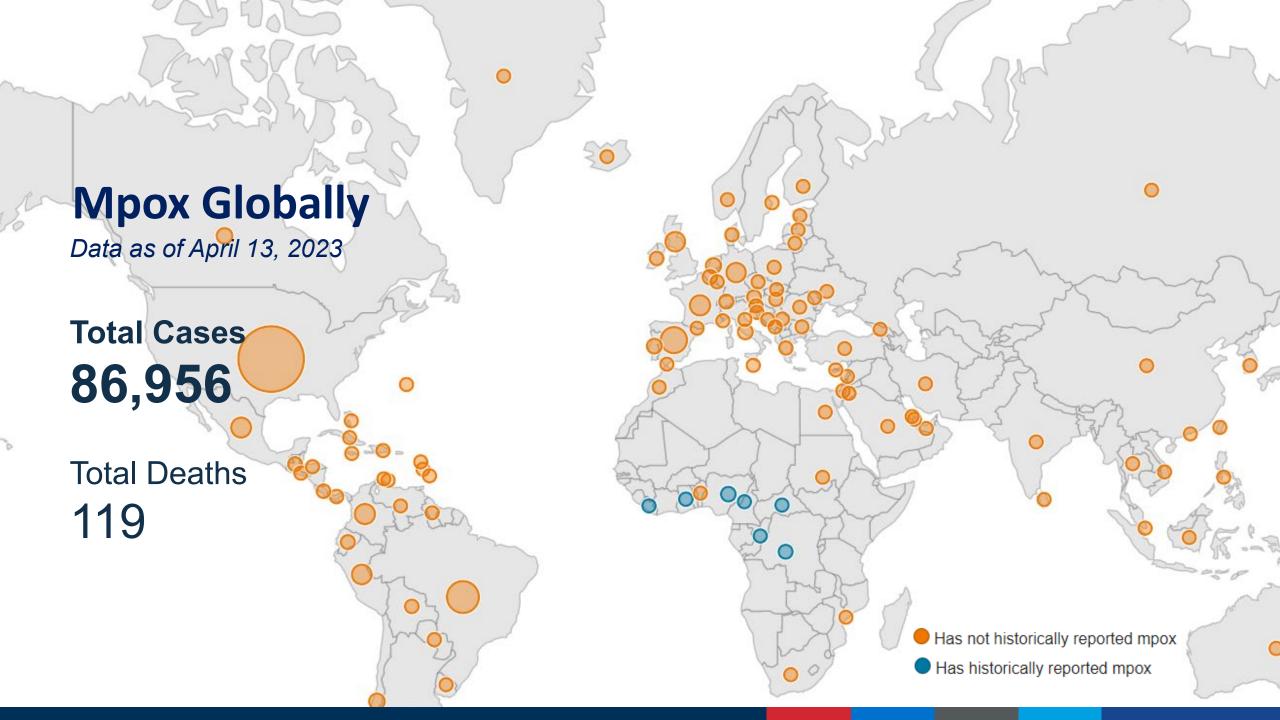
CDC Update on Mpox Response

Leandro Mena, MD, MPH, FIDSA Director, Division of STD Prevention



Mpox by State

Data as of April 12, 2023

Total Cases **30,344**

Total Deaths

42

Key

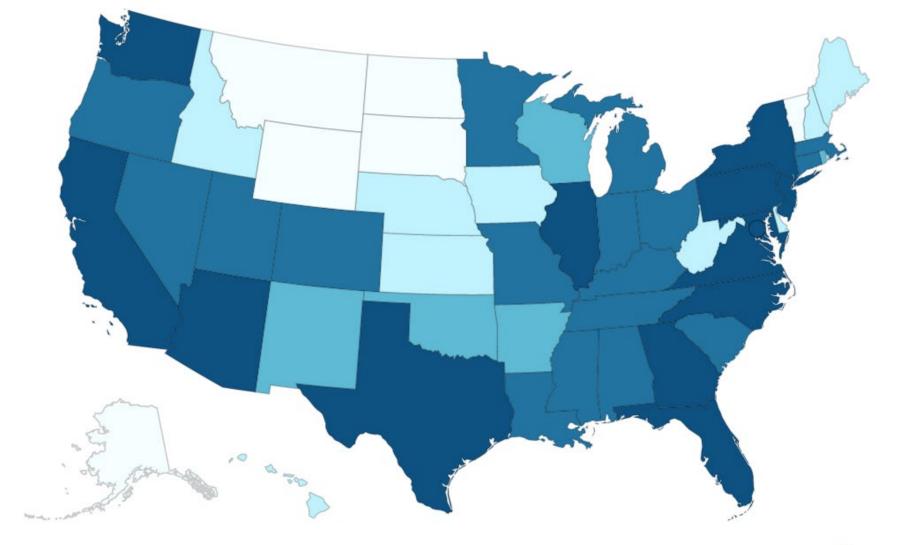
1 to 10

11 to 50

51 to 100

101 to 500

>500



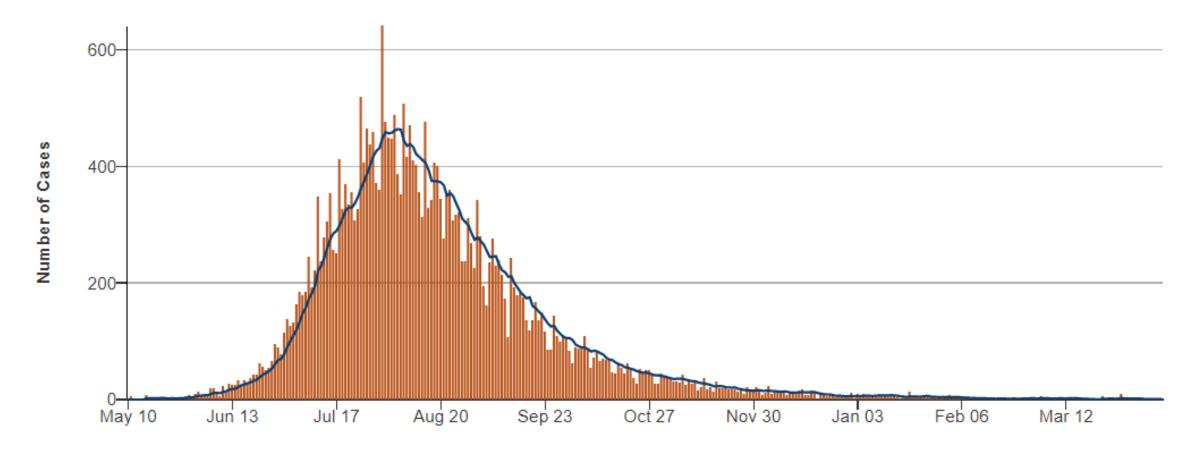






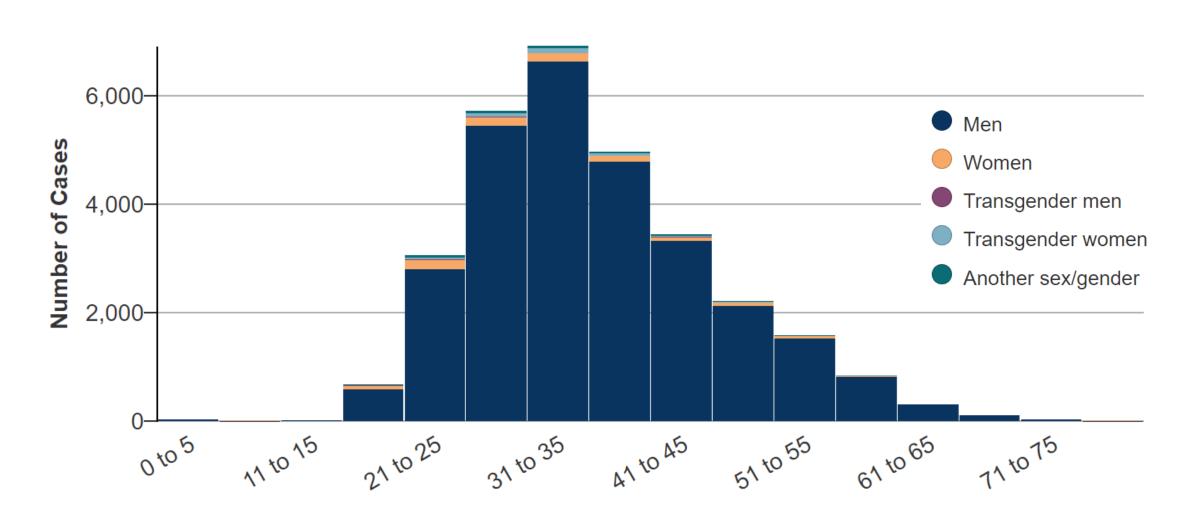
Mpox Epidemic Curve | United States

Daily Mpox Cases and 7 Day Daily Average Data as of April 12, 2023 Cases Reported Since April 1: 8



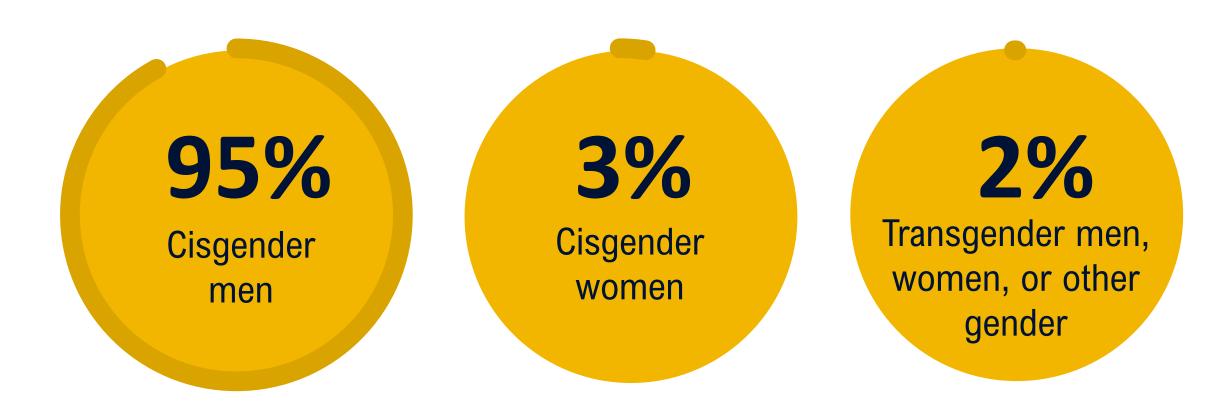
Mpox Cases by Age and Gender | United States

Data as of April 12, 2023



Mpox Cases by Gender United States

