NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

October 17, 2022

Dear Colleague,

This letter summarizes resources on caring for patients who are pregnant, recently pregnant, or breastfeeding and have monkeypox (MPV) or were recently exposed to MPV. We strongly encourage providers to call the New York City (NYC) Department of Health and Mental Hygiene (Health Department)'s Provider Access Line (PAL) at 866-692-3641 to discuss treatment and management options for such patients, as guidance continues to evolve.

There have been few cases of MPV among people who are pregnant, recently pregnant, or breastfeeding in the current U.S. outbreak, and data regarding MPV in these populations are limited. It is unknown whether pregnant people are more susceptible to infection or have more severe disease; however, an increased risk of maternal mortality and morbidity has been documented with other poxvirus infections. Perinatal outcomes before this outbreak have been reported for 5 people diagnosed with MPV during pregnancy. Among them, two resulted in spontaneous abortion, one in stillbirth, and one in the preterm birth of a neonate with congenital MPV infection and subsequent neonatal death. The frequency and risk factors for disease severity and adverse pregnancy outcomes are also unknown.

To date, signs and symptoms of MPV in people who are pregnant appear to be similar to those in non-pregnant persons. Obstetricians and gynecologists should be familiar with the appearance of MPV lesions and test patients with compatible illness, especially if they have epidemiologic risk factors for MPV.

Providers who care for people who are pregnant or peripartum should be aware that MPV can be transmitted to a fetus during pregnancy or to a newborn by close contact during or after birth. It is currently unknown whether MPV is present in breast milk, but there is potential for transmission during the close contact that occurs during breastfeeding.

Treatment

Prioritize people who are pregnant, recently pregnant, or breastfeeding for MPV treatment, given the potential risk of severe disease during pregnancy and to prevent transmission to the fetus or newborn. Infants should also be prioritized. Tecovirimat is considered the first-line antiviral for such patients. There are no human data on use of tecovirimat in pregnancy. However, no specific fetal effects were observed in studies where animals were administered oral tecovirimat at levels approximately 23 times higher than the recommended human dosage. Vaccinia immune globulin intravenous (VIGIV) is also available through the NYC Health Department and Centers for Disease Control and Prevention (CDC). While no human or animal data are available for VIGIV during pregnancy, other immunoglobulins have been used during pregnancy without adverse effects. Refer to the recent paper by Dashraath et al for a summary

of current and novel therapies for MPV and their safety in pregnancy.

Vaccination

JYNNEOS vaccine can be offered to people who are breastfeeding or pregnant who otherwise meet eligibility criteria. Postexposure prophylaxis vaccination is strongly encouraged following a known exposure to someone with MPV. The risks and benefits of JYNNEOS should be discussed with the patient using shared decision-making. Although the safety and efficacy of JYNNEOS has not been evaluated in these groups and it is not known whether JYNNEOS is excreted in human milk, JYNNEOS is a replication-deficient vaccine and therefore is not expected to present a risk of transmission. Animal data do not show evidence of reproductive harm to a developing fetus. There were 29 pregnancies reported and documented during a vaccine trial with no congenital abnormalities and complication rates were in line with expected background rates. There are also limited data from an Ebola vaccine trial using the same vaccine platform used for JYNNEOS vaccine. Among 66 pregnancy reports available for trial participants, no serious complications or serious adverse events were considered causally associated with the study vaccines and no congenital malformations were reported.

Antepartum/Intrapartum and Postpartum Management

Currently, there is no evidence to recommend Cesarean delivery for all pregnant persons with MPV; however, Cesarean delivery can be considered if lesions are present in or near the vaginal, anal, or perineal regions and cannot be covered to reduce the risk of neonatal contact during delivery. Decisions regarding the mode and timing of delivery should be individualized.

Separation (e.g., separate rooms) of a patient with MPV from their newborn is the most effective way to prevent transmission to the newborn. Counsel the patient about the risk of transmission and the potential for severe disease in newborns. If the patient chooses to have contact with the newborn during the infectious period, strict precautions should be taken, including the following, until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed:

- There should be no direct skin-to-skin contact.
- During contact, the newborn should be fully clothed or swaddled. After contact, the newborn's clothing or blanket should be removed and replaced.
- Gloves and a fresh gown should always be worn by the patient, with all visible skin below the neck covered.
- Soiled linens should be removed from the area.
- The patient should wear a well-fitting mask (e.g., medical mask) during the visit.

Feed pasteurized donor human milk or infant formula to newborns and infants born to patients with MPV until the patient is no longer infectious. Breast pumping will allow patients to maintain supply during a breastfeeding pause. Discard pumped breastmilk until the person is no longer considered infectious.

Infection Control in Health Care Settings

Infection control practices for patients with MPV who are pregnant are the same as those for

patients with MPV who are not pregnant. Personal protective equipment should include gown, gloves, eye protection, and a particulate respirator equipped with an N95 filter or higher and approved by the National Institute for Occupational Safety and Health. Visitors should have no direct contact with the patient.

For more information, consult the CDC's recommendations on caring for pregnant and postpartum people with MPV and recommendations from professional organizations, including the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Visit the NYC Health Department's MPV provider webpage for up-to-date guidance and resources.

Thank you for your continued efforts to protect the health of New Yorkers.

With appreciation,

Celia Quinn, MD, MPH
Deputy Commissioner
Division of Disease Control
NYC Department of Health and Mental Hygiene