CDC Update on Mpox Response

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Director, Division of STD Prevention
**Mpxo Globally**

*Data as of April 13, 2023*

Total Cases

**86,956**

Total Deaths

**119**
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

Territories PR

CDC

[Map showing distribution of cases by state]
Daily Mpox Cases and 7 Day Daily Average
Data as of April 12, 2023

Cases Reported
Since April 1: 8
Mpxo Cases by Age and Gender | United States

Data as of April 12, 2023

Number of Cases

- Men
- Women
- Transgender men
- Transgender women
- Another sex/gender

Age Groups:
- 0 to 5
- 11 to 15
- 21 to 25
- 31 to 35
- 41 to 45
- 51 to 55
- 61 to 65
- 71 to 75
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

Source: WHO

84.1% Men who have sex with men (25682/30546)
Mpx Cases by Race and Ethnicity  |  United States

Data as of April 12, 2023
Mposx Detection in United States Wastewater

Data as of April 12, 2023

- Consistent detection: 1 site (0%)
- Intermittent detection: 5 sites (1%)
- No detection: 443 sites (87%)
- No recent data: 58 sites (11%)
Mpxo, STIs, and HIV | United States


- 38% Had HIV
- 15% STI Since May 1, 2022
- 41% STI in Past Year

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: 48%
- Reduced one-time sexual encounters: 50%
- Reported reducing sex with partners met on dating apps or at sex venues: 50%

Rates of Monkeypox Cases by Vaccination Status

July 31, 2022 – October 1, 2022 (43 U.S. jurisdictions)

- Unvaccinated
- Vaccine dose 1 received greater than or equal to 14 days earlier
- Vaccine dose 2 received greater than or equal to 14 days earlier

Mpqx 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

Mpx Case Race and Ethnicity*

- Native Hawaiian or Other Pacific Islander: 29%
- American Indian or Alaska Native: 31%
- Multiple Races: 33%
- Other Race: 29%
- Asian: 33%
- White: 51%
- Hispanic or Latino: 12%
- Black or African American: 23%

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
Mpx Vaccine Equity Pilot Program
September 15, 2022 – February 15, 2023

Accepted 28 applications in 14 States and Puerto Rico

The Strategies for Vaccination Events:

1. Events designed to reach populations disproportionately affected by mpx + experiencing vaccination disparities

2. Events with a broad reach public festivals, general Pride events, and outreach through bars, nightclubs

For more details visit https://www.cdc.gov/poxvirus/mpox/health-departments/vaccine-equity-pilot.html
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
Counties with Highest Burden* for HIV, Chlamydia, Gonorrhea, Acute HBV, Acute HCV, Syphilis, and/or TB
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
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.
Mpx 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 Mpx suspect—all were negative

• In May / June, DCHWC was only DC location to offer Mpx testing and treatment

• Initially, vaccinations at DCHWC limited to PEP (close contacts of confirmed mpx 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 e-prescribing, DCHWC providers not accustomed to moderate-severe pain management
- Lack of on-site mental health support
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

- Ocular mpox case
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.
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
Persons Living with HIV receiving care at OCH by race, January 2022-December 2023

- Black/African American: 24%
- American Indian or Alaskan Native: 6%
- Asian: 5%
- Native Hawaiian or Pacific Islander: 2%
- White: 1%
- Missing/Out of Range: 62%

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

- Marketing of vaccine through patient facing website, in-clinic screens, clinician education and word of mouth.

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

- 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 non-medical personnel
- Abreast on eligibility and administration requirements

**Collaboration with Local and Federal Partners**
- Increase supply of mpox vaccine
- Patient referrals from local partners
Recommendations

1. Collaborate with community organizations and stakeholders
2. Develop targeted and culturally sensitive communication strategies
3. Monitor and evaluate HIV/STI integration process
4. Provide training and resources to clinicians and staff
5. Prioritize patient centered care and support
Contact Information

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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)
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.
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 - Respnd- 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.
As Monkeypox Spreads, U.S. Declares a Health Emergency

The designation will free up emergency funds and lift some bureaucratic hurdles, but many experts fear containment might no longer be possible.

Biden Names White House Coordinator for Monkeypox

The appointment of Robert Fenton, a veteran emergency medical officer, came as New York, California, and Illinois declared health emergencies.

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

Black Men Make Up in Georgia

Local health experts warn that concerns

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Ring Vaccination Beat Smallpox. Could It Work for Monkeypox?

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 circuit-party set that we’re seeing in other cities,” says Justin Smith, director of the Campaign to End AIDS at the Atlanta HIV-care organization Positive Impact. “It’s the same pattern that we always see social fault lines. They exploit and target the people that..."
The Atlanta Mpox Response- Black Pride

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

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