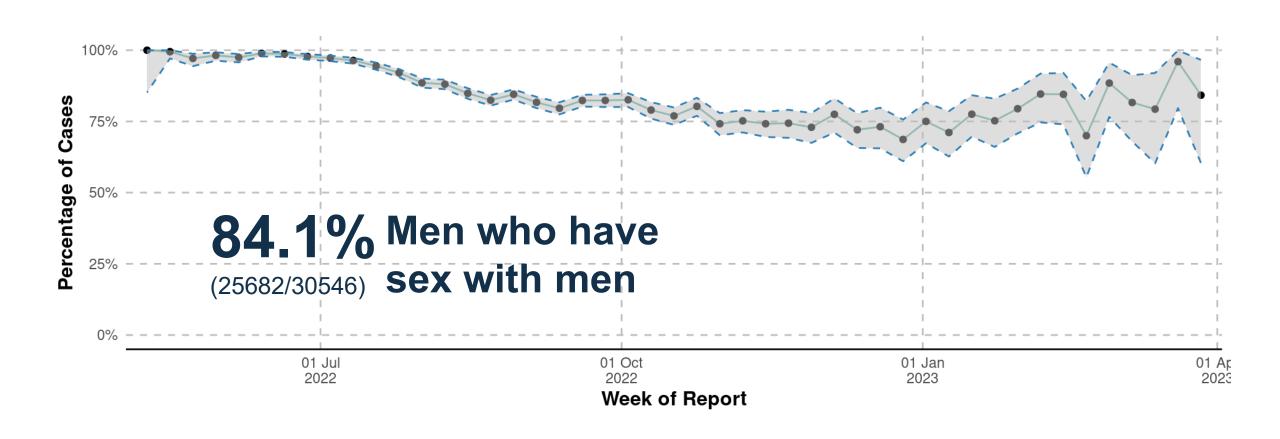
Data as of April 12, 2023



Both age and sex or gender data were available for 98.8% of cases reported to CDC. People whose reported sex differed from their reported gender were classified as transgender. Among people for whom reported gender was not available, but sex was reported, sex was used to categorize people as men or women. While the case report form specifies sex assigned at birth, there are variations in how jurisdictions collect information on sex, and in some cases this may represent current gender identity. These case counts include those who tested positive for either monkeypox virus or orthopoxvirus (OPX) as described in the case definition.

