LGBTQ+ PRIMARY CARE ALLIANCE

The White House National Mpox Response: Update for the LGBTQIA+ Primary Care Alliance

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THE WHITE HOUSE
WASHINGTON

May 15, 2023

This briefing is open to the public, however the conversation should be considered off the record and any press inquiries for the White House should be directed to the White House Press Office.

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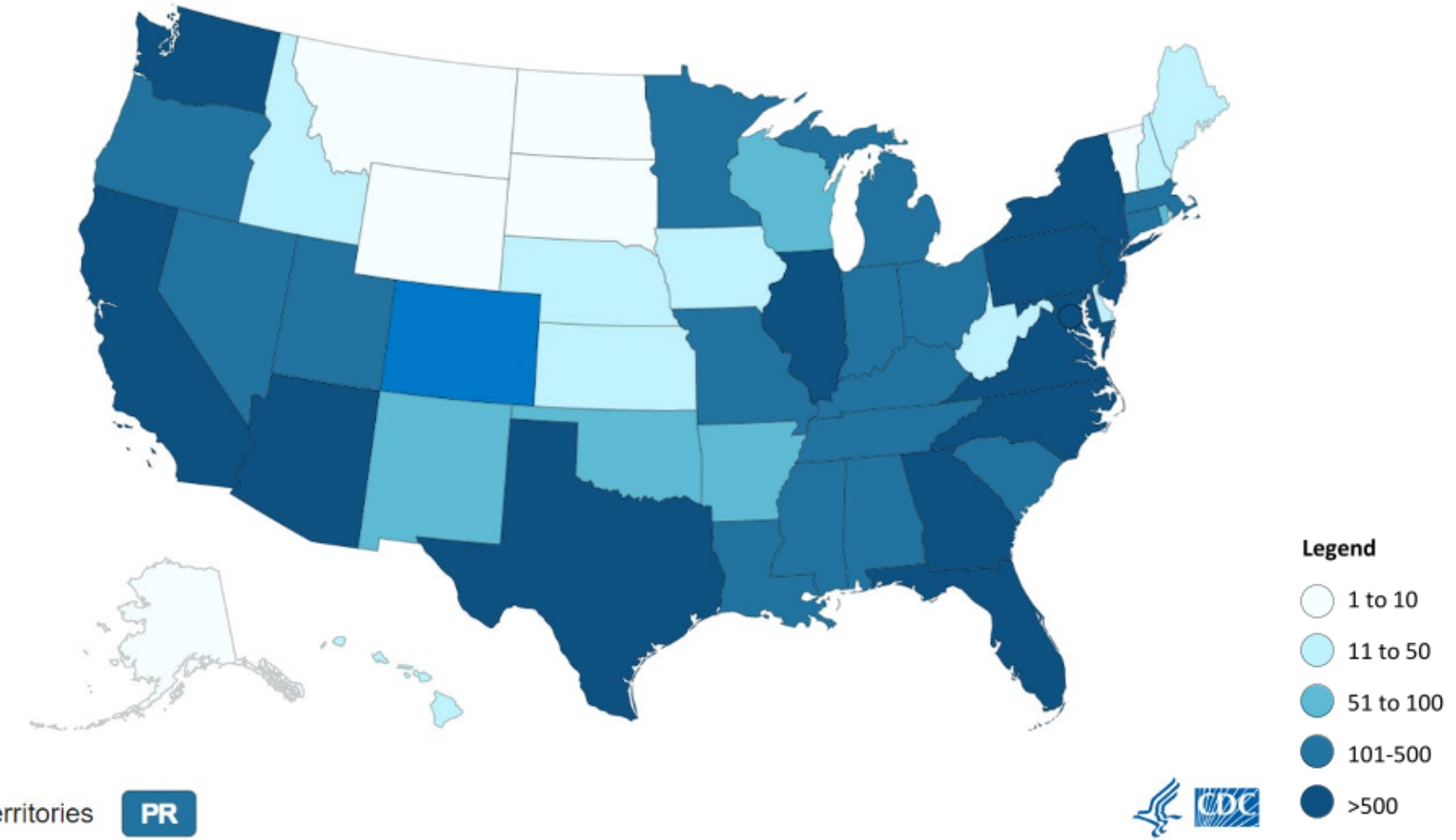
State of the Epidemiology

