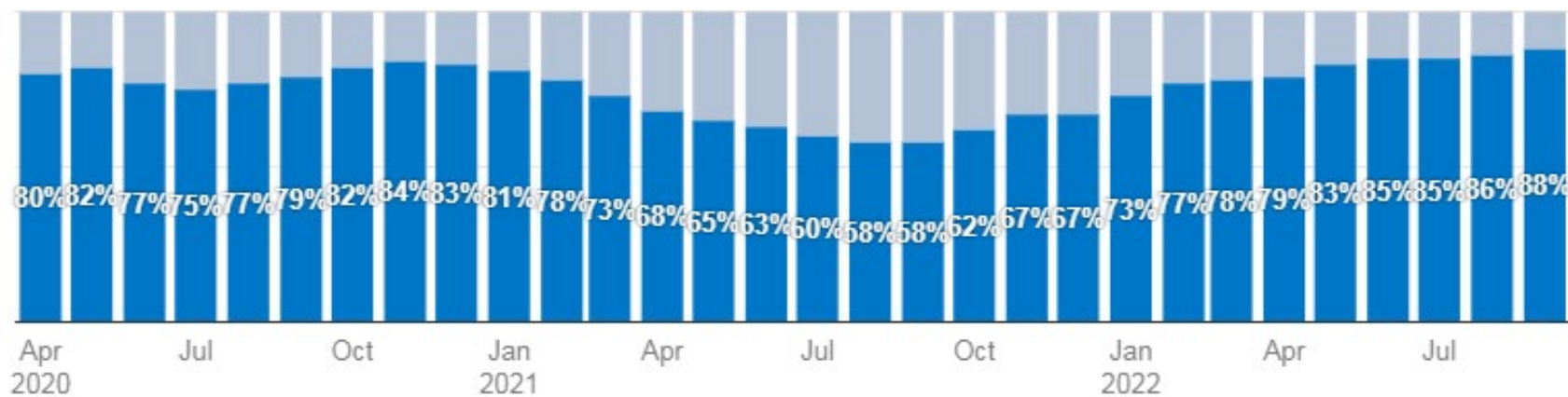
Note: *Accidents (unintentional injuries) were the third leading cause of death in 2022 but are not included in the 2023 preliminary ranking because injury-related causes of death are publicly released with a lag of six months from the date of death. Data for 2022 and 2023 is provisional.

Age is the biggest risk factor for bad outcomes from COVID

Figure 2

People 65 and Older Account for a Much Larger Share of COVID-19 Deaths Than Those Under 65

■ Share of COVID-19 Deaths 65 and Older ■ Share of COVID-19 Deaths Under 65



NOTE: KFF analysis of CDC Provisional COVID-19 Death Counts by Sex and Age, as of the week ending October 1, 2022.

PNG

KFF

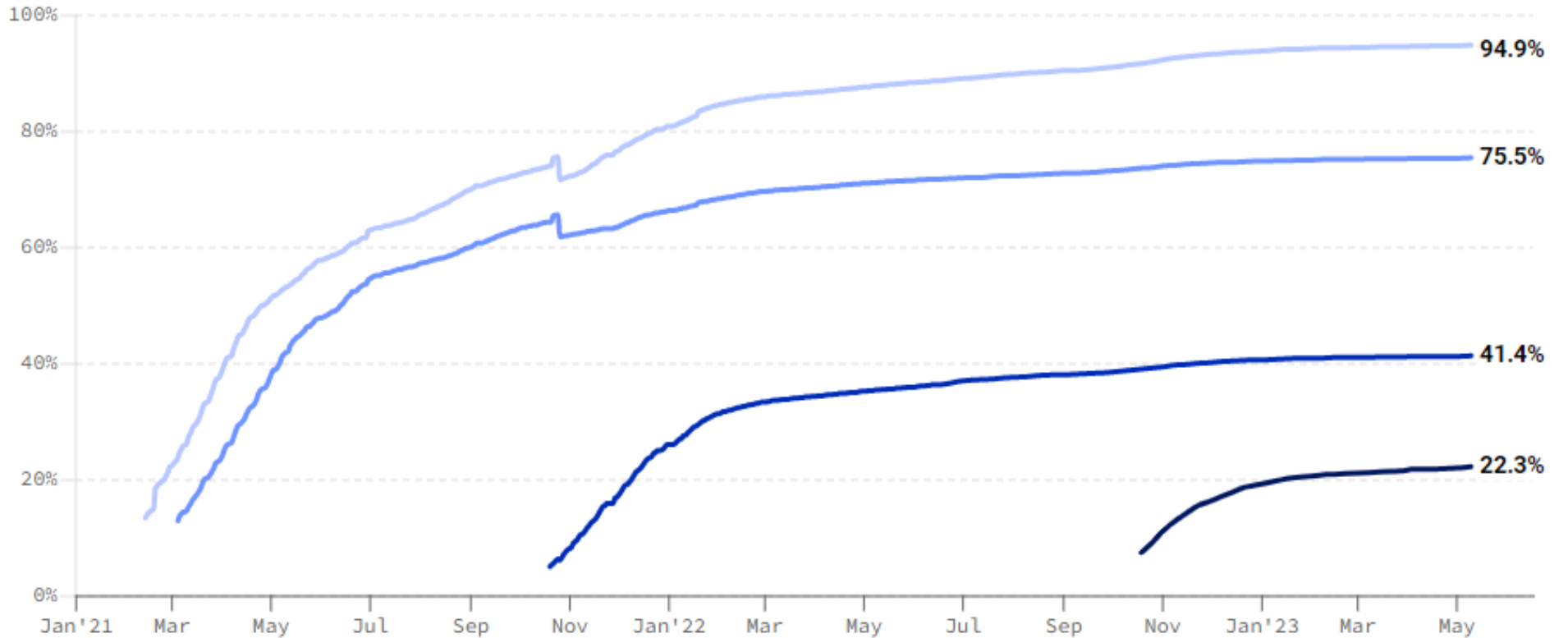
COVID Vaccine Updates



New Mexico
COVID Vaccine
Metrics

Vaccination metrics

1+ DOSE 2+ DOSES OR J&J BOOSTER DOSE BIVALENT DOSE
● **94.9%** ● **75.5%** ● **41.4%** ● **22.3%**



https://covidactnow.org/us/new_mexico-nm/?s=45483298



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“Up to Date” with COVID Vaccine

When Are You Up to Date?

Everyone aged 6 years and older

You are up to date when you get **1 updated Pfizer-BioNTech or Moderna COVID-19 vaccine.**

Children aged 6 months—5 years who got the Pfizer-BioNTech COVID-19 vaccine

You are up to date if you are:

- Aged 6 Months—4 years and you get 3 COVID-19 vaccine doses, including at least 1 updated COVID-19 dose.
- Aged 5 years and you get at least 1 updated COVID-19 vaccine dose.

Children aged 6 months—5 years who got the Moderna COVID-19 vaccine

You are up to date when you get 2 Moderna COVID-19 vaccine doses, including at least 1 updated COVID-19 vaccine dose.

People who are unable or choose not to get a recommended mRNA vaccine

You are up to date when you get the Novavax COVID-19 vaccine doses approved for your age group.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:new%20vaccine%20for%20covid:sem.ga:p:RG:GM:gen:PTN:FY22#UTD

Tools for Living with COVID-19

Moving Forward

- We have immunity:
 - Immunizations continue to give protection
 - 90% of people have antibodies from vaccination, infection, or both
- We have home tests.
- We have masks: Masks continue to be a key tool against COVID-19
- We have treatments: Paxlovid continues to be effective in preventing hospitalization and death in high risk patients.
- We still have a lot of work to do to address continued disparities, neglected chronic disease care and the potential for an increase in post-COVID chronic disease

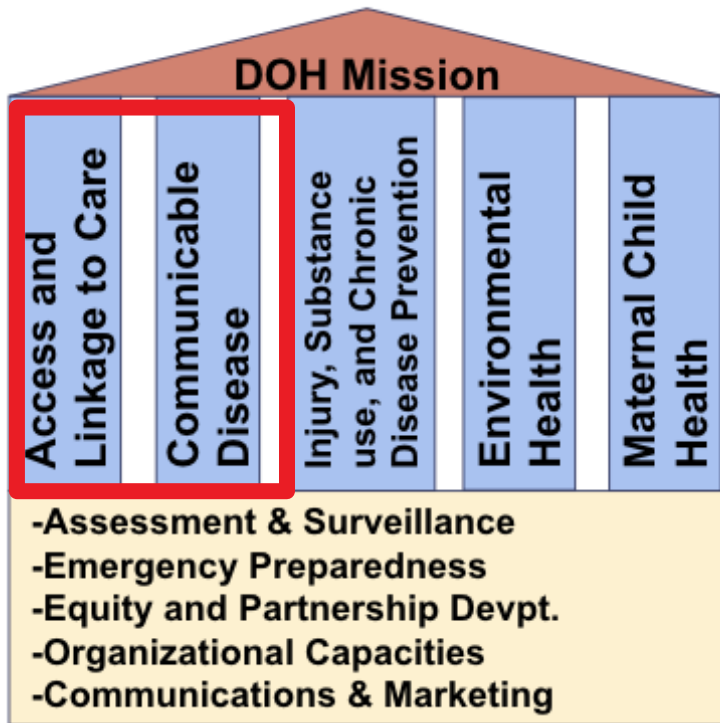


COVID-19 Toolkit

Information on how to stay safe and healthy from COVID-19



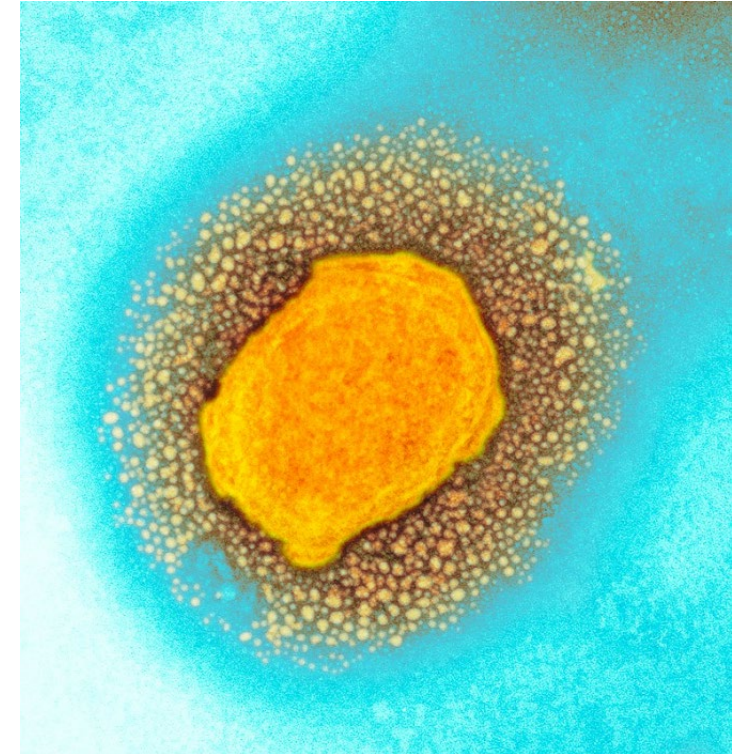
NMDOH COVID Call Center is still going strong: 1 - 855 -600 -3453