Proportion of Mpox Cases Who Are MSM by Date of Report | Global

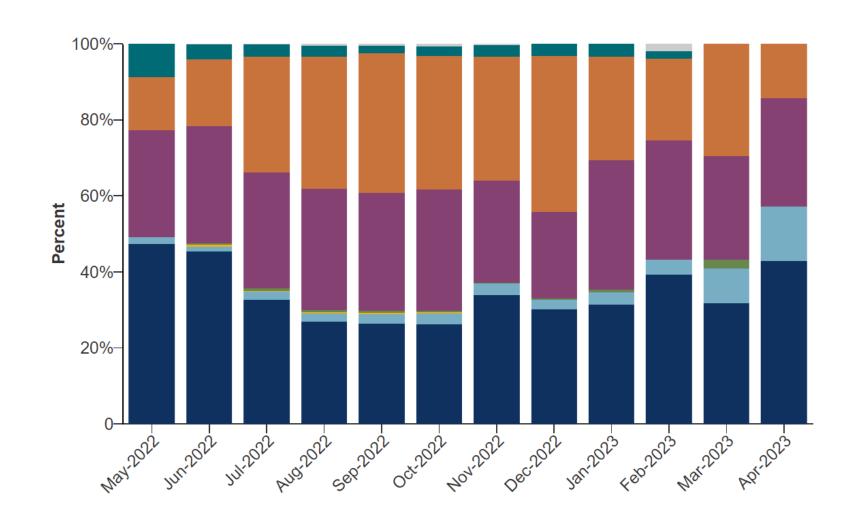
Data as of April 7, 2023



Mpox Cases by Race and Ethnicity United States

Data as of April 12, 2023

- American Indian or Alaska Native
- Asian
- Black or AfricanAmerican
- Hispanic or Latino
- Multiple Races
- Native Hawaiian or
 Other Pacific Islander
- Other Race
- White



Mpox Detection in United States Wastewater

Data as of April 12, 2023

Consistent detection

1 sites (0%)

No detection

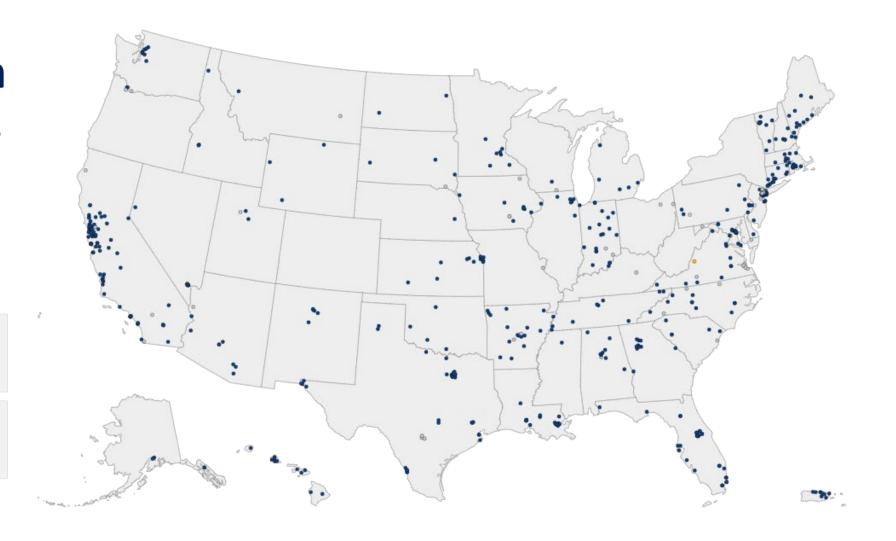
443 sites (87%)

Intermittent detection

5 sites (1%)

No recent data

58 sites (11%)

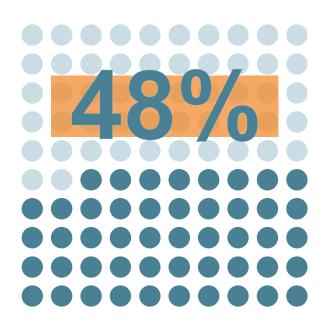


Mpox, STIs, and HIV | United States

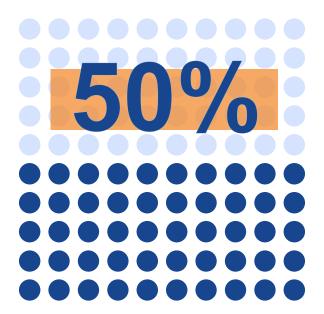
MMWR Report: IV and Sexually Transmitted Infections Among Persons with Monkeypox — Eight U.S. Jurisdictions, May 17–July 22, 2022



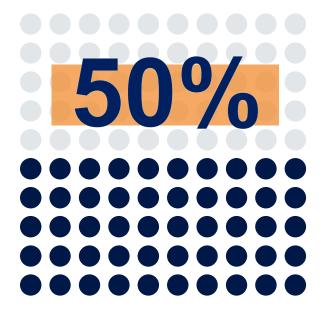
Gay, Bisexual, and Other Men Who Have Sex with Men Changed Their Behavior to Protect Themselves and Their Partners from Mpox



