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Update on COVID-19 Vaccine Administration & Current Status Regarding Mpox

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August 9, 2023

DISCLAIMER

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.

August 9, 2023



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COVID-19 Vaccine Update

COVID-19 Vaccines

- On June 15, 2023, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee ([VRBPAC](#)) met to discuss whether a change to the current vaccine strain composition of COVID-19 vaccines is necessary for the 2023-2024 fall/winter season.
- VRBPAC voted to update the vaccine composition, and the FDA subsequently advised those manufacturers planning to offer COVID-19 vaccines that they should develop vaccines with **a monovalent XBB.1.5 composition.**
 - Pfizer
 - Moderna
 - Novavax
- The anticipated availability of the updated vaccines is late August to mid September 2023.
- These vaccines will be the first COVID-19 vaccines to be available directly from the manufacturers as part of the commercial market, rather than through the United States Government.



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COVID-19 Vaccine Program Transition to Vaccines for Children (VFC) Program

- Once COVID-19 vaccines are commercialized and no longer available under the USG's National COVID-19 Response, VFC providers will be able to order the vaccines through the VFC program.
- All TVFC Providers must offer all ACIP recommended vaccines which means almost 100% of all TVFC Provider would have to order and offer COVID-19 to eligible clients.
- The timeline for commercialization of COVID-19 vaccines in the US has not been finalized but is anticipated to be mid to late September 2023.



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2023 Mpox Update

Mpox Situation Report Surveillance (01/01/2023 through 08/7/2023)



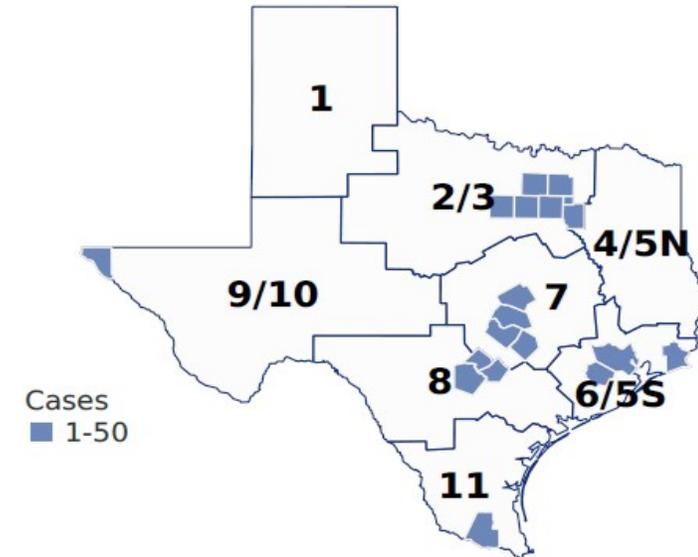
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Cases by Public Health Region

	Confirmed	Probable	Total Cases	% of Total Cases
1				
2/3	32	23	55	50.9%
4/5N				
6/5S	8	5	13	12.0%
7	10	20	30	27.8%
8	1	7	8	7.4%
9/10	1	0	1	0.9%
11	0	1	1	0.9%
UNK				
Total	52	56	108	100.0%



Cases by Age Group

	Total Cases	% of Total Cases
<18 years	0	0.0%
18 - 29 years	20	18.5%
30 - 39 years	28	25.9%
40 - 49 years	10	9.3%
50 - 59 years	6	5.6%
60+ years	0	0.0%
Unknown	44	40.7%
Total	108	100.0%

Cases by Race/Ethnicity

	Total Cases	% of Total Cases
Asian	2	1.9%
Black	23	21.3%
Hispanic	40	37.0%
Other	3	2.8%
Unknown	4	3.7%
White	36	33.3%
Total	108	100.0%

Current Situation

- Preliminary data indicate there have been 11 cases or positive laboratory results reported for July
 - This represents a three-fold increase as compared to June
 - 81.8% of these reports are from PHR 2/3
 - This also includes the first female case since March 2023



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Interim Clinical Guidance for the Treatment of Mpox

- For patients with **severe disease** or at **high risk for progression to severe disease**, tecovirimat should be administered early in the course of illness along with supportive care and pain control.
- Medical Countermeasures (MCMs) Available for the Treatment of Mpox:

MCMs	ACCESS/APPROVAL	SOURCE/SHIPPED FROM
Tecovirimat(TPOXX), Oral tablet	STOMP trial / HPOP	Trial site / SNS
Tecovirimat(TPOXX), IV	CDC approval	SNS
Brincidofovir, tablets or oral suspension	FDA	SNS
Cidofovir, IV	Commercially available	
Trifluridine ophthalmic solution (drops)	Commercially available	
Vaccinia immune globulin intravenous (VIGIV)	CDC approval	SNS

Email DSHS MPX Consult (dshsmpxconsult@dshs.texas.gov) to request CDC Clinical Consult.

Treatment Information for Healthcare Professionals: <https://www.cdc.gov/poxvirus/mpox/clinicians/treatment.html>



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Interim Clinical Guidance for the Treatment of Mpox - Oral TPOXX Access



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- Providers are encouraged to inform patients with mpox about the study of Tecovirimat for human monkeypox virus (STOMP) clinical trial.
- Access to oral tecovirimat is also available for patients with mpox who meet eligibility criteria (e.g., have severe disease or involvement of anatomic areas that might result in serious sequelae or are at high risk for severe disease) under CDC's [Expanded Access Investigational New Drug \(EA-IND\)](#) protocol. Send requests to dshsmpxconsult@dshs.texas.gov.
- See CDC's [Interim Clinical Guidance for the Treatment of Mpox](#) for complete description of treatment options.
- STOMP trial : [STOMP \(stomptpox.org\)](http://stomptpox.org) or 1-855-876-9997

Mpox Vaccine (JYNNEOS)

- Route of administration based on the best option and individual preferences.
 - Providers can administer Jynneos either subcutaneously (0.5 mL/dose) or intradermally (0.1 mL/dose) to individuals ≥ 18 yrs of age.
 - Individual less than 18 years of age, administer subcutaneously only (0.5 mL/dose).
- JYNNEOS is a 2-dose vaccine series given 28 days apart regardless of route of administration.
- **Either route, the vaccine must be administered as a 2-dose series given 28 days apart.**
 - If its longer than 28 days, administer the second dose as soon as possible. There is no need to repeat dose 1.



Mpox Vaccine (JYNNEOS)

- Individuals who are vaccinated should continue to take steps to protect themselves from infection by avoiding close, skin-to-skin contact, including intimate contact, with someone who has Mpox.
- People may be vaccinated after exposure to Mpox virus to help prevent Mpox disease (i.e., post-exposure prophylaxis).



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Thank you!