NR

U.S. Situation Update – May 10, 2023



30,395

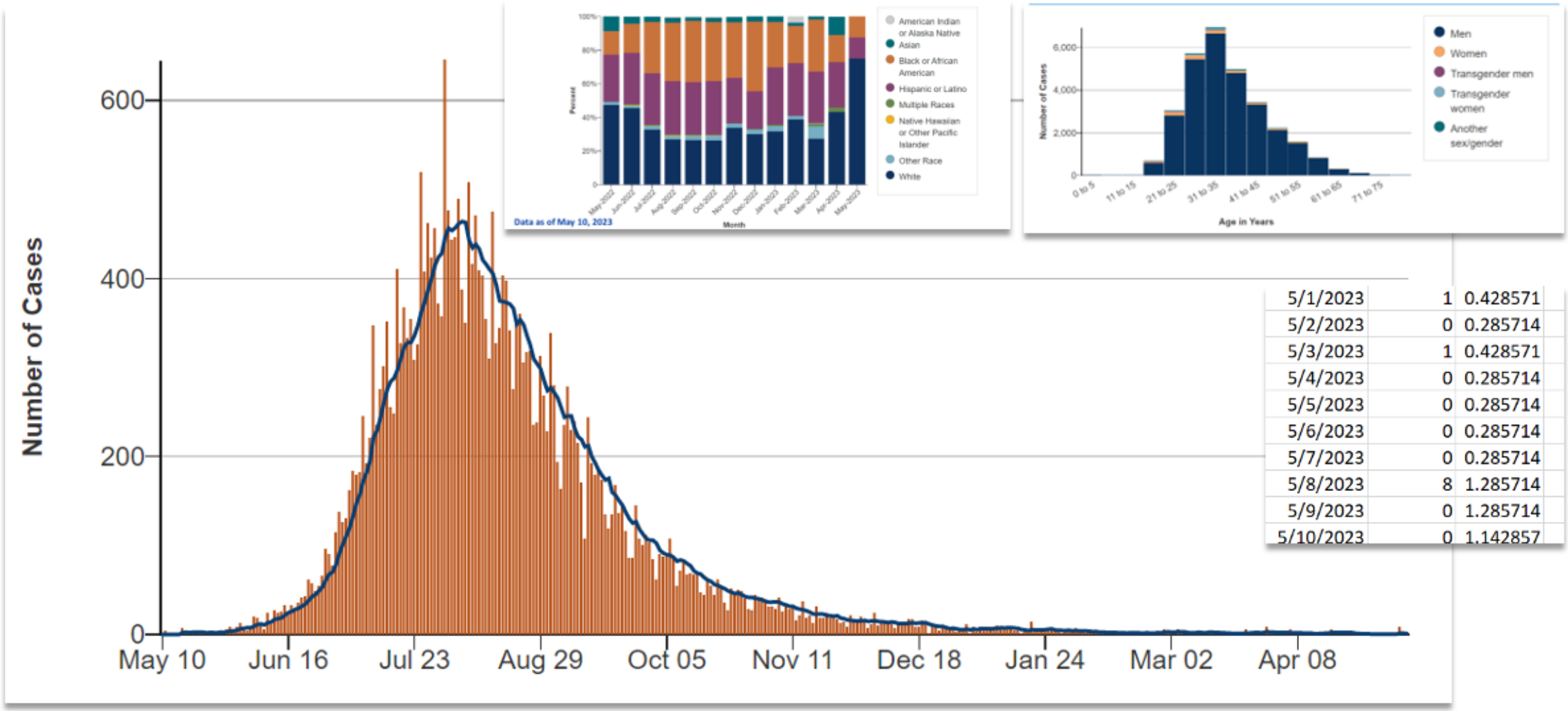
Total confirmed mpox / orthopoxvirus cases

42

Total deaths

*For recent mpox case numbers see CDC Situation Summary: **https://www.cdc.gov/mpox**

Daily Mpox Cases and 7 Day Daily Average Reported in U.S.



5/1/2023	1	0.428571
5/2/2023	0	0.285714
5/3/2023	1	0.428571
5/4/2023	0	0.285714
5/5/2023	0	0.285714
5/6/2023	0	0.285714
5/7/2023	0	0.285714
5/8/2023	8	1.285714
5/9/2023	0	1.285714
5/10/2023	0	1.142857