Reduced number of sex partners

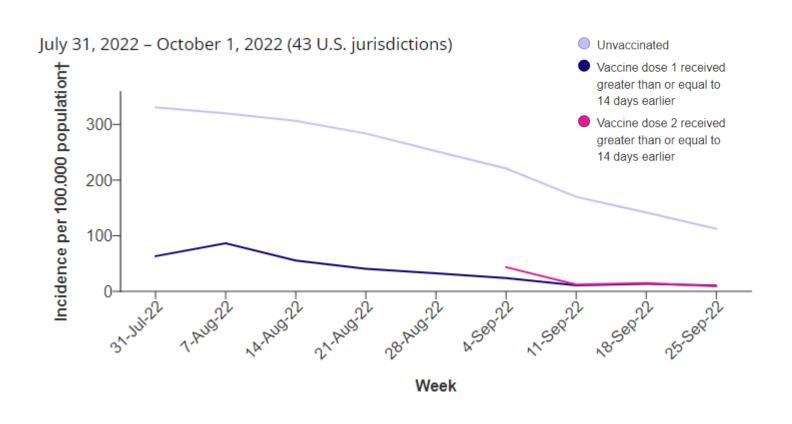


Reduced one-time sexual encounters



Reported reducing sex with partners met on dating apps or at sex venues

Rates of Monkeypox Cases by Vaccination Status



Mpox incidence was estimated

10 times

As high among unvaccinated persons as it was among those who were fully vaccinated

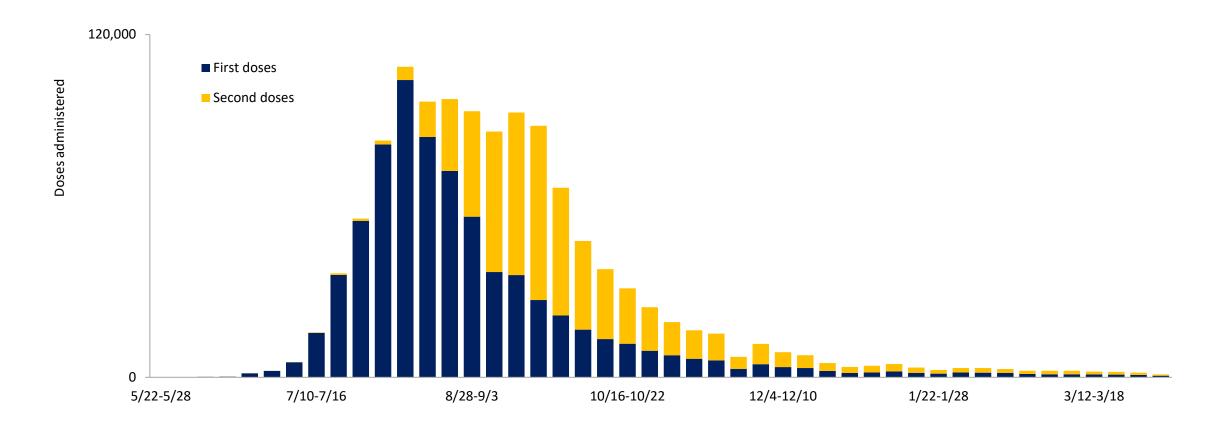
What CDC Has Done

- Seek feedback from public health partners and affected populations
- Provide guidance to health departments and healthcare providers on symptoms and how to manage illness
- Make timely updates to information on CDC's website, social media, and via press briefings
- Help get vaccines and treatments to health departments and clinics

- Support diagnostic testing
- Work closely with state/local partners to raise awareness within the LGBTQ+ community and other affected communities
- Consult with health officials in other countries

1,211,982 Mpox Vaccine Doses Administered

Total JYNNEOS Vaccine Doses Administered and Reported to CDC Data as of April 11, 2023



Disparities in mpox cases and vaccination

Data as of April 11, 2023



All cases reporting Hispanic ethnicity are classified into the Hispanic or Latino category
*Race and Ethnicity available for 93.4% of cases; **For vaccination, race and ethnicity available for 90.8% of cases

Mpox Vaccine Equity Pilot Program

September 15, 2022 - February 15, 2023



Accepted 28 applications in 14 States and Puerto Rico

The Strategies for Vaccination Events:

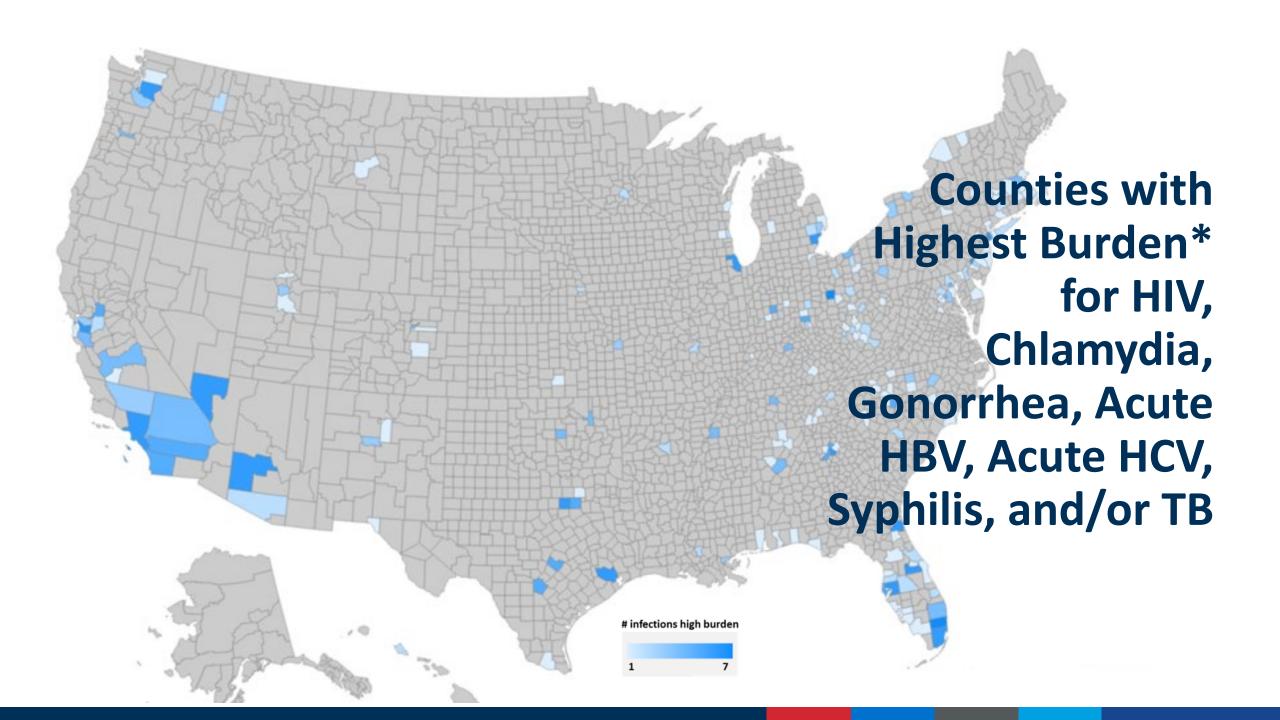
- Events designed to reach populations disproportionately affected by mpox + experiencing vaccination disparities
- Events with a broad reach public festivals, general Pride events, and outreach through bars, nightclubs





State of STIs Prior to Mpox

- Inadequate STI infrastructure
- Increases and disparities are multi-factorial, multi-level and complicated by social determinants, including poverty, racism, stigma, unstable housing, and substance use, coupled with reduction in spending power by public health STD programs
- MSM and transgender persons bear largest burden of HIV, syphilis, and gonorrhea
- Increasing incidence of STIs for past 7 years
- Rapid spread of rare viral infection with scientific unknowns



Ongoing Collaboration with Jurisdictions

approx.

\$46 Million

Awarded to jurisdictions via
Public Health Crisis Response
Cooperative Agreement

Vaccination

Community engagement

Case and cluster investigation

Increasing timeliness and completeness of data reporting

Other mpox response-related activities

Long-term Goals



Ensconce mpox vaccination in HIV, STI, PrEP clinics, and link with community-based organizations



Normalize mpox as part of STI services



Continue venue and event-based vaccine equity initiatives



Continue research on treatment, vaccine effectiveness and mode of administration, animal reservoirs and zoonotic risk, viral shedding and transmission dynamics, diagnostics, surveillance

Thank You

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



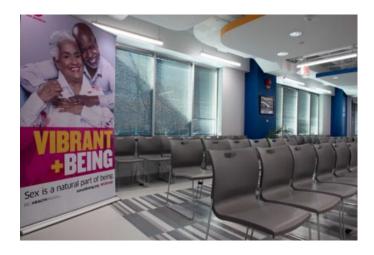
Mpox Lessons from a Publicly Funded STD Clinic

Jason Beverley, MS, RN, FNP-BC, STD/TB Control Division Chief in the HIV, AIDS, Hepatitis, STD, and TB Administration, DC Health

Bruce "Bryce" W. Furness, MD, MPH, CDC Medical Epidemiologist at the DC Health and Wellness Center

DC Health and Wellness Center

- Sexual Health and Tuberculosis Services
- STI diagnosis and on-site treatment
- TB screening, diagnosis and management
- PrEP and PEP Provision and navigation
- Rapid ART
- Vaccinations and contraception
- Confidentiality and limited billing
- Syphilis referral for bicillin provision
- Clinical consultation for STI / PrEP to community physicians
- DIS on-site for partner services, patient notification







MPox Notes

- First case at DCHWC was 6/6/22
- Direct contact with DCPHL began 5/25/22, updated guidelines sent to us 5/27/22
- "Trial run" on 5/27/22: samples submitted on Mpox suspect—all were negative
- In May / June, DCHWC was only DC location to offer Mpox testing and treatment
- Initially, vaccinations at DCHWC limited to PEP (close contacts of confirmed mpox cases)
- Total Jynneos doses at DCHWC = 546 doses to 317 discrete patients
- 140 total samples submitted to DCPHL from DCHWC
- First supply of tecovirimat arrived at DCHWC 6/27/23
- 77 courses of tecovirimat dispensed from DCHWC (65 were for DCHWC patients)
- Weekly calls with community-based providers began 6/27/22





MPox Challenges

- Initial IND protocol requirements for tecovirimat were arduous:
 - At least 6 separate required forms
 - Requests for photos of lesions and blood PK sampling
- Modified, simplified IND protocol requirements were released on 7/25/22
- Requisition forms for Mpox testing—CDC/DCPHL
- Criteria for use of tecovirimat had to evolve to include anogenital presentations





Advantages of DOH STD Clinic

- Existing templates in EMR for detailed sexual history taking
- Comfort level among providers in obtaining detailed MSM sexual histories
- Existing panel of MSM patients for PrEP and HIV care
- Established, active relationship with DCPHL (including courier, monthly meetings for other projects)
- Easy interdepartmental collaboration with Epi/surveillance team (CPPE), emergency response team (HEPRA)





Disadvantages of DOH STD Clinic

- Staffing concerns—at the time, DCHWC had 5 FT providers, multiple PT providers
- Mpox diverted staff from other DCHWC patient needs (PrEP, basic STD testing/treatment)
- Some staff detailed to DC Health's overall Mpox response
- EMR not set up for controlled substance eprescribing, DCHWC providers not accustomed to moderate-severe pain management
- Lack of on-site mental health support





DSTDP Medical Epidemiologist Embedded Within Dc Health

- Diagnosing, treating, and preventing mpox cases at the DC Health and Wellness Center and a Subject Matter Expert on the Community Outreach and Partner Engagement (COPE) Team of CDC's 2022 Multination Mpox Response.
 - Dr. Walensky
 - Philpott D, Hughes CM, Alroy KA, et al. Epidemiologic and Clinical Characteristics of Monkeypox
 Cases United States, May 17–July 22, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1018-1022.
 - Ocular mpox case
 - o Cash-Goldwasser S, Labuda SM, McCormick DW, et al. Ocular Monkeypox United States, July–September 2022. MMWR Morb Mortal Wkly Rep 2022;71.



Cases Involving Mucous Membranes Could Be Severe

06/22/2022



06/28/2022



Cross-departmental Collaboration

- Between DC Health's HIV/AIDS, Hepatitis, STD, and TB Administration and Division of Epidemiology Disease Surveillance and Investigation.
 - HAHSTA embedded a Disease Intervention Specialist with the DE-DSI epidemiologists for mpox case management and contact tracing
 - The HAHSTA medical epidemiologist made himself available to, and set up weekly standing meetings with, the DE-DSI epidemiologists
 - One of the DE-DSI epidemiologists was embedded within the DCHWC, which allowed her to conduct in-person interviews.
 - Curran KG, Eberly K, Russell OO, et al. HIV and Sexually Transmitted Infections Among Persons with Monkeypox Eight U.S. Jurisdictions, May 17–July 22, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1141–1147.



If There's Time...

- CDC's Division of High-Consequence Pathogens and Pathology Laboratory site visit increased the quantity of specimens that were processed and shortened turnaround times.
- Pre-existing relationship with other community LGBTQ+ providers Tim Price, GWU, and WWH
- DC Health portal for mpox testing and treatment





Integrating Mpox Vaccines in HIV/STI Programs

Keshia Lynch, HIV Program Director April 18, 2023

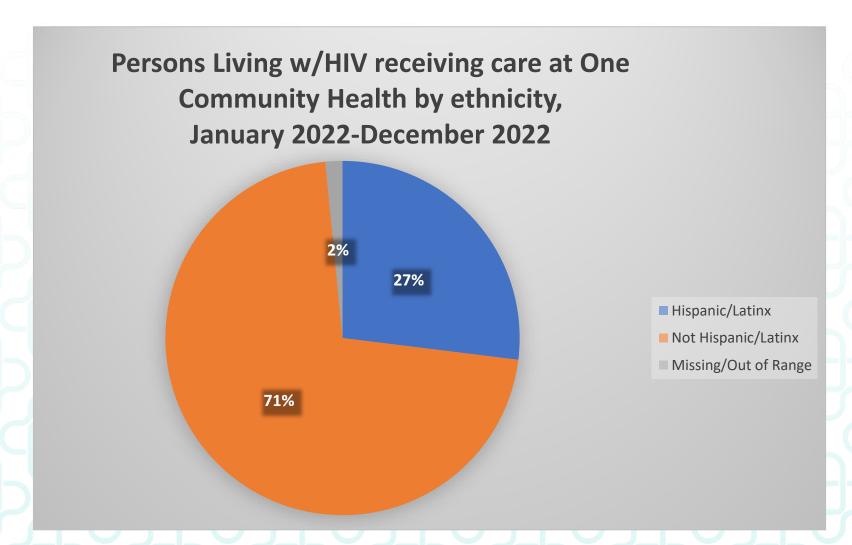


Key Objectives

- Assess the benefits of incorporating Mpox vaccines into existing HIV/STI programs
- Explore the challenges and opportunities associated with Mpox vaccine integration
- Identify best practices of Mpox vaccine integration in HIV/STI programs
- Develop recommendations for effectively integrating Mpox vaccines into HIV/STI programs to improve prevention and care outcomes

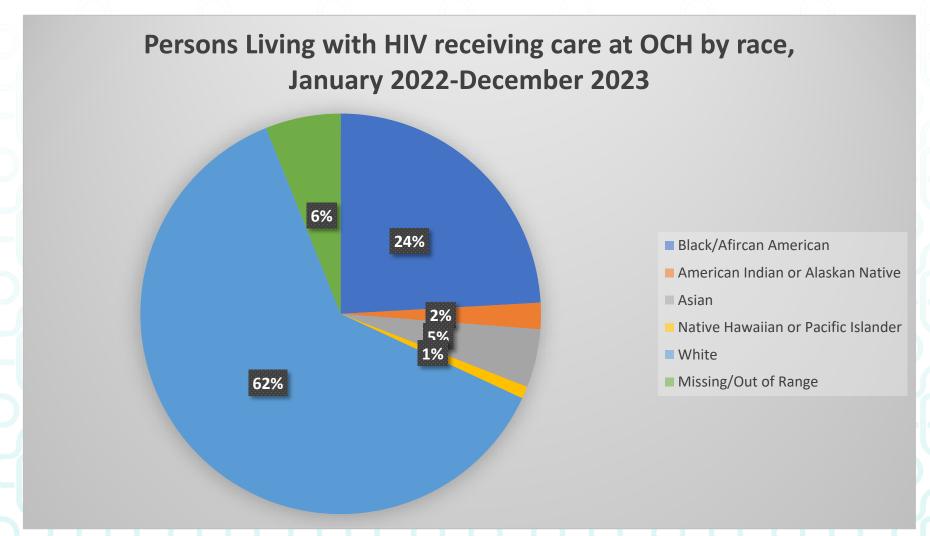


One Community Health provides medical care to 2,556 patients living with HIV in the greater Sacramento area.



Data source: 2022 RSR report, Epic OCHIN





Data source: 2022 RSR report, Epic OCHIN



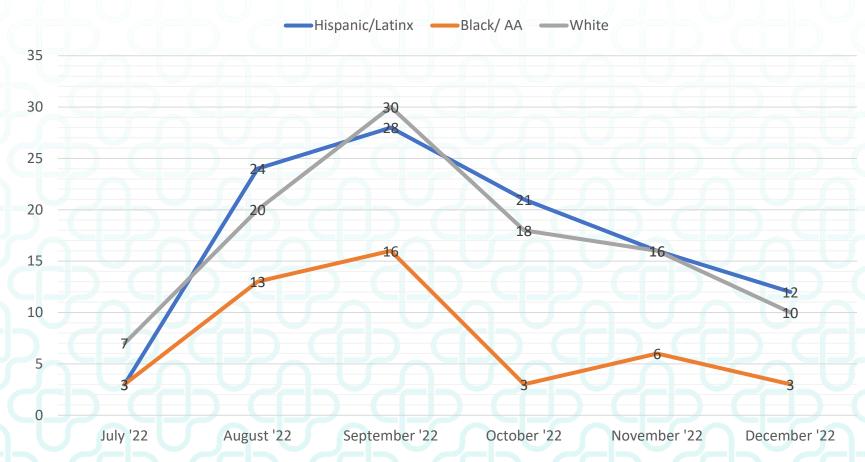
OCH Patients who received Mpox Vaccination Living with HIV vs Not Living with HIV, June 2022- December 2022



Data source: Epic OCHIN



OCH Patients Living with HIV who received Mpox Vaccination by race and ethnicity, July 2022- December 2022



Data source: Epic OCHIN



Mpox Vaccination Process

Clinician initiates during primary care visit

Walk-In Sexual Health Clinic

Medical Case Manager Referral • Marketing of vaccine through patient facing website, inclinic screens, clinician education and word of mouth.

Screening

 Initial screening amongst front desk for symptomatic patients. Vaccine eligibility by clinicians utilizing dot phrase based on local Department of Public Health guidelines.

Vaccine
Administration &
Scheduling of 2nd
dose

 Nurse administers vaccine and schedules 2nd dose



Challenges

Initial Vaccine Supply

- Limited supply vaccine provided to address need
- Restrictive eligibility criteria

Medical Mistrust

- Historical context and lingering skepticism
- The need for transparent communication

Adverse effects of COVID vaccine

- Concerns over potential side effects
- Distinguishing mpox vaccine

Lack of visible mpox prevalence

- Difficulty in perceiving the risk of mpox
- Emphasizing the importance of prevention and vaccination



Opportunities

Educating patients and communities

- Co-host mpox informational events, ranging from regular meetings with community stakeholders and health care providers to in-person community events and virtual townhalls
- Expand the use of highly used media strategies, including utilizing recognizable messengers and geographically targeted advertisements and billboards to increase awareness and information

Strengthening trust between healthcare system and patients

- Community-based clinic sites serving populations at risk for mpox
- Partner with trusted community organizations, leaders, and influencers to spread accurate information about the vaccine.

Leveraging success stories and testimonials

- Sharing real-world examples of mpox vaccine effectiveness
- Demonstrating the positive impact on individual and community health



Best Practices

HIV/STI Integration

- Primary care visits
- One Base- Sexual health services
- ID and HIV Specialists expertise
- Culturally adept

Nurse Led effort

- Expertise in patient care
- Efficient resource management
- Trusted in community

Clinic Wide Training

- MAs, LVNs, RNs all trained for mpox administration
- Litmus training amongst all medical and nonmedical personnel
- Abreast on eligibility and administration requirements

Collaboration with Local and Federal Partners

- Increase supply of mpox vaccine
- Patient referrals from local partners



Recommendations

Collaborate with community organizations and stakeholders

Develop targeted and culturally sensitive communication strategies

Monitor and evaluate HIV/STI integration process

Provide training and resources to clinicians and staff

Prioritize patient centered care and support



Contact Information

Keshia Lynch, HIV Program Director

Klynch@onecommunityhealth.com

323-500-8504



Thank you

Centering Health Equity, Authentic Storytelling, and Community Power in the Mpox Response



Justin C. Smith MS, MPH
Director, Campaign to End AIDS
Positive Impact Health Centers
CHAC Meeting
April 19, 2023

How do we center health equity in practice? What does that look like?



Agenda

 Authentic storytelling among gay, bisexual and other MSM of color as a health equity practice during MPOX

 Activation of networks and community power as a vital components of the Mpox response

Case study in health equity: The Metro Atlanta Mpox response



Authentic storytelling uses personal narratives that center and value the voices of those most impacted and engages them as a part of the solution.



Authentic Storytelling Works Upstream and Downstream

Reducing mpox social stigma

Social norms around sexual behaviors

Driving changes in mpox vaccine distribution policies

Raising awareness of mpox

Spreading knowledge about mpox and vaccine



Reducing mpox self-stigma

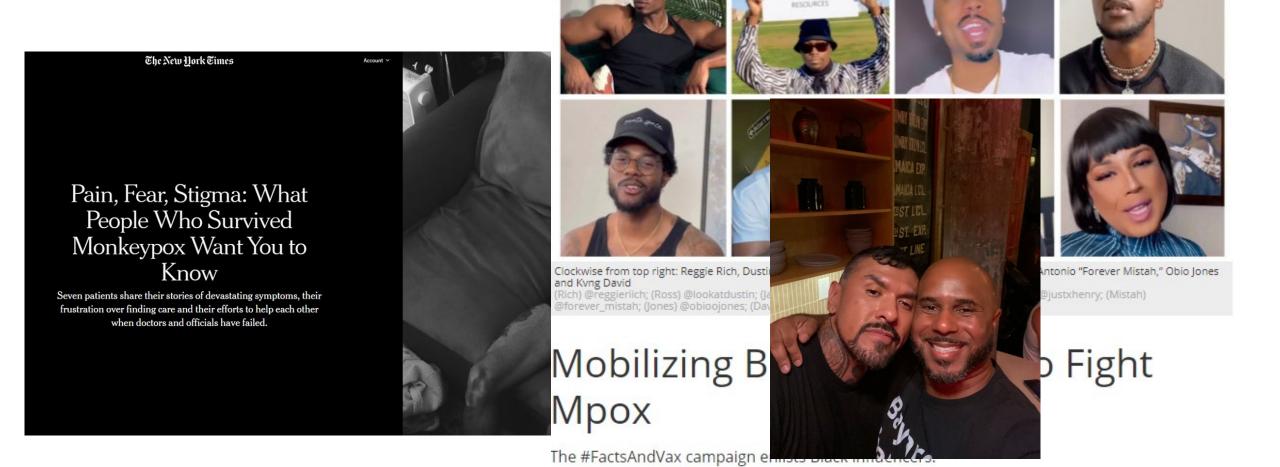
Addressing intersectionality

Changing attitudes

Promoting prevention and treatment behaviors

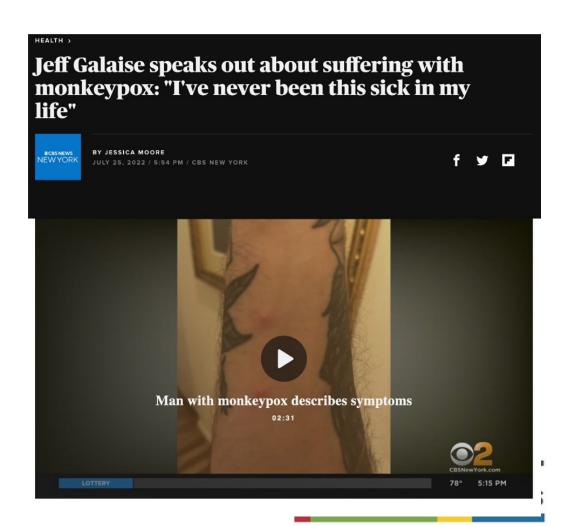
Mpox and the authentic storytelling of gay men of color (Upstream)

GLAAD & THE COO



How authentic stories worked Downstream

- Raising awareness
- Impacting attitudes: severity/susceptibility
- Increases attention to message through
 - Authentic GBMSM Representation and garnering trusted
 - Emotion over evidence
 - Harnessing features of gay culture



Impacts of Storytelling

- Change in sexual behaviors
- Change in Mpox name
- Atlanta mpox Response
 - Town hall
 - Black pride
 - Racial equity in vaccination vs. rest of US



Activate authentic storytelling as a health equity strategy

- Proactively engage and promote the voices of GBSM community early on in such outbreak.
- Recognize and value the community's expertise to enhance the public health solution.
- Create opportunities for communities to develop their own health narratives.
- Harness the power of new and emerging communication technology.
- Consider the implications of the political determinants of health.



The US monkeypox response is failing queer men

An expert explains how the community has learned to take care of itself when governments won't.

By Alex Abad-Santos | alex@vox.com | Updated Aug 4, 2022, 7:13pm EDT

Gay sex is a fact of life. Gay sex exists on planet Earth, you will never change that, whether you want to or not. Gay sex will always exist, gay sex doesn't drive anything. It's like the sun in the sky or the tide going in and out....when epidemics spread through gay sexual networks, we want to be very precise about that language. And also to be clear that sex is a normal and healthy behavior. And our goal in biomedicine should be giving people all the tools that they need to make the best decisions and, in this case, have sex with the lowest risk possible. In this case, the drivers of the epidemic are the structures globally that have led to vaccines, tests, and treatment all existing for a virus and yet being almost entirely inaccessible. We cannot change the fact that gay sex exists, but we can change the fact that the Jynneos vaccine is not globally available. We can change the fact that TPOXX is largely inaccessible.

-NYU Biology professor Dr. Joseph Osmundson



Community Power in Mpox Response- Respond- MI Study

ABOUT.

Since May 2022, there has been an outbreak of MPOX (previously called Monkeypox) among queer and trans people and our sexual networks in large cities around the world, including New York City. There are vaccines that offer protection, but because they are in limited supply, it is not possible to vaccinate everyone. We don't have enough information to use our limited supplies efficiently. To do that, we would need to know how queer and trans people and our sexual networks are interconnected in New York City.

MPX NYC, a campaign of Rapid Epidemiologic Study of Prevalence, Network, and Demographics of MPOX Infection (RESPND-MI), is a LGBTQ+ community-led survey of MPOX symptoms and networks among queer and trans people in New York City. MPX NYC encourages queer and trans people to anonymously participate in a survey that collects de-identified data on MPOX symptoms and locations of group sex and other activities with close, physical, or skin-to-skin contact. Additionally, the survey offers participants information on how to prevent MPOX, as well as an opportunity to send a link to their friends and sexual partners so that they may also anonymously participate in the survey. The results of this community-based participatory research will yield a map of the sexual networks of queer and trans people, allowing for purposeful interventions to stop the outbreak of MPOX.



Atlanta Mpox Response- Context

As Monkeypox Spreads, U.S. Declares a Health Emergency

The designation will free up emergency funds and lift sor bureaucratic hurdles, but many experts fear containment longer be possible.

The Atlantic

Biden Names White House Coordinator for Monkeypox

The appointment of Robert Fenton, a veteran emergency al, came as New York, California and Illinois of emergency.

HEALTH

What Should Worry Most Americans About Our Monkeypox Response

The U.S. has declared (another) public-health emergency. An expert weighs in on whether we might botch this one, too.



Atlanta Mpox response- Context

says.

pattern that we always s

social fault lines. They ex

and target the people th



Ring Vaccination Beat Smallpox. Could It Work for Monkeypox?

The Atlanta stitution

Democracy Dies in Darkness



They're also not hermetically sealed. In Georgia—home to two huge Pride festivals in Atlanta, but also to a persistent HIV epidemic in its poorest rural counties—monkeypox already is disseminating out from that first ring of affluent urban men. "A larger proportion of the men with monkeypox here in Georgia are Black, which is a different demographic than the white circuitparty set that we're seeing in other cities," says Justin Smith, director of the Campaign to End AIDS at the Atlanta HIV-care The Washington Post organization Positive Im Sections ≡

Subscribe for 99¢. e low supply of s as cases pick up

Sports

Newsletters

EPaper

Struggle to protect gay, bisexual men from monkeypox exposes inequities

'I've never cried sitting on a toilet in my entire life': Access to testing, vaccines and treatment is a challenge for the disadvantaged

Medical Mysteries Science



Health Care

The Atlanta Mpox Response- Black Pride

Morbidity and Mortality Weekly Report

A Health Equity Approach for Implementation of JYNNEOS Vaccination at Large, Community-Based LGBTQIA+ Events — Georgia,
August 27–September 5, 2022

Alexander J. Millman, MD^{1,2,*}; Damian J. Denson, PhD^{3,*}; Michelle L. Allen, MPH¹; John A. Malone, EdD¹; Demetre C. Daskalakis, MD³; Diane Durrence, MSN, MPH¹; R. Chris Rustin, DrPH¹; Kathleen E. Toomey, MD¹; Atlanta Black Gay Pride Festival Monkeypox Response Team





Justin.Smith@pihcga.org
PositiveImpactHealthCenters.org