Mpox Update (formerly Monkeypox)

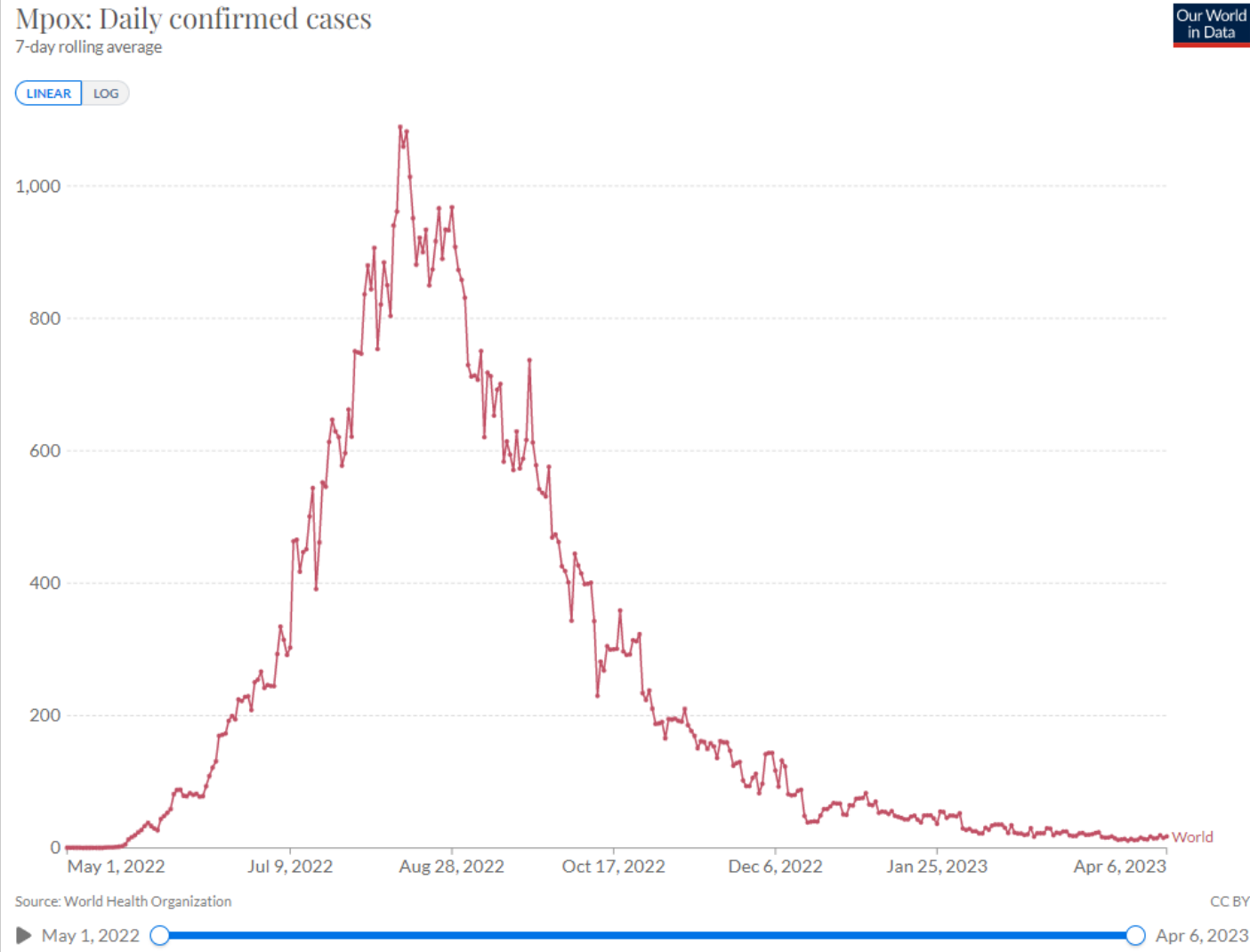
Mpox (formerly Monkeypox)

- CDC health alert 5/15/23
- New cluster of mpox cases in Chicago
- 9 of 13 men had received 2 doses of Jynneos
- CDC continues to receive reports of case that reflect ongoing community transmission in the US and internationally.



Credit: UK Health Security Agency/Science Photo Library

MPOX WORLD DATA

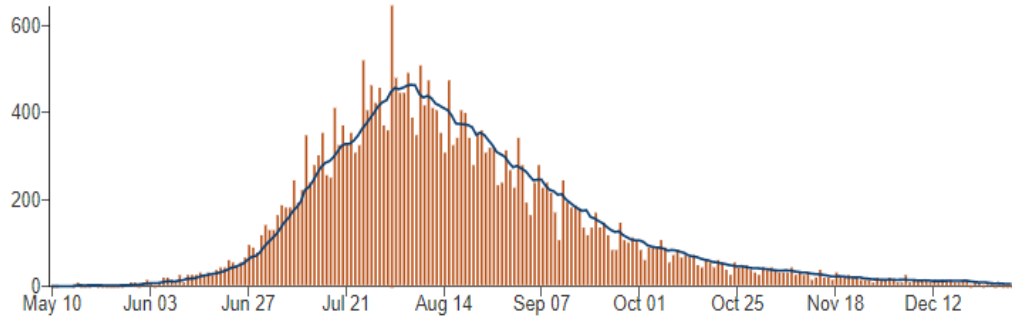


<https://ourworldindata.org/monkeypox>

US MPOX Trends

2022 ▾

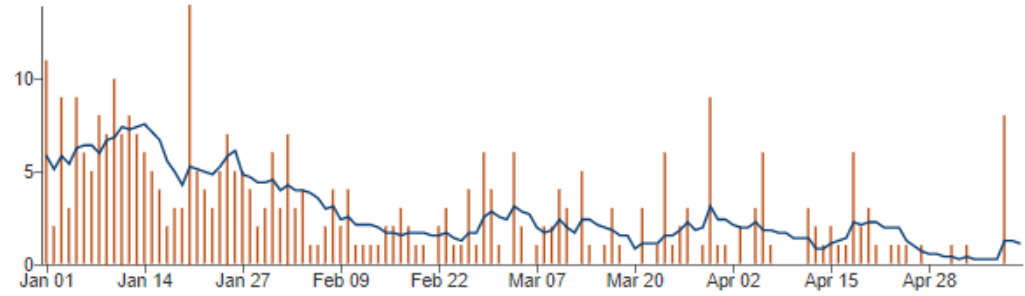
Apply Filters [Reset All](#)



● Cases ● 7-Day Average

2023 ▾

Apply Filters [Reset All](#)



● Cases ● 7-Day Average

data as of 5/22/23

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



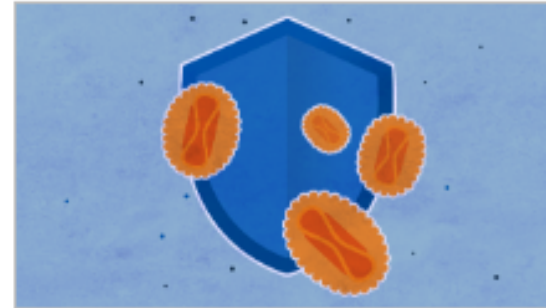
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Mpox

What We Know

- Vaccination makes getting and spreading mpox less likely.
- Infections after any vaccination are possible. No vaccine is 100% effective.
- If you have a rash or other symptoms of mpox, you should get tested even if you have been vaccinated or had mpox.
- Getting vaccinated against mpox may help make the symptoms less severe and easier to manage.
- The vaccine may help protect you against severe infection, hospitalization, and death.
- CDC recommends getting vaccination [for those who are at risk](#).



What We Don't Know

- We don't know why people in this cluster of cases have gotten mpox after vaccination.
- We don't know if immunity after vaccination has decreased in these cases or how long the vaccine protects against mpox infection.
- We don't know if the virus has changed.



Jynneos Vaccine Eligibility

1. Post -Exposure Prophylaxis

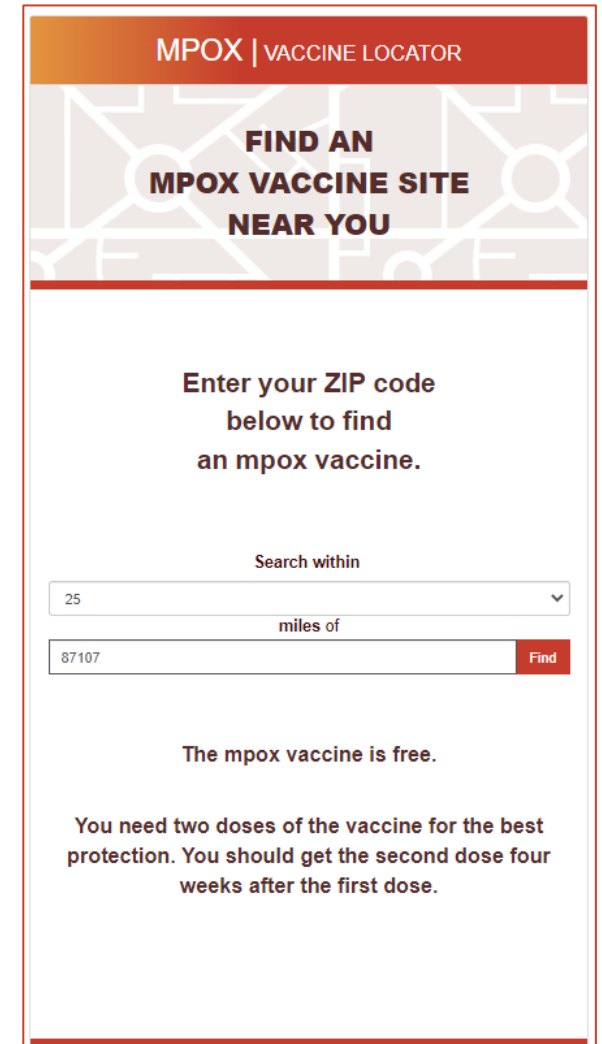
Anyone who has had a known or suspected exposure to someone with Mpox infection (lab confirmed or clinical diagnosis) in the last 2 weeks. This includes household contacts.

1. Preventive Doses of Vaccine for Persons at Risk:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past year have had more than one sex partner
- Persons of any gender or sexual orientation who engage in commercial and/or transactional sex
- Sexual partners of people with the above risks
- Persons living with HIV, especially persons with uncontrolled or advanced HIV disease
- People who anticipate experiencing the above situations
- People who work in settings where they may be exposed

Extensive risk assessment isn't necessary. People in the community at risk (e.g., gay, bisexual, or other MSM; transgender or nonbinary people) asking for vaccination is adequate attestation to individual risk of mpox exposure.

<https://emergency.cdc.gov/han/2023/han00490.asp>



MPOX | VACCINE LOCATOR

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>



Tuberculosis

Tuberculosis (TB) Disease: Only the Tip of the Iceberg

There are **two** types of TB conditions:
TB disease and **latent TB infection**.

People with **TB disease** are sick from active TB germs. They usually have symptoms and may spread TB germs to others.

People with **latent TB infection** do not feel sick, do not have symptoms, and cannot spread TB germs to others.

But, if their TB germs become active, they can develop **TB disease**.

Millions of people in the U.S. have **latent TB infection**. Without treatment, they are at risk for developing **TB disease**.

TB Elimination

Treating persons with Latent TB Infection (LTBI)

- Decreases the risk of future active TB
- Protects the public's health by decreasing transmission of TB
- Reduces the possibility of hospitalization
- Reduces the risk of disability and premature death
- Decrease time lost from work/school and financial impact

NMDOH Tuberculosis Program

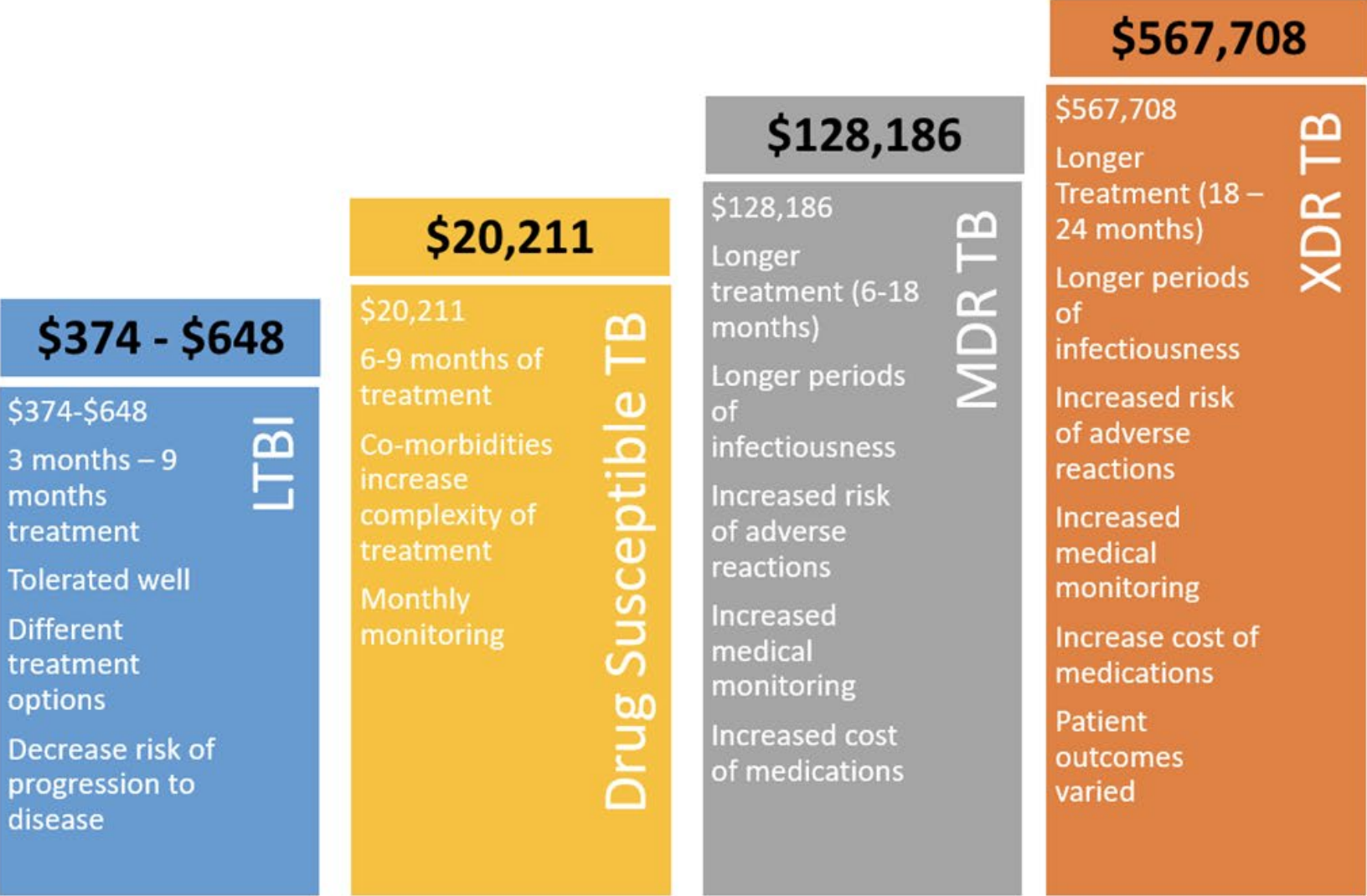
Control the spread of Tuberculosis by:

- Providing treatment (directly observed therapy) and nurse case management to all active TB cases
- Conducting Contact Investigations and providing treatment to all contacts of active cases
- Providing interstate/international referrals for continuity of care for active and LTBI patients;
- Conducting TB surveillance;
- Providing education, training and consultation;
- Treating LTBI for persons at highest risk for progression to active disease
- Establishing partnerships with community providers to expand LTBI treatment in New Mexico and move to TB Elimination



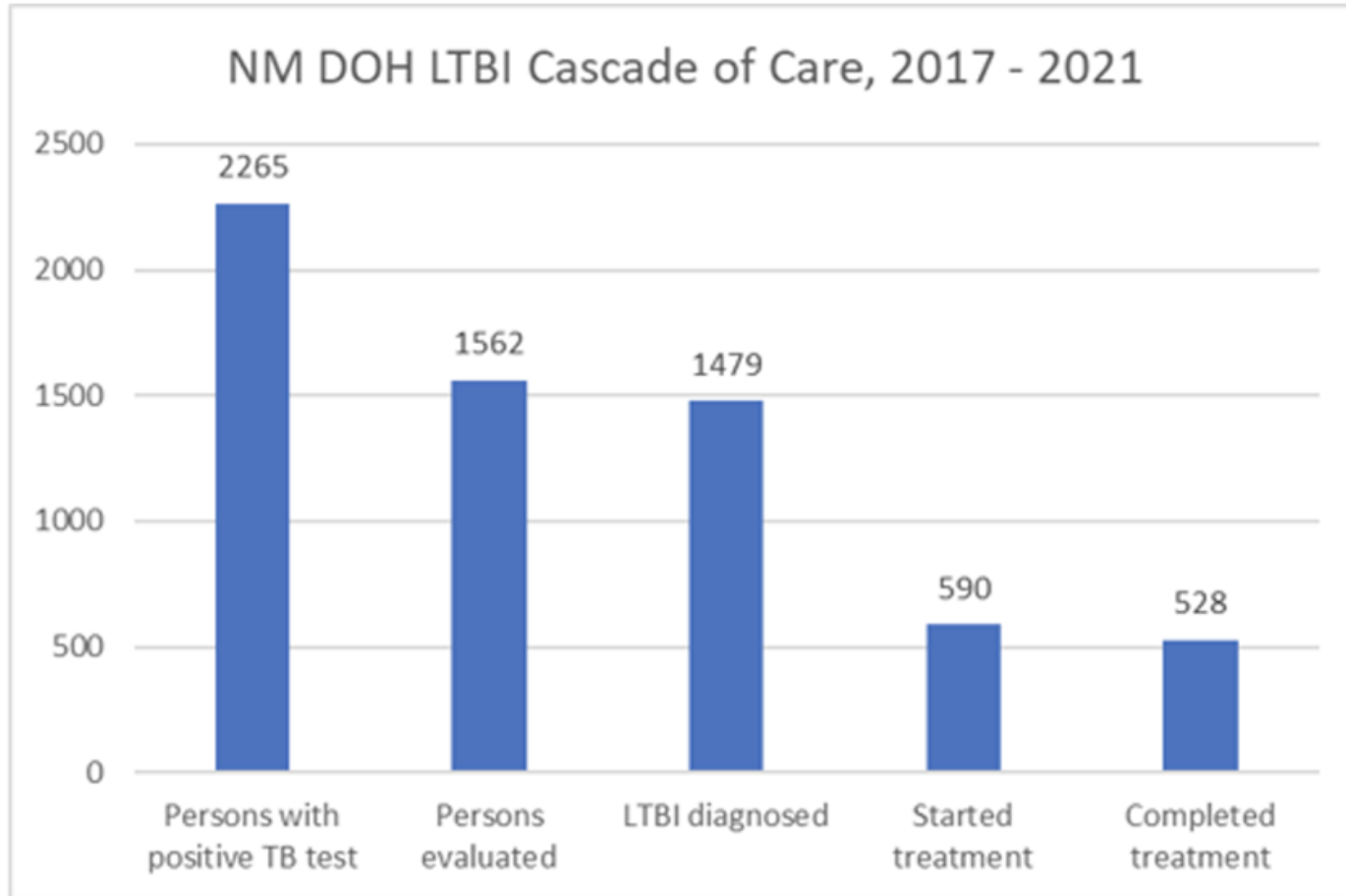
Cost of TB treatment vs LTBI treatment

Extensively Drug Resistant; Multi Drug Resistant; Drug Susceptible TB and Latent TB Infection



The CDC has estimated that every \$1 of investment in TB prevention would result in a \$12.08 return to society.

Latent TB in New Mexico



Large gap in those diagnosed and those treated.

- NM DOH treated 39.9% of LTBI (89.4% of these completed treatment)
- Treatment for LTBI costs only **\$150,000** (average cost \$500/person)
- **We need your help to address the 60% currently untreated**

TB Program

TB Helpline : 505-827-2471

- For Providers and General Public
- TB related questions
- Request consultation
- Reporting rule out/active TB cases
- Referral questions
- Request information to treat LTBI

FAX: 505-827-0163

- Reporting LTBI
- Reporting rule out/active TB cases
- Referrals for LTBI treatment

Email: doh-tb-program@state.nm.us

- Questions (do not send PHI)



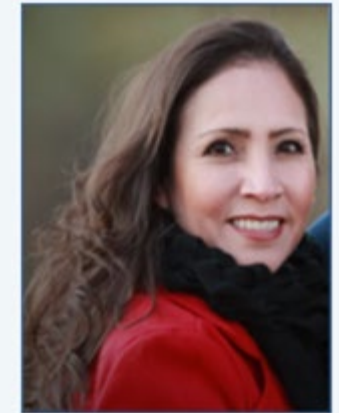
Marcos Burgos,
MD
TB Medical
Director



Brenda Montoya
Denison, MPH, BSN, RN
TB Program Manager



Darrell Veitch, RN
TB Nurse
Consultant



Libby Enriquez, RN
TB Nurse Consultant

Become a TB Elimination Champion

- If you are interested in providing treatment for LTBI within your clinic, we are here to help.
- Call 505-827-2471 to join our goal towards elimination.





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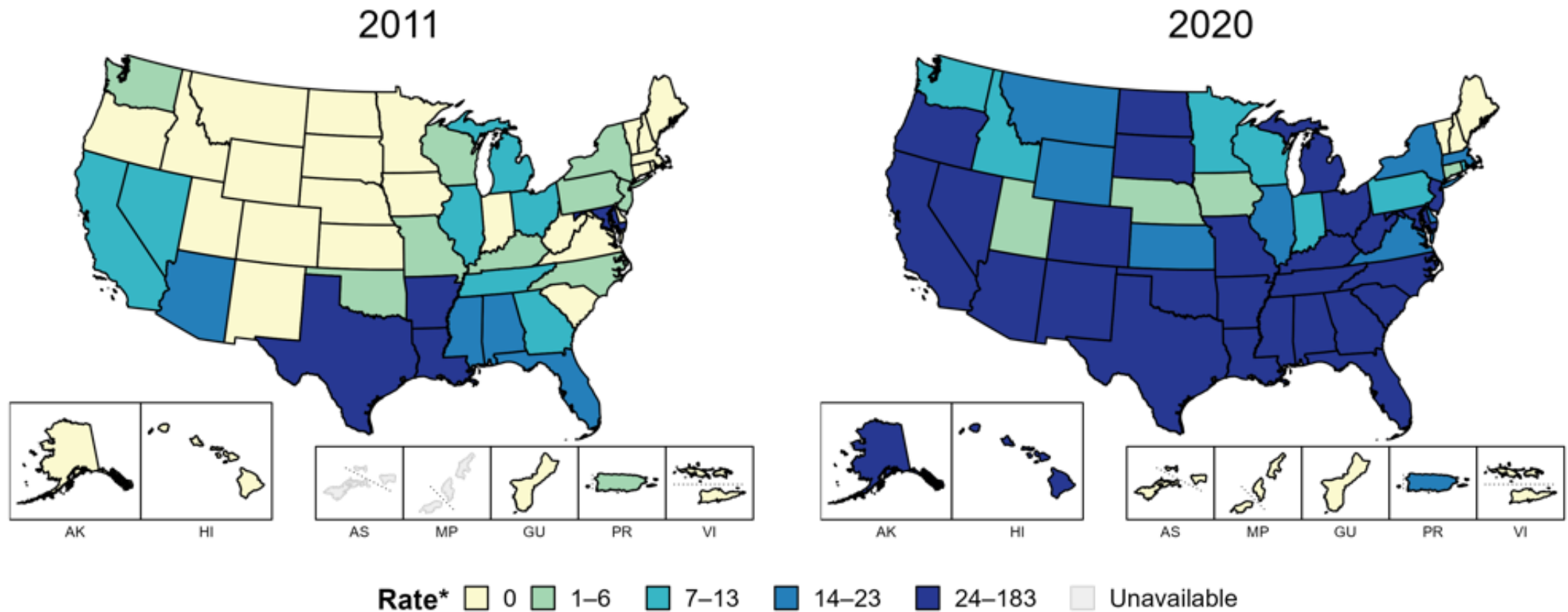
STD Program

NMDOH STD Program

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

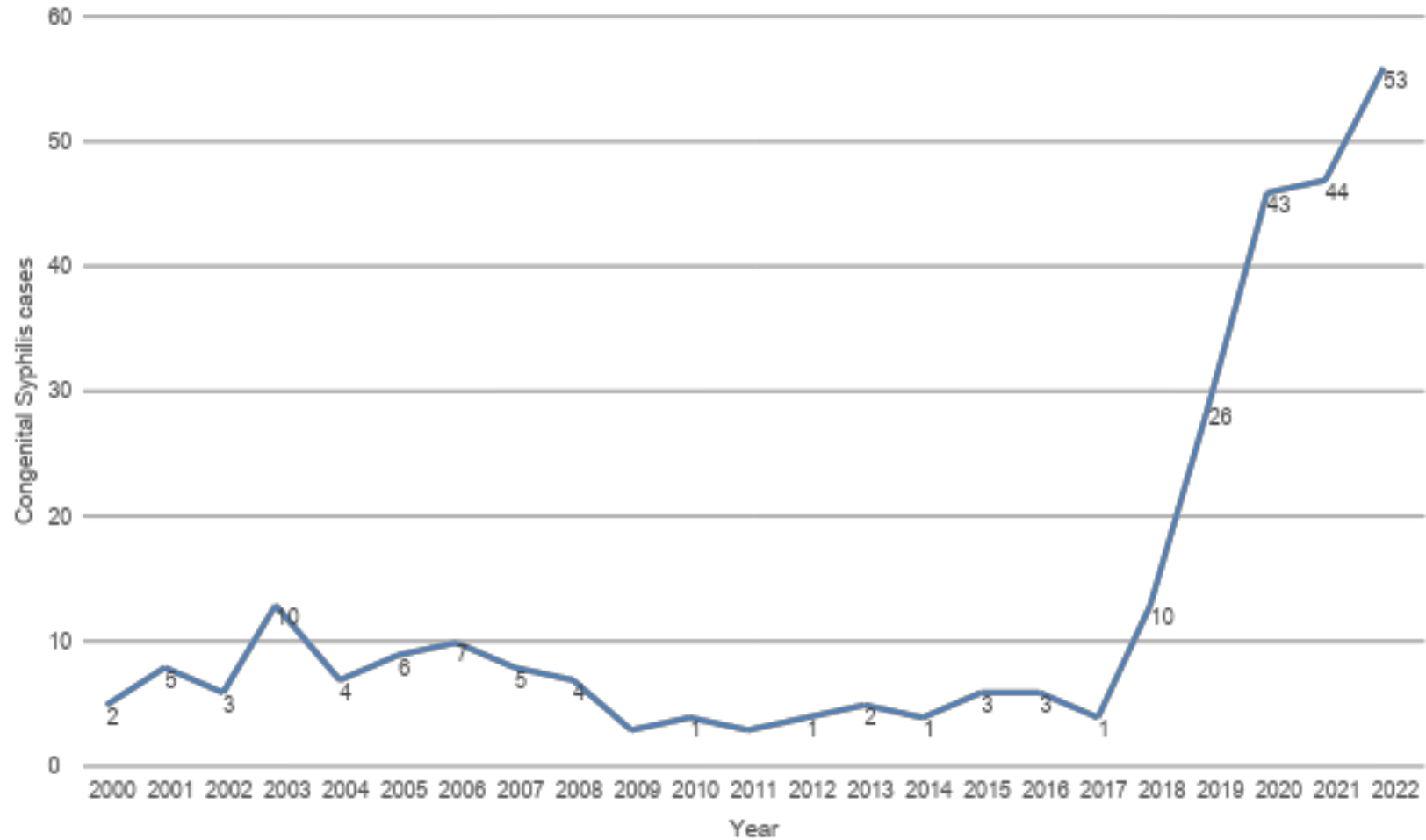


Congenital Syphilis — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



* Per 100,000 live births

Congenital Syphilis cases, New Mexico, 2000 - 2022



NM had the 2nd highest rate of congenital syphilis in 2021



Sexually Transmitted Disease Surveillance 2021

Sexually Transmitted Disease Surveillance 2021

Table 20. Congenital Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2021

[Print](#)

Rank*	State†	Cases	Rate per 100,000 Live Births
1	Arizona	181	232.3
2	New Mexico	44	205.7
3	Louisiana	110	191.5
4	Mississippi	64	182.0
5	Texas	680	182.0

<https://www.cdc.gov/std/statistics/2021/tables/20.htm>



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STD Reporting Form

NM is a dual reporting state - both providers and labs need to report STDs

STD program uses the information for contact tracing - patients will be contacted and asked about partners who need testing and treatment.

Partners contacted by phone, text, mail, social media DM, in person

NEW MEXICO HEALTH 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 GONORRHEA CHLAMYDIA
 PRIMARY Uncomplicated Asymptomatic PID YES NO
 SECONDARY Uncomplicated Symptomatic CHANCROID
 Early Non-Primary/Non-Secondary SALPINGITIS
 Late Latent or Unknown EPIDIDYMITIS Other Untreated STD _____
Neuro Involvement Yes No
Optic Involvement Yes No
Otic Involvement Yes No 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

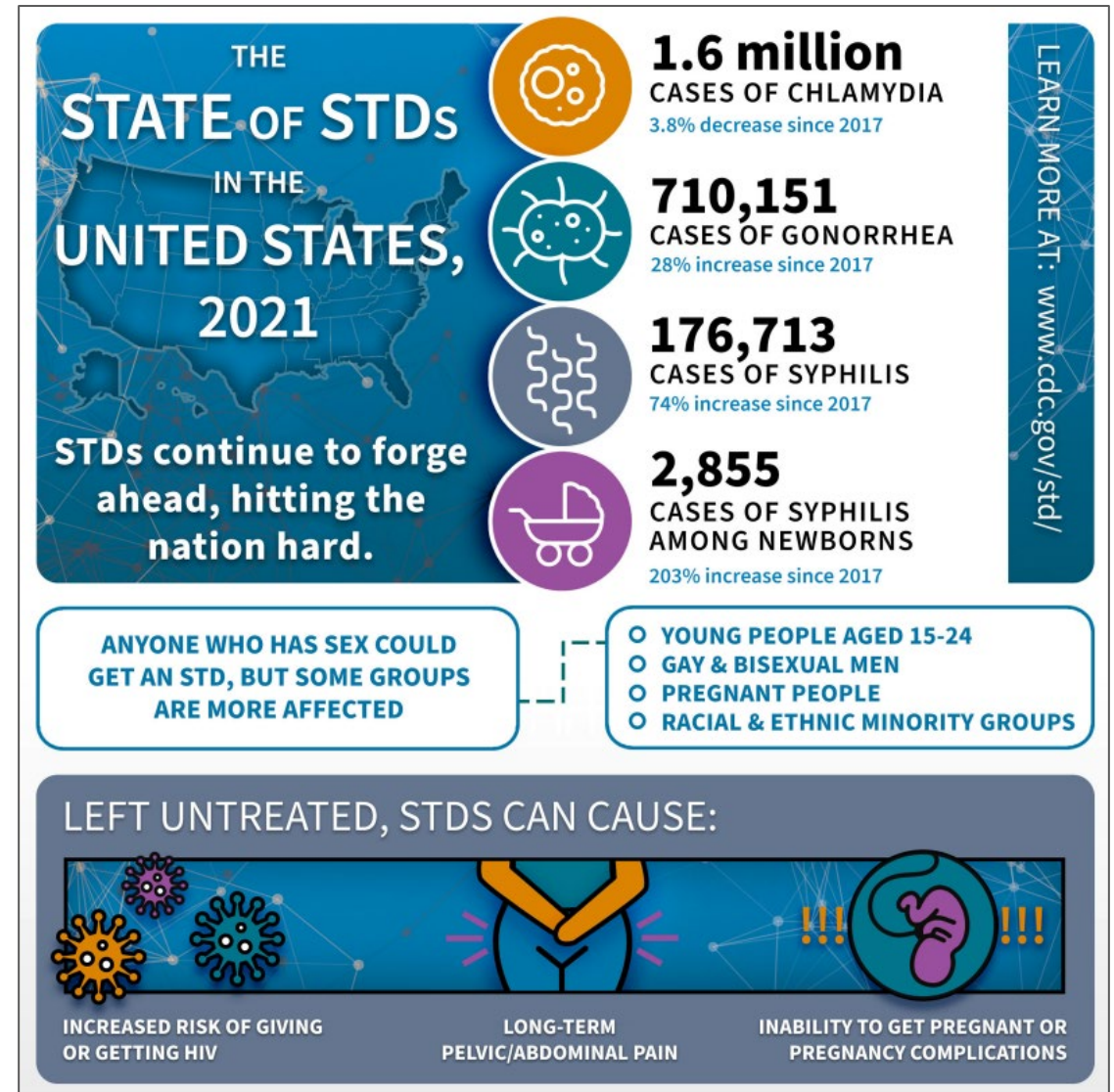
PREGNANCY STATUS YES NO WAS PREP OFFERED? YES NO WAS PREP PRESCRIBED? YES NO
ESTIMATED DUE DATE: _____
WAS (EXPEDITED PARTNER THERAPY) PROVIDED FOR YOUR SEXUAL PARTNER(S)? YES NO FOR MORE INFORMATION ON EXPEDITED PARTNER THERAPY IN NEW MEXICO PLEASE GO TO <http://nmhealth.org/IDReport.html> OR CALL (505) 476-3611
IF EPT WAS PROVIDED HOW MANY DOSES WERE GIVEN? _____ 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/>

Benzathine penicillin G (Bicillin L-A®) shortage

- Bicillin is the recommended treatment for syphilis. Doxycycline can be used as an alternate treatment in some patients.
- Bicillin is the ONLY treatment for pregnant women with syphilis.
- Syphilis can pass through the placenta to infect the fetus if mother isn't treated
- It is imperative that we maintain an adequate supply to Bicillin LA to treat maternal syphilis cases



Conserving Bicillin

- Healthcare providers should closely monitor their inventory of Bicillin L-A[®] and use their clinical judgement to further prioritize the use of Bicillin L-A[®].
- If warranted due to the drug shortage, healthcare providers may consider alternate treatment with doxycycline.
- Bicillin L-A[®] remains the treatment of choice for all patients with syphilis and should be used when supply allows.
- New Mexico Department of Health provided an example of a prioritization strategy



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT
DRUG SHORTAGE OF BICILLIN L-A[®] FOR THE TREATMENT OF SYPHILIS
May 5, 2023

Hantavirus

24/7 reporting and consultation of
reportable diseases through ERD

505-827-0006

Hantavirus

- 5 cases of Hantavirus Pulmonary Syndrome (HPS) in NM so far this year
- Cases have been in McKinley and San Juan Counties
- Arizona Department of Health Services has also identified five cases of HPS this year.
- This is only the third year that five cases have been identified by May since the Sin Nombre virus (SNV) was first identified in 1993.
- While transmission dynamics are complex, recent increased precipitation in the Four Corners region may have contributed to a rise in rodent populations, increasing opportunities for human exposure



<https://www.nmhealth.org/publication/view/general/8303/>

ERD - Notifiable Conditions Reporting Form

Infectious disease epidemiologists consult on:

- disease outbreak management
- management of contacts
- public health response
- current epidemiology of notifiable conditions
- testing through the Scientific Lab Division (SLD)
- linkage with CDC subject matter experts

CONTACT INFORMATION

Reporting & Surveillance Hotline

505-827-0006 Phone

505-827-0013 Fax

An infectious disease epidemiologist is available 24/7/365 to answer questions and accept notifiable condition reports.

NEW MEXICO DEPARTMENT OF HEALTH		Notifiable Condition Report Form	
Date of report:		Reporting Facility:	
Phone:		Person preparing report:	
Patient Information			
Patient Name (Last, First):		DOB:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is patient deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death:	Died from this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (street):		City:	State: ZIP:
Phone # (Home):		Phone # (Work):	Phone # (Cell):
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown			
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown			
Occupation: If minor, parent or guardian name:			
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Associated with a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Food handler? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Associated with a health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Associated with a day care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Suspected foodborne or waterborne illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Condition			
EMERGENCY Reporting (IMMEDIATE reporting required, call ID EPI at 505-827-0006)		ROUTINE Reporting (Report within 24 hours, fax report to ID EPI at 505-827-0013)	
<input type="checkbox"/> Anthrax* <input type="checkbox"/> Avian or novel influenza* <input type="checkbox"/> Bordetella species (including pertussis)* <input type="checkbox"/> Botulism (<input type="checkbox"/> infant, <input type="checkbox"/> foodborne, <input type="checkbox"/> wound)* <input type="checkbox"/> Cholera* <input type="checkbox"/> Diphtheria* <input type="checkbox"/> <i>Axemyophilus influenzae</i> invasive* <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection, invasive* <input type="checkbox"/> Middle East Respiratory Syndrome <input type="checkbox"/> Plague* <input type="checkbox"/> Poliomyelitis (<input type="checkbox"/> Paralytic <input type="checkbox"/> Non-paralytic) <input type="checkbox"/> Rabies <input type="checkbox"/> Rubella (including congenital) <input type="checkbox"/> SARS* <input type="checkbox"/> Smallpox* <input type="checkbox"/> Tularemia* <input type="checkbox"/> Typhoid fever (<i>Salmonella Typhi</i> infection)* <input type="checkbox"/> Viral Hemorrhagic fever <input type="checkbox"/> Yellow fever <input type="checkbox"/> Suspected outbreak (specify): _____		<input type="checkbox"/> Arboviral (other): _____ <input type="checkbox"/> Brucellosis <input type="checkbox"/> Campylobacteriosis* <input type="checkbox"/> Carbapenem-resistant Enterobacteriaceae (CRE or CP-CRE)* <input type="checkbox"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> * <input type="checkbox"/> Chikungunya virus disease <input type="checkbox"/> Clostridium difficile <input type="checkbox"/> Coccidioidomycosis <input type="checkbox"/> Colorado tick fever <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cysticercosis <input type="checkbox"/> Cyclosporiasis <input type="checkbox"/> Dengue <input type="checkbox"/> <i>E. coli</i> Shiga toxin-producing (including <i>E. coli</i> O157:H7)* <input type="checkbox"/> Encephalitis (other): _____ <input type="checkbox"/> Giardiasis <input type="checkbox"/> Group A Streptococcus, invasive* <input type="checkbox"/> Group B Streptococcus, invasive* <input type="checkbox"/> Hansen's Disease/Leprosy <input type="checkbox"/> Hantavirus pulmonary syndrome <input type="checkbox"/> Hemolytic uremic syndrome <input type="checkbox"/> Hepatitis A, acute <input type="checkbox"/> Hepatitis B (<input type="checkbox"/> acute, <input type="checkbox"/> chronic) <input type="checkbox"/> Hepatitis C (<input type="checkbox"/> acute, <input type="checkbox"/> chronic) <input type="checkbox"/> Hepatitis E, acute <input type="checkbox"/> Influenza-associated pediatric death	
		<input type="checkbox"/> Influenza, laboratory confirmed hospitalization <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis* <input type="checkbox"/> Lyme disease <input type="checkbox"/> Malaria <input type="checkbox"/> Mumps <input type="checkbox"/> Necrotizing fasciitis* <input type="checkbox"/> Pertussis <input type="checkbox"/> Q fever <input type="checkbox"/> Relapsing fever (tick-borne) <input type="checkbox"/> Rocky Mountain spotted fever <input type="checkbox"/> Salmonellosis* <input type="checkbox"/> Shigellosis* <input type="checkbox"/> St. Louis encephalitis <input type="checkbox"/> Streptococcus pneumoniae, invasive* <input type="checkbox"/> Tetanus <input type="checkbox"/> Trichinosis (Trichinellosis) <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Vibrio infections* <input type="checkbox"/> West Nile virus infections <input type="checkbox"/> Western equine encephalitis <input type="checkbox"/> Yersinia infections* <input type="checkbox"/> Other (specify): _____	
Clinical Information			
Provider name:		Illness Onset Date:	Diagnosis Date:
Was the patient hospitalized for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Hospital Name:	
Lab Information – Please fax copies of labs with this form			
Collection Date	Test and Result	Please fax this form with a copy of relevant lab reports to 505-827-0013 *Laboratory or clinical samples for conditions marked with [*] are required to be sent to the Scientific Laboratory Division.	
Comments			

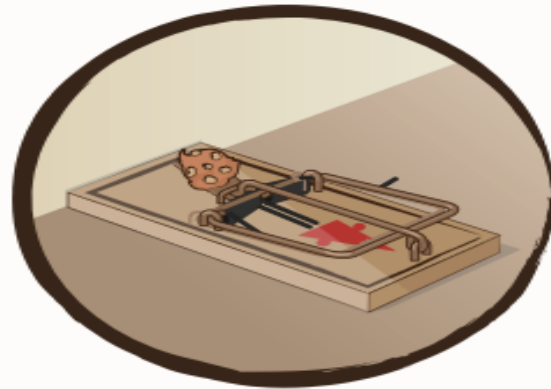
Fax report to: Infectious Disease Epidemiology Bureau, Attn: Surveillance Team, Fax: (505) 827-0013, Phone: (505) 827-0006
 Notifiable Condition Report Form, 3/17/2015

You Can Prevent Hantavirus

How to Protect Yourself and Your Family from **Hantavirus Pulmonary Syndrome** in the United States



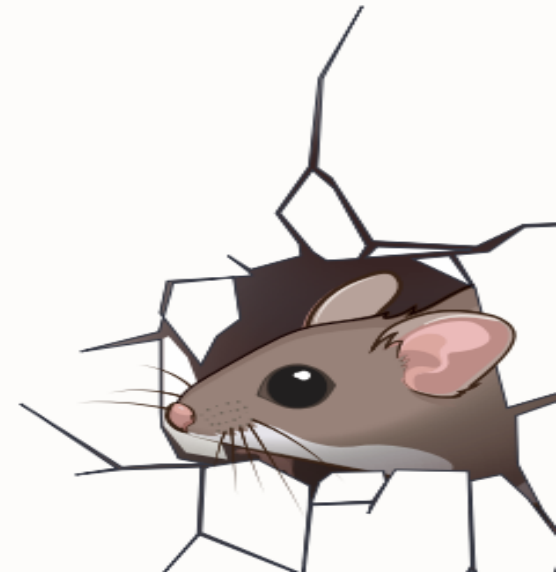
SEAL UP!



TRAP UP!



CLEAN UP!



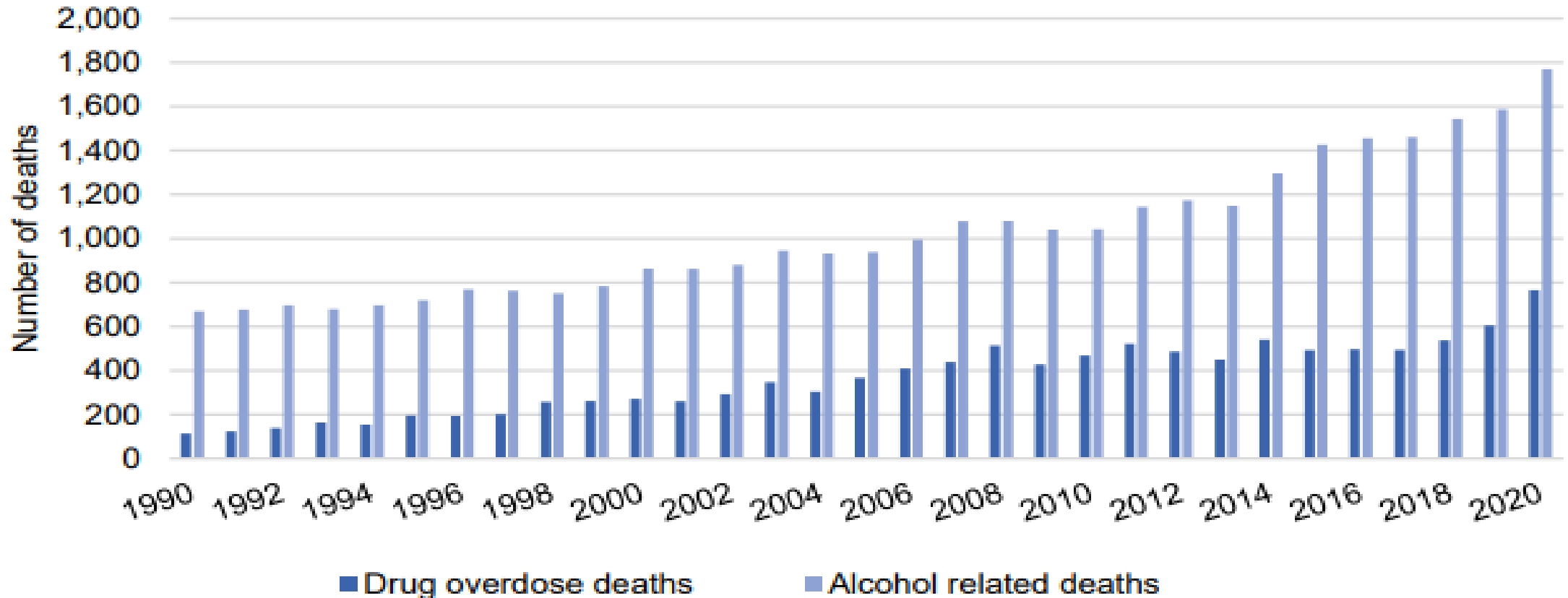
<https://www.cdc.gov/hantavirus/pdf/HantavirusBrochure-508.pdf>



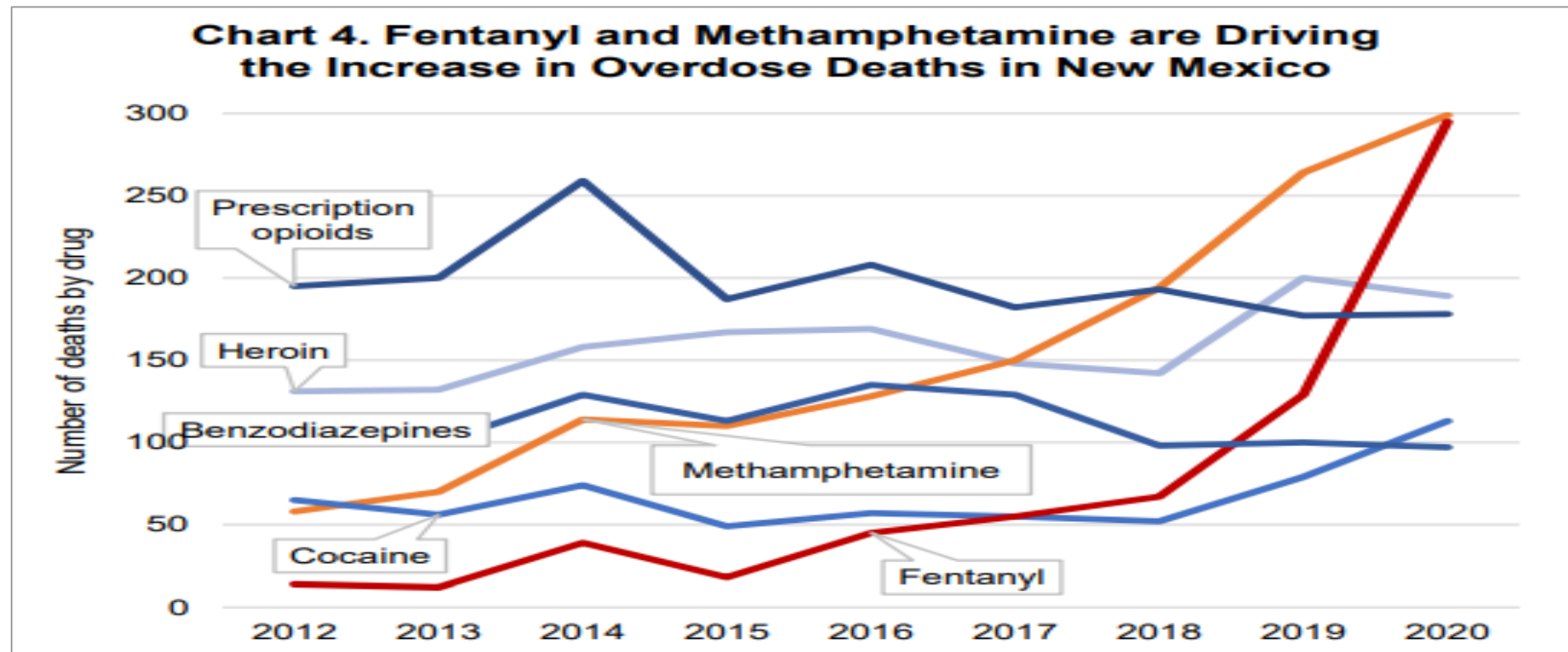
Increase in Substance Use Disorders in NM

Impacts of Substance Use Disorders in NM

Chart 1. Over 43 Thousand New Mexicans Have Died of a Drug Overdose or Alcohol-Related Cause Since 1990



Fentanyl and Methamphetamine are driving increase in overdose deaths in New Mexico





Growing Threat of Xylazine

- Epicenter Philadelphia: first ID'd in 2006
- By 2021 found in 90% tested opioid samples in Philadelphia.
- Is a veterinary tranquilizer, added to prolong euphoric effects.
- When present is almost always mixed with fentanyl.
- Is not an opioid so cannot be reversed by naloxone.
- Advise people to administer naloxone, individuals may begin to breathe but may remain unconscious.



Side Effects:

- Hypertension followed by hypotension, bradycardia, and respiratory depression
- Chronic exposure increases the skin oxygenation deficit.
 - Lower skin oxygenation is associated with impaired wound healing and a higher chance of infection.
 - The ulcers may ooze pus and have a characteristic odor.
 - In severe cases, amputations have been performed on the affected extremities.





Investing for tomorrow, delivering today.

Harm Reduction Program

NMDOH Harm Reduction Program

- Naloxone and harm reduction services are available at most public health offices
- NMDOH supports other harm reduction programs/providers
- NMHarmReduction.org has phone numbers for all harm reduction providers
- Fentanyl test strips should always be paired with naloxone distribution
- If an agency would like to provide fentanyl test strips and naloxone, contact Josh Swatek at Joshua.Swatek@doh.nm.gov for more information

NEW MEXICO
HIV | Hepatitis | STD Online Resource Guide

Search for a Provider PReP PEP U = U Syphilis More Resources FAQs Contact En Español

The online resource guide will help you find the services you need. Use as many of the form fields below as needed to search for a provider that will suit your needs.

City

County

Region

- HIV Testing and Prevention
- PrEP for HIV (pre-exposure prophylaxis)
- HIV/AIDS care and treatment services
- STD testing and services
- Hepatitis services
- Syringe services/harm reduction
- Overdose prevention/Naloxone
- Syringe dropbox
- PEP (post-exposure prophylaxis)

go

NMDOH: Opioid Overdose Prevention

How we are responding:

- Naloxone offered to all harm reduction clients
- Overdose prevention education (fentanyl potency)
- Providing fentanyl test strips
- Providing accurate information and addressing stigma

Fentanyl is mostly found in pill form and powder form

- Sometimes incidentally mixed with other substances such as cocaine and methamphetamine
- Not mixed with cannabis products such as cannabis flower or vape

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

How To: Fentanyl Test Strips For Pressed Pills

- 1** Scrape or crush a small amount (slightly less than a grain of rice) of the pill into a sterile container such as a cooker or bottle cap.
- 2** Add 1/2 teaspoon of water (about 1/4 inch) to the container and mix.
- 3** Immerse the wavy end of the test strip into the water for 15 seconds.
- 4** Remove the strip and lay it on a clean, flat surface. Wait for 2-5 minutes for the results.
- 5** Determine the results.
 - Positive
 - Negative
 - Invalid
- 6** Make a plan if there is a positive result.
 - Have Narcan available
 - Use with others or call the Never Use Alone hotline (800-484-3731)
 - Use less of the substance
 - Use slowly
 - Don't mix substances
 - Dispose of the substance

NMDOH Health Alert Network Link

Bureau of Health Emergency Management

HAN Alerts

2023

- [Increased Numbers of Hantavirus Cases in New Mexico in 2023 - May 24, 2023](#)
- [Updated SARS-CoV-2/COVID-19 Test Result Reporting Instructions](#)
- [Drug Shortage of Bicillin L-A® for the Treatment of Syphilis](#)
- [New Mexico Department of Health Marks the End of the 2022-2023 Influenza Season](#)
- [CDC and FDA Update COVID-19 Vaccine Schedule](#)
- [Xylazine-related Overdose Warning](#)
- [Ongoing Drug-Resistant Shigella Infections in Albuquerque Area](#)
- [Ezri Care Artificial Tears Recall](#)
- [Clusters of Carbapenem Resistant Pseudomonas aeruginosa Eye Infections In Multiple States](#)

<https://www.nmhealth.org/about/erd/bhem/>

Health Alert Network

To register:

<https://nm.readyop.com/fs/4cjZ/10b2>

For text messaging through the HAN network, register and save this phone number (855) 596-1810 as “New Mexico Health Alert Network.”

To catch up on past HANs:

<https://www.nmhealth.org/about/erd/bhem/>

NMDOH New Mexico Health Alert Network (HAN) Registration & Access Portal
Powered By *ReadyOp*
**Please READ each section prior to completing

The NM Health Alert Network (HAN) is a secure multimodal communications platform that allows for rapid dissemination of important public health information to our key healthcare partners emergency response personnel, on a 24/7/365 basis. The HAN is intended for the following recipients only:
Epidemiologists, Physicians, Nurses, Physician Assistants, Pharmacists, Infection Preventionists, Hospitals, Long Term Care Facilities, Healthcare Service Providers, State, Local, Tribal Emergency Management Agencies, and Law Enforcement.

****PLEASE NOTE**
As noted above if you DO NOT qualify under one of the intended categories please do not register. Each section is required to be completed, failure to enter requested information may result in denial of registration. This is to allow proper placement in the correct group for HAN Notifications. Without proper placement you will not receive HAN Notifications. We strongly recommend updating your contact information at least once a year and/or as soon as any contact information changes. Your information will be kept strictly confidential. If you need assistance, contact the following
NM HAN Administrator(s):
Rudy F. Padilla, Interoperable Communications Supervisor
Email: RudyF.Padilla@doh.nm.gov Desk: (505) 476-8255

First **Last** **Organization**

Title

Tags

<input type="checkbox"/> Epidemiologist	<input type="checkbox"/> Physician
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Infection Prevention	<input type="checkbox"/> Hospital
<input type="checkbox"/> Long Term Care Facility (LTCF)	<input type="checkbox"/> Healthcare Service Provider
<input type="checkbox"/> State Government	<input type="checkbox"/> Local (City/County) Government
<input type="checkbox"/> Tribal Government	<input type="checkbox"/> Law Enforcement / Public Safety

Specialty (Physicians Only)

<input type="checkbox"/> Allergy/ Immunology	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Doctor of Oriental Medicine	<input type="checkbox"/> Emergency Medicine
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Medical Boards/ Societies
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Obstetrics/ Gynecology
<input type="checkbox"/> Occupational Medicine/ Psychiatry	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Pathology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Pulmonology	<input type="checkbox"/> Surgery	

Region/Area **County** **City/Zip Code** **Facility**

Address

1234 Lucky Street, Albuquerque, NM

DO NOT ENTER Duplicates:

State Health Improvement Plan SHIP

What can we do together to improve health
of all people in New Mexico?

State Health Improvement Plan (SHIP) Defined

- A long-term, systematic effort to address public health problems identified in health assessments
- Develop and implement community health improvement strategies collaboratively: PartnerSHIP will be key to success

The SHIP:

- Aligns with Executive priorities
- Aligns with community partners
- Sets priorities and coordinates resources
- Develops policies and programs that promote health
- Measures progress



Grateful for **all of** our water, Rio Chama Below Abiquiu Dam
Photo courtesy of NMDOH employee, Mark Montoya

Multi-Sector Collaboration

- Governor's priorities responding to community needs
- Seeking opportunities to partner with other agencies and community partners

STATE AGENCIES

- Administrative Office of the Courts
- African American Affairs
- Agriculture
- Aging and Long-Term Services
- Children, Youth and Families
- Early Childhood Education & Care
- Economic Development
- Energy, Minerals & Natural Resources
- Environment
- Finance Administration
- Health
- Higher Education
- Human Services
- Indian Affairs
- Information Technology
- Public Education
- Public Safety
- Regulation & Licensing
- State Engineer
- State Personnel
- Taxation & Revenue
- Transportation
- Veterans Services
- Workforce Solutions

COUNTY HEALTH ASSESSMENTS

- Bernalillo County
- Catron County
- Chaves County
- Cibola County
- Colfax County
- Curry County
- De Baca County
- Doña Ana County
- Eddy County
- Grant County
- Guadalupe County
- Harding County
- Hidalgo County
- Lea County
- Lincoln County
- Los Alamos County
- Luna County
- McKinley County
- Mora County
- Quay County
- Rio Arriba County

HEALTHCARE DELIVERY SYSTEM

- Presbyterian
- UNM
- Lovelace
- Christus St. Vincent
- TriCore
- NM Primary Health Care Association

TRIBAL ENGAGEMENT

- Tribes, Pueblos, & Nations
- I.H.S & 638 Clinics
- AASTEC
- Tribal Health Assessments
 - Pueblo of Acoma
 - Canoncito Band of Navajo
 - Pueblo of Cochiti
 - Pueblo of Nambe
 - Pueblo of Picuris
 - Pueblo of San Ildefonso
 - Pueblo of Santo Domingo
 - Pueblo of Tesuque

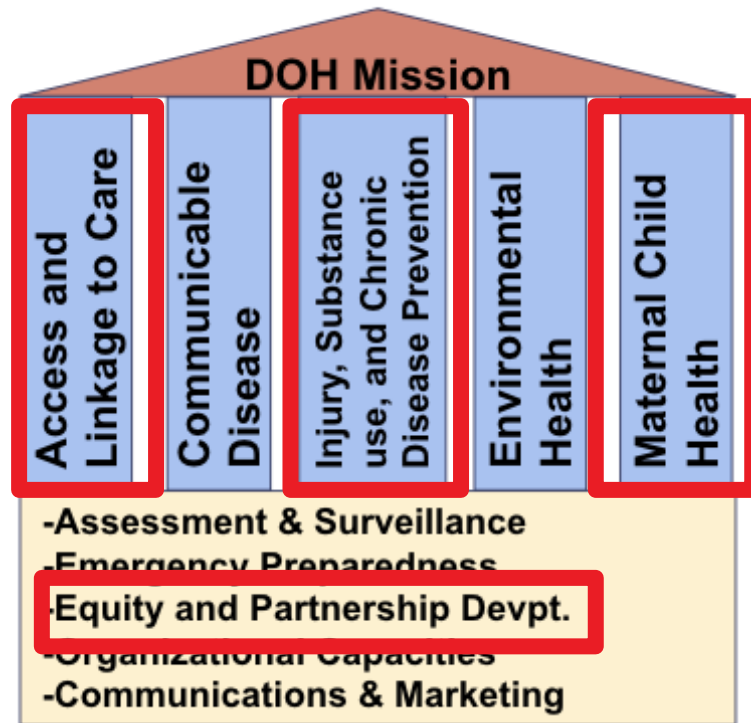
NON-PROFITS

- Behavioral Health Collaborative
- Primary Care Council
- NM Public Health Association
- State Health Equity Committee
- Health Equity Summit

COMMUNITY POPULATIONS

- LGBTQ+
- Homeless & Unhoused
- Faith-Based
- State Chamber of Commerce
- Immigrant/Borderlands
- Disability Advocates

Priorities to work on Together:



- NMDOH will bring together 3 workgroups
- Partner on what strategies to use, and success would look like

Priority #1: Access to Care

Problem statement:

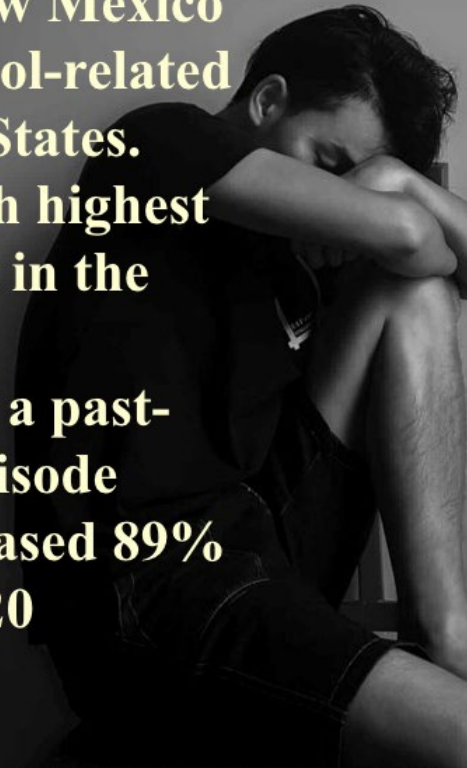
While NM has one of the highest rates of health insurance coverage, access to health care is hindered by multiple barriers:

- Healthcare Affordability
- Healthcare Proximity
- Most of New Mexico is a healthcare shortage area

- Proximity to Care
- Shortage of Healthcare Providers
- Affordable & Available Mental Health & Substance misuse Services
- Access to Maternal Health Care & Reproductive Health (Including) Maternal Mortality/Pregnancy Associated Deaths

Priority #2: Behavioral Health

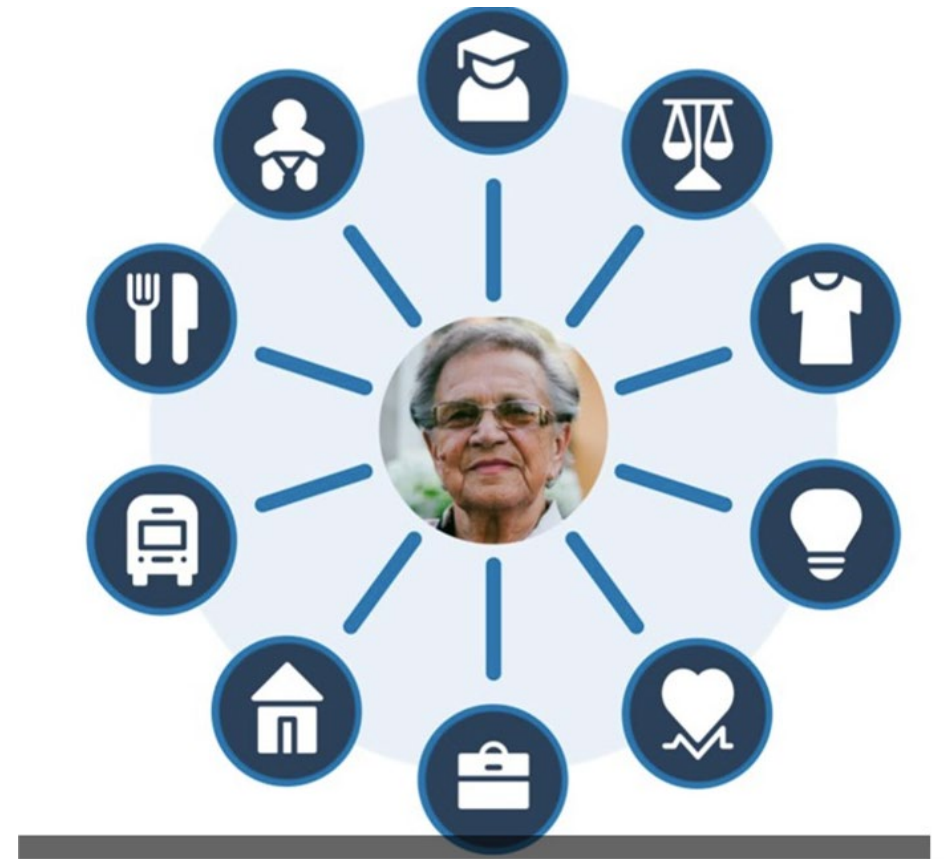
- For the past 25 years, New Mexico has had the highest alcohol-related death rate in the United States.
- In 2021, NM had the sixth highest drug overdose death rate in the nation.
- In NM, the prevalence of a past-year major depressive episode among youth 12-17 increased 89% from 2014-15 to 2019-2020 (NSDUH).



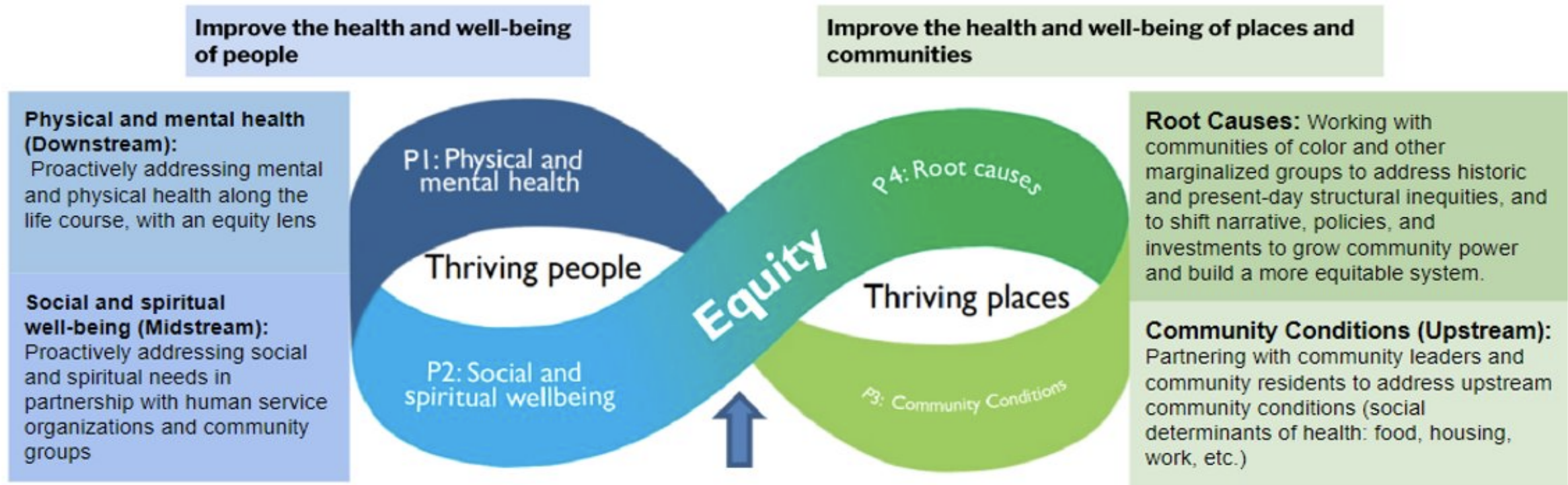
- Drug Overdose Death
- Alcohol-Related Death
- High Suicide-Rates
- Adverse Childhood Experiences & Behavioral Health
- Maternal Health & Behavioral Health

Priority #3: Social Health

- Access to Social Services & Coordination
- Severe Housing Cost Burden & Homelessness
- Food Environment & Access to Food
- Transportation



Equity is where everyone has the ability to participate, prosper and contribute, free from systems that limit one's potential and with the support they need to reach their potential



Transforming inequitable structures and systems together with those who experience inequities

Working together to integrate primary care and public health for improved health





Investing for tomorrow, delivering today.

Thank you!



Investing for tomorrow, delivering today.

Backup Slides

COVID Variants

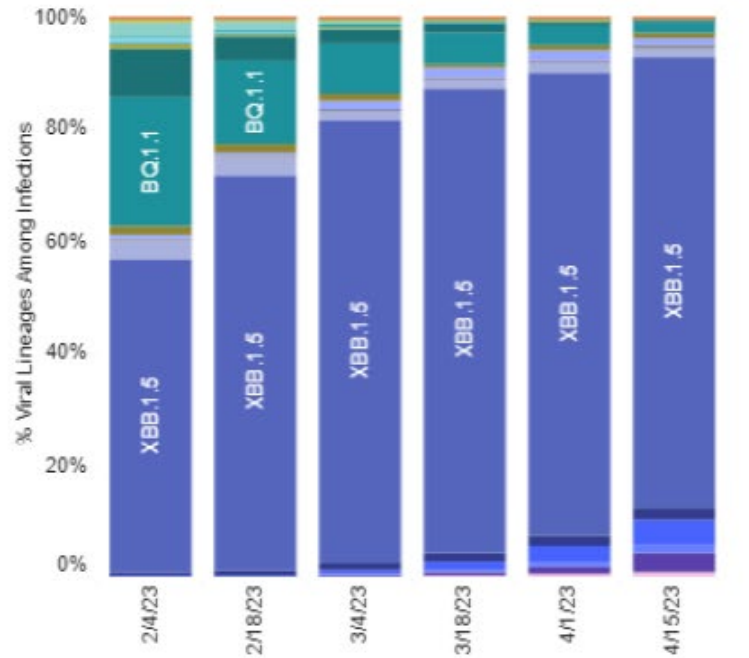
[CDC COVID Data Tracker](#)

Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 5/13/2023

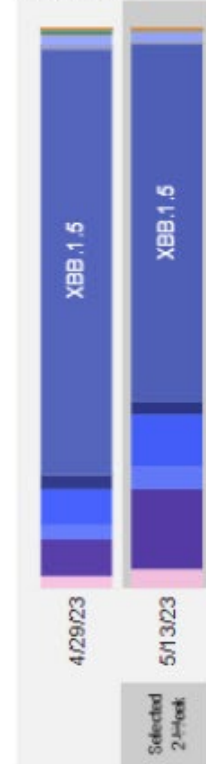


Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast: Model-based projected estimates of variant proportions

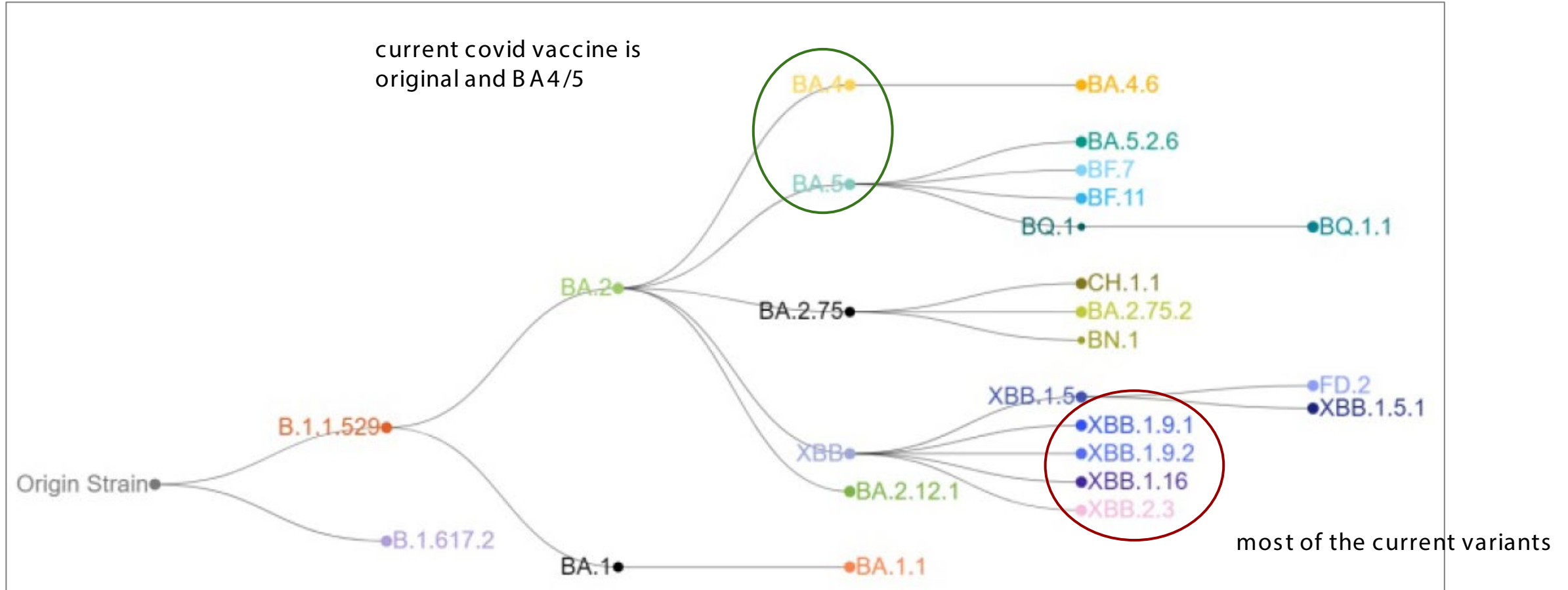


Collection date, two-week period ending

Nowcast Estimates in United States for 4/30/2023 – 5/13/2023

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	64.0%	59.1-68.6%
	XBB.1.16	VOC	14.3%	11.1-18.1%
	XBB.1.9.1	VOC	9.2%	8.0-10.6%
	XBB.1.9.2	VOC	4.0%	3.2-5.1%
	XBB.2.3	VOC	3.5%	1.9-6.3%
	XBB.1.5.1	VOC	2.4%	1.9-3.0%
	FD.2	VOC	1.8%	0.8-4.0%
	BQ.1.1	VOC	0.3%	0.1-0.5%
	CH.1.1	VOC	0.2%	0.2-0.4%
	XBB	VOC	0.2%	0.1-0.4%
	BQ.1	VOC	0.0%	0.0-0.1%
	BN.1	VOC	0.0%	0.0-0.0%
	BA.5	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.1%
	BA.2	VOC	0.0%	0.0-0.0%
BA.2.75	VOC	0.0%	0.0-0.0%	
BF.7	VOC	0.0%	0.0-0.0%	
BA.5.2.6	VOC	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%

COVID-19 Family Tree - which variants to include



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

Deciding on Future COVID Vaccines

May 18, 2023

WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC)

Recommends monovalent booster XBB.1 descendent lineage for upcoming 2023-2024 boosters.

[Statement on the antigen composition of COVID-19 vaccines](#)

June 15, 2023

FDA-VRBAC panel will meet to make its recommendations on the strain selection to be included in the COVID-19 vaccines for the 2023-2024 respiratory virus season

[Vaccines and Related Biological Products Advisory Committee June 15, 2023 Meeting Announcement](#)

Considering the timing of the next COVID vaccine

How frequently should people get a COVID-19 vaccine?

- Increases in COVID-19 cases (left) and hospitalizations (right) have occurred:
 - During the **winter months** and/or
 - Due to emergence of new **immune escape variants**