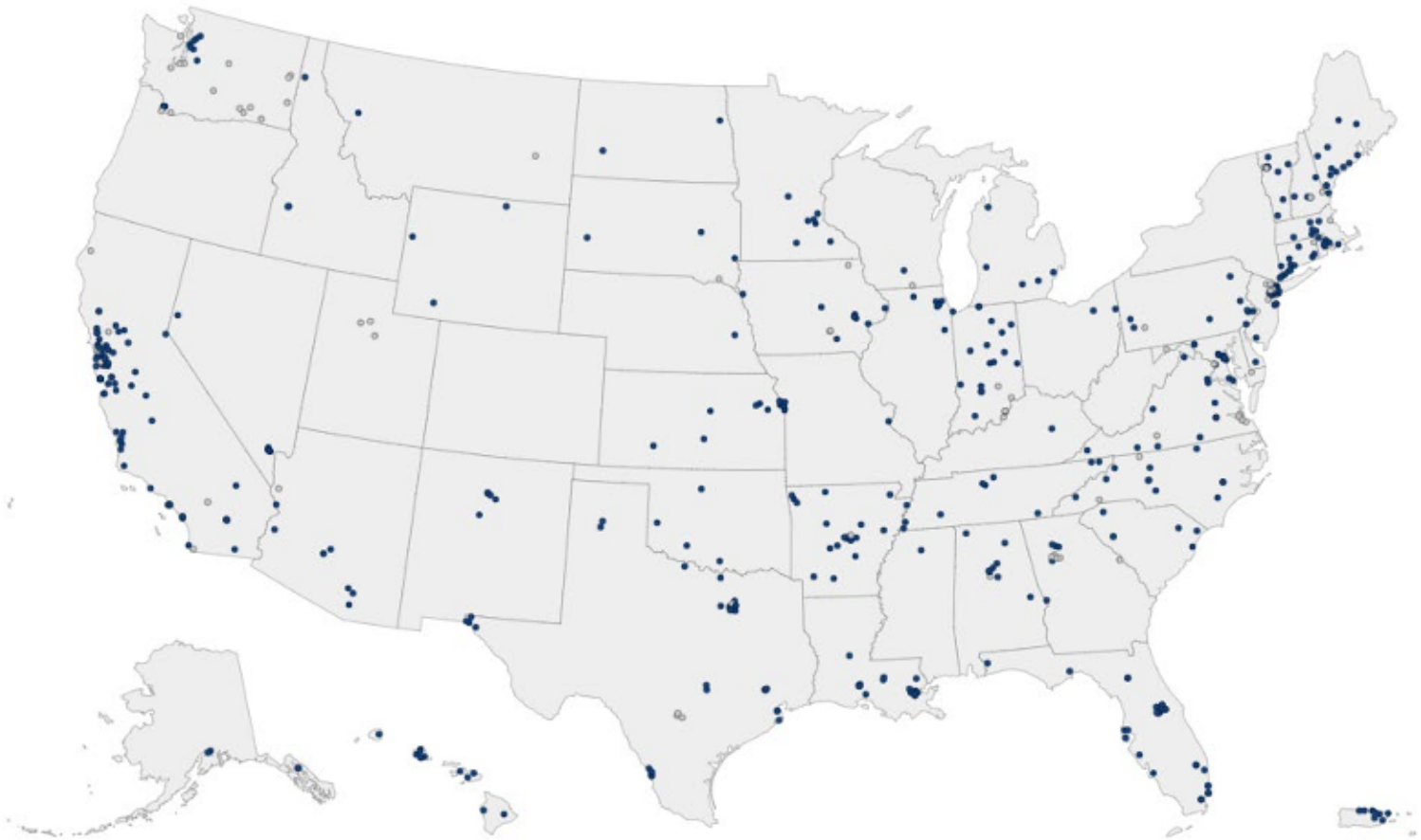
Data as of May 10, 2023

*For recent mpox case numbers see CDC Situation Summary: **https://www.cdc.gov/mpox**

NATIONAL ™ WASTEWATER SURVEILLANCE SYSTEM

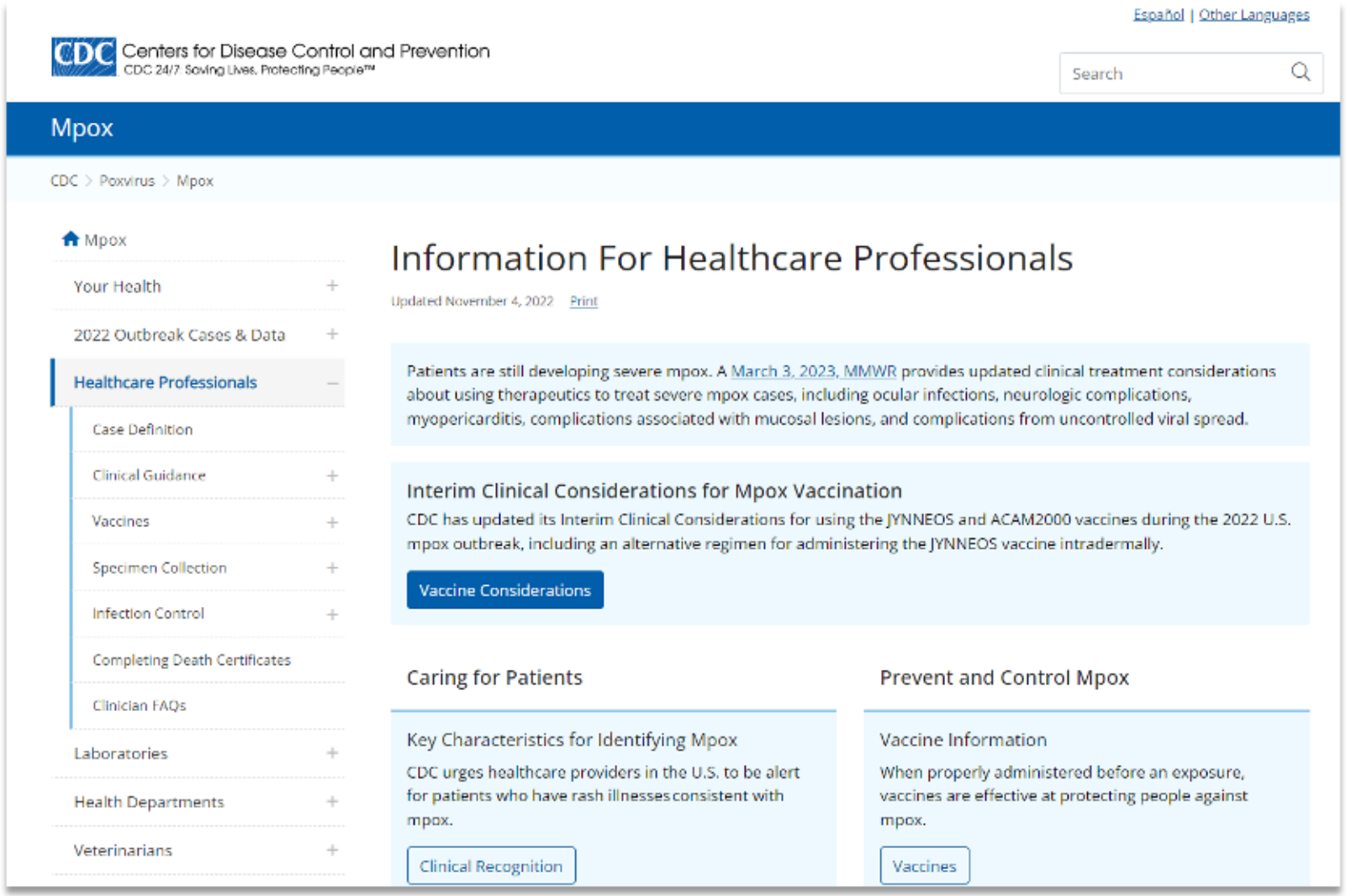
Consistent detection	Intermittent detection	No detection	No recent data
1 site (0%)	1 site (0%)	442 sites (85%)	76 sites (15%)

Note: Click on a state to zoom in.



April 26, 2023

Keep Mpox on Your Differential Diagnosis!



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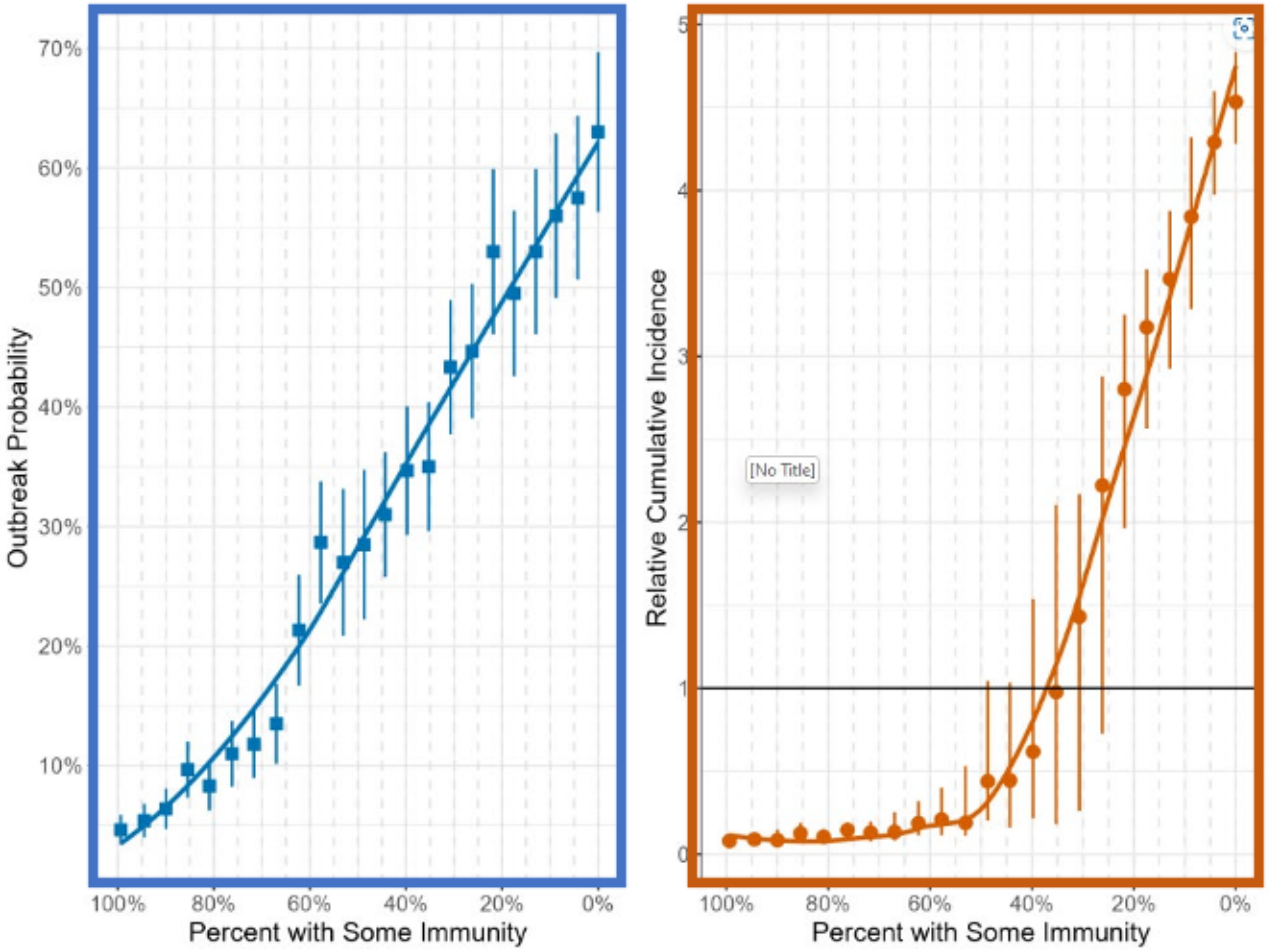
Vaccine Updates and Our Risk of Future Mpox Outbreaks

DD

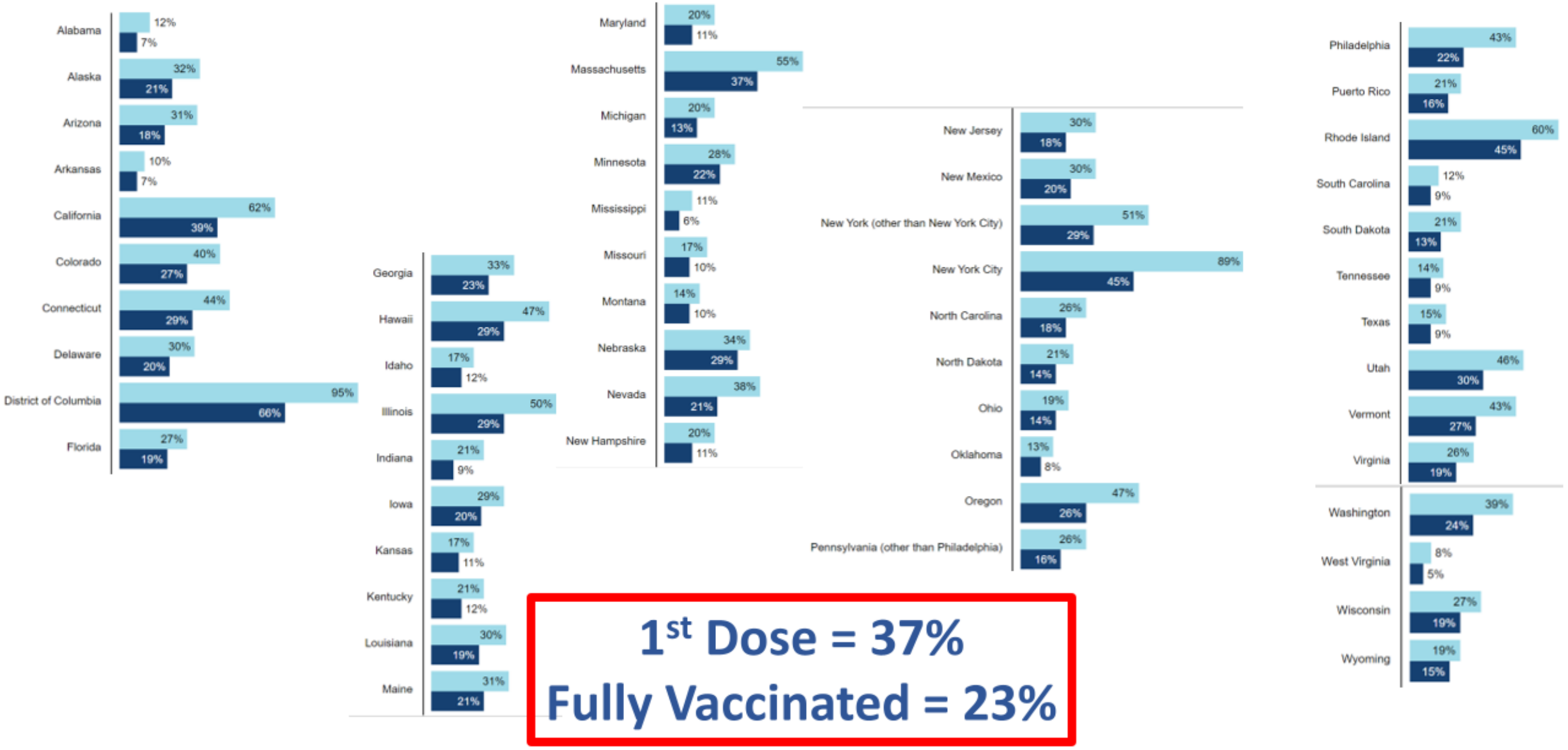
CDC Modeling Forecast: We Are Still at Risk of a Large and Costly Outbreak !

- The more immunity we have in the community, the lower the chance that we will have any outbreaks.
  - Higher vaccination=Lower risk for an outbreak
- The size of future outbreaks could be equal to or larger than our current outbreak if vaccination coverage is less than 30-35%.



https://www.cdc.gov/poxvirus/mpox/response/2022/risk-assessment-of-resurgence.html

Vaccine Coverage by Jurisdiction



1st Dose = 37%

Fully Vaccinated = 23%

Potential Risk for New Mpox Cases

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
May 15, 2023, 9:00 AM ET
CDCHAN-00490

Summary

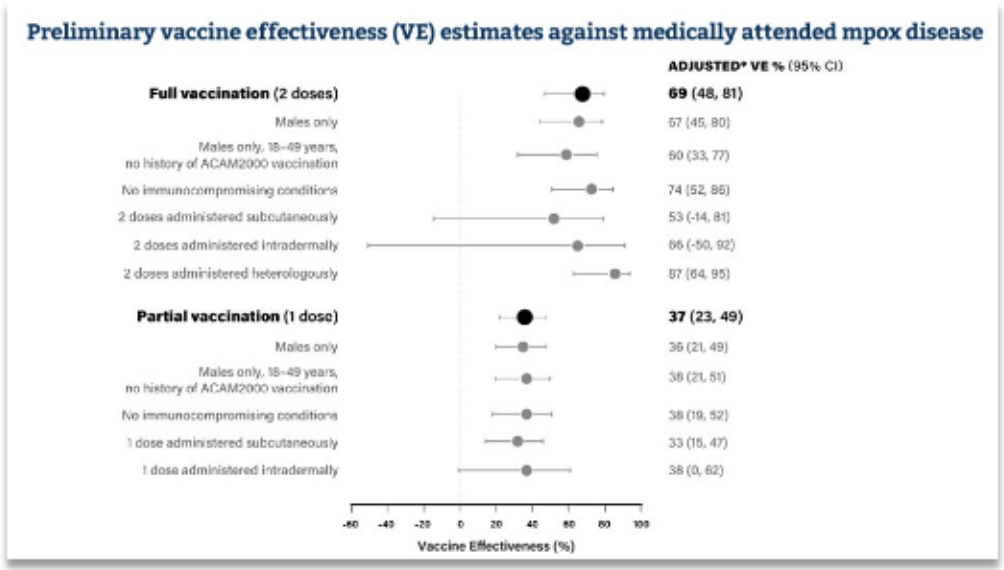
In the United States, cases of mpox (formerly monkeypox) have declined since peaking in August 2022, but the outbreak is not over. The Centers for Disease Control and Prevention (CDC) continues to receive reports of cases that reflect ongoing community transmission in the United States and internationally. This week, CDC and local partners are investigating a cluster of mpox cases in the Chicago area. From April 17 to May 5, 2023, a total of 12 confirmed and one probable case of mpox were reported to the Chicago Department of Public Health. All cases were among symptomatic men. **None of the patients have been hospitalized.** Nine (69%) of 13 cases were among men who had received 2 JYNNEOS vaccine doses. Confirmed cases were in 9 (69%) non-Hispanic White men, 2 (15%) non-Hispanic Black men, and 2 (15%) Asian men. The median age was 34 years (range 24–46 years). Travel history was available for 9 cases; 4 recently traveled (New York City, New Orleans, and Mexico).

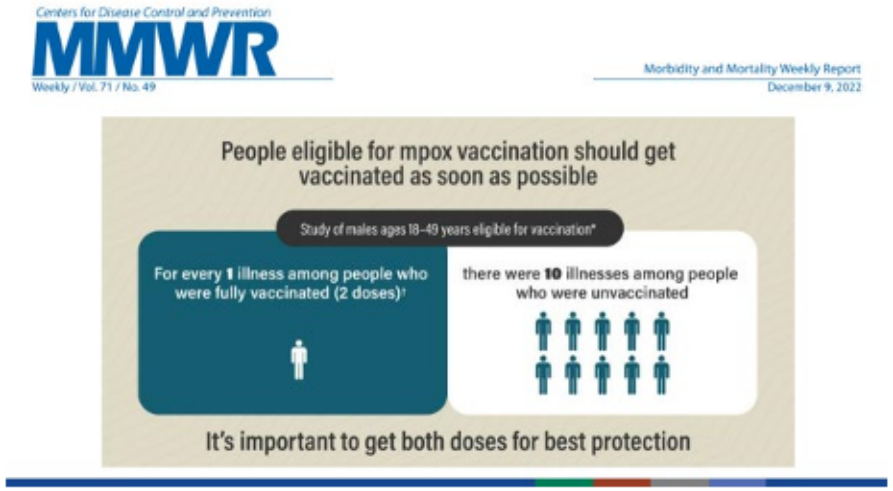
Although vaccine-induced immunity is not complete, vaccination continues to be one of the most important prevention measures. CDC expects new cases among previously vaccinated people to occur, but people who have completed their two-dose JYNNEOS vaccine series may experience less severe symptoms than those who have not.

Spring and summer season in 2023 could lead to a resurgence of mpox as people gather for festivals and other events. The purpose of this Health Alert Network (HAN) Health Update is to inform clinicians and public health agencies about the potential for new clusters or outbreaks of mpox cases and to provide resources on clinical evaluation, treatment, vaccination, and testing.

https://emergency.cdc.gov/han/2023/han00490.asp?ACSTrackingID=USCDC_511-DM105517&ACSTrackingLabel=HAN%20490%20-%20General%20Public&deliveryName=USCDC_511-DM105517

Two Dose Mpox Vaccine is Safe and Effective!





CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Morbidity and Mortality Weekly Report (*MMWR*)

Safety Monitoring of JYNNEOS Vaccine During the 2022 Mpox Outbreak — United States, May 22–October 21, 2022

Weekly / December 9, 2022 / 71(49);1555–1559

Jonathan Duffy, MD[1]; Paige Marquez, MPH[1]; Pedro Moro, MD[1]; Eric Weintraub, MPH[1]; Yon Yu, PharmD[1]; Peter Boersma, MPH[1]; James G. Donahue, DVM, PhD[2]; Jason M. Glanz, PhD[3]; Kristin Goddard, MPH[4]; Simon J. Hambidge, MD, PhD[3]; Bruno Lewin, MD[4]; Ned Lewis, MPH[4]; Douglas Rouse, MD[1]; Tom Shimabukuro, MD[1] (VIEW AUTHOR AFFILIATIONS)

Summary

What is already known about this topic?

JYNNEOS vaccine has been used in a real-world setting for the first time during the 2022 monkeypox (mpox) outbreak, including intradermal administration under a Food and Drug Administration (FDA) Emergency Use Authorization.

What is added by this report?

During May 22–October 21, 2022, nearly 1 million JYNNEOS doses were administered in the United States. The vaccine safety profile was consistent with prelicensure studies. The most common adverse health events reported were nonserious and included injection site reactions. Serious adverse events were rare among adults, and no serious adverse events have been identified among persons aged <18 years.

What are the implications for public health practice?

Surveillance supports JYNNEOS vaccine safety. CDC and FDA will continue to monitor the safety of JYNNEOS.

Who Should Be Vaccinated?
Pre-Exposure Prophylaxis Before Sex

ASKING FOR THE VACCINE IS ENOUGH TO GET IT!

1 or more STI,
>1 Sex partner
in the last 6 months

Sex at sex venues or large events/festivals or sex in a geography with mpox transmission

Or other Immunocompromise with recent or anticipated exposure

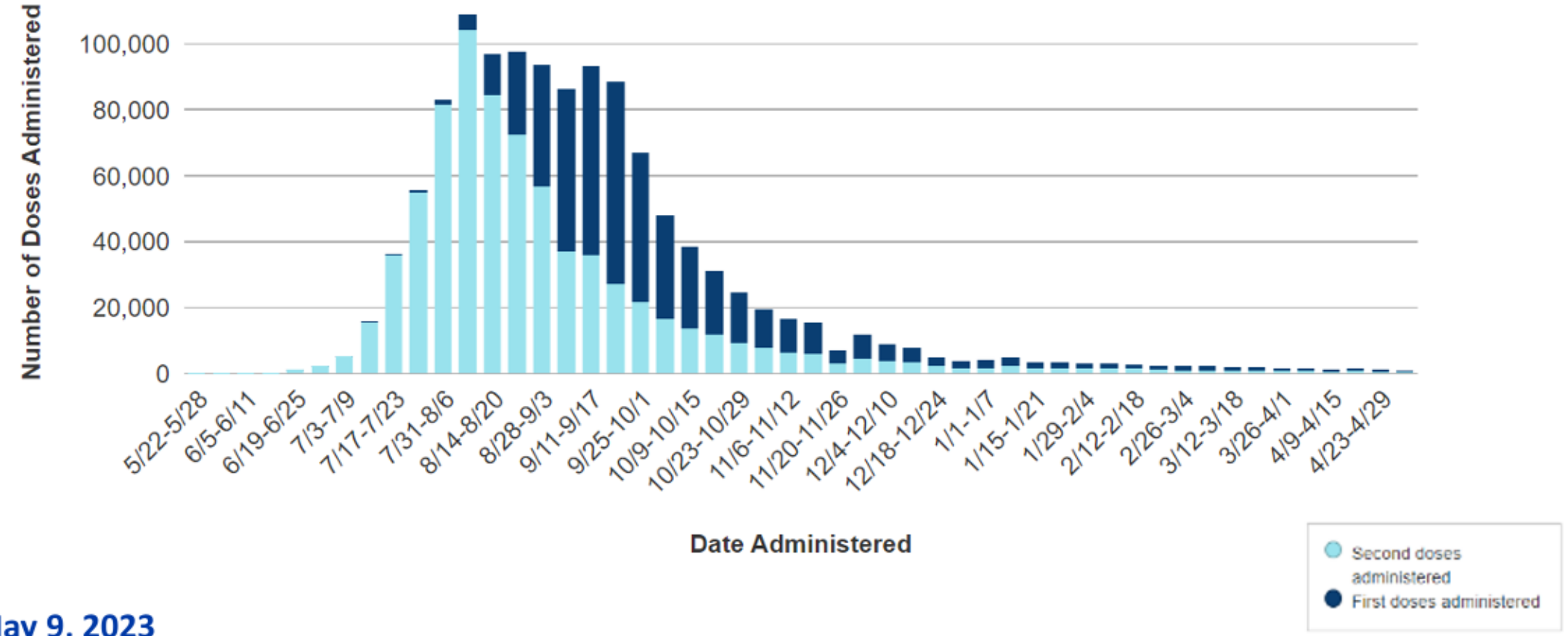
Sex partners of people who have indications for vaccine (e.g. sex workers)

Or anticipate experiencing any of the above scenarios

Mpox Vaccine Administration in the U.S.

1,218,441

doses administered in the 57 U.S. jurisdictions



Data as of May 9, 2023

Mpox Vax to Case compared to HIV PrEP to Need Ratio

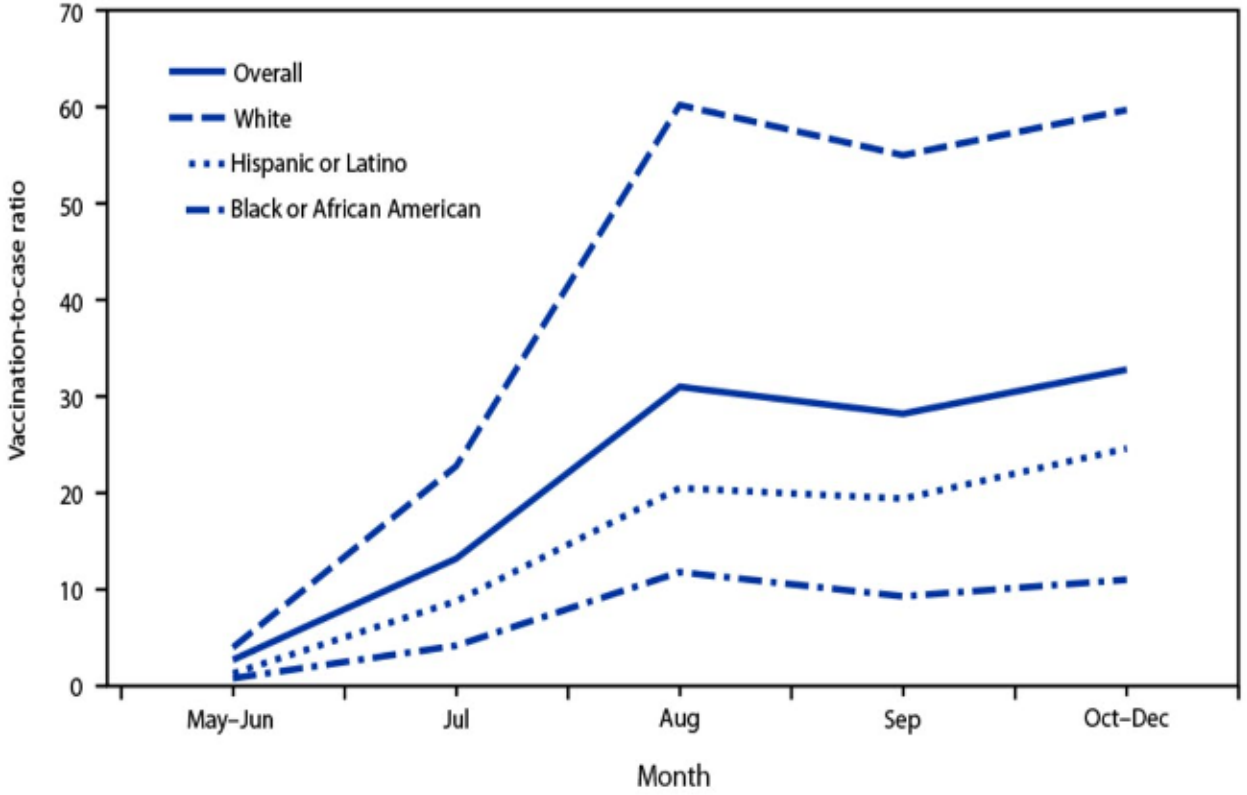
Morbidity and Mortality Weekly Report (*MMWR*)

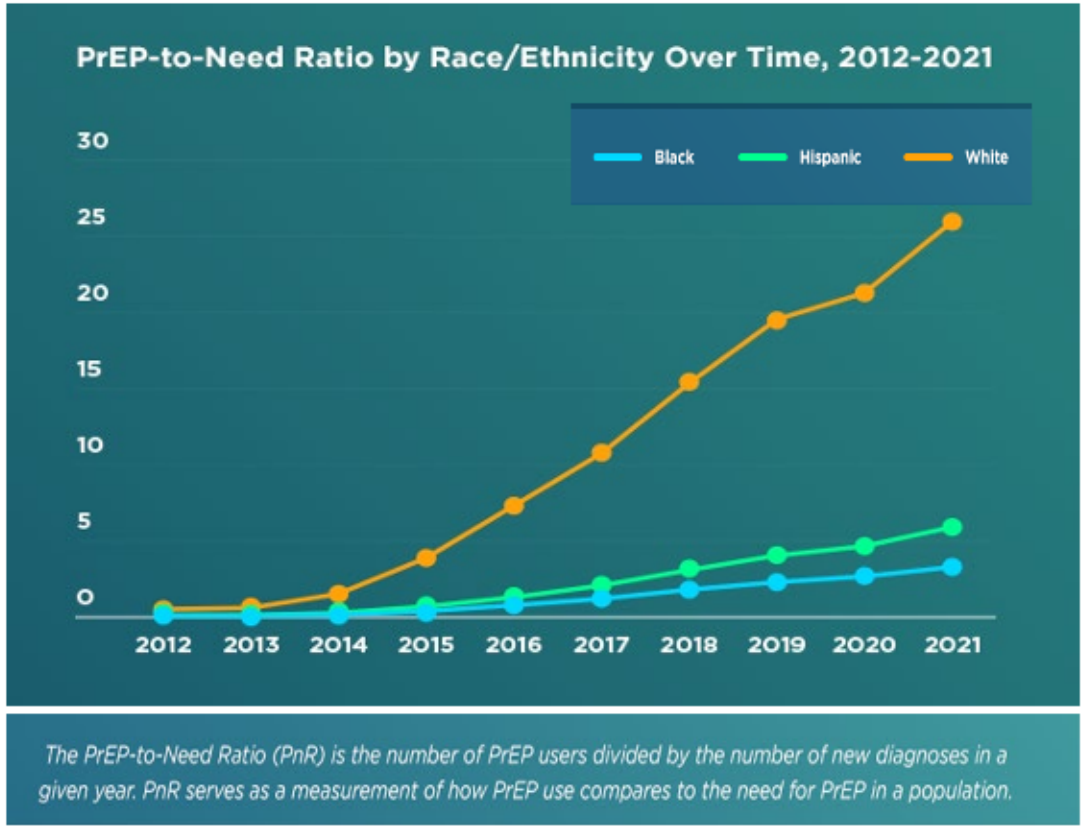
Racial and Ethnic Disparities in Mpox Cases and Vaccination Among Adult Males — United States, May–December 2022

Weekly / April 14, 2023 / 72(15);398–403

Print

Krishna Kiran Kota, PhD[1,2]; Jaeyoung Hong, PhD[1]; Carla Zelaya, PhD[1]; Aspen P. Riser, MPH[1]; Alexa Rodriguez, MPH[1]; Daniel L. Weller, PhD[1]; Ian H. Spicknall, PhD[1]; Jennifer L. Kriss, PhD[1]; Florence Lee, MPH[1]; Peter Boersma, MPH[1]; Elizabeth Hurley, MS[1]; Peter Hicks, MA, MPH[1]; Craig Willens, MPH[1]; Harrell Chesson, PhD[1]; Jeniffer Concepción-Acevedo, PhD[1]; Sascha Ellington, PhD[1]; Emmas Bolay, MD[3]; Jonathan Mermin, MD[1]
(VIEW AUTHOR AFFILIATIONS)





The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

https://aidsvu.org/prep-use-race-ethnicity-launch-22/

Mpox Infection after Vaccination Can Happen

Letter to the editor

Resurgence of symptomatic Mpox among vaccinated patients: First clues from a new-onset local cluster

ARTICLE INFO

Keywords:
Monkeypox
Orthopoxvirus
Outbreak
Vaccine
Sexual Health

Mpox (formerly Monkeypox) is a zoonotic smallpox-like disease caused by an *Orthopoxvirus* (MPXV). It is usually endemic to countries in West and Central Africa. Since May 2022, it has been spreading worldwide in several non-endemic countries among individuals with no link to Africa. While the main mode of transmission is close contact, MPXV may also spread through respiratory droplets. According to ECDC, up until 28 February 2023 25,843 cases of Mpox had been reported in 45 European countries. Most involved males (98%) of 31 to 40 years of age (39%) [1]. According to the French Health Authority, up until January 2023 [2] 4982 cases had been identified in France. The outbreak peaked in July 2022 and subsequently declined. In the Loire Valley, while 50 cases were identified between May and October 2022 (Fig. 1), there were no others before the end of the year. In February 2023, 38 cases of Mpox were recorded in 7 countries [1], but none in France.

S. Jamard, et al, Resurgence of symptomatic Mpox among vaccinated patients: First clues from a new-onset local cluster, Infectious Diseases Now, Volume 53, Issue 4,2023.

59% of people in a new mpox cluster claimed to be fully vaccinated

Between January 1, 2023 and March 23, 2023, 17 confirmed male cases were reported in the Centre-Val de Loire region, including 14 since March 1, 2023.

- 6 of 17 cases received no vaccination against smallpox
- 10 reported a complete vaccination schedule
  - 5 reported two doses of MVA-BN vaccine
  - 5 reported childhood smallpox vaccination + one dose of MVA-BN

Chicago Department of Public Health

Clinical vigilance for mpox is important in vaccinated people as well as in those with prior infection.
Test for mpox if you suspect it!

KEEP VACCINATING!
Even when infection is not prevented, vaccine has other benefits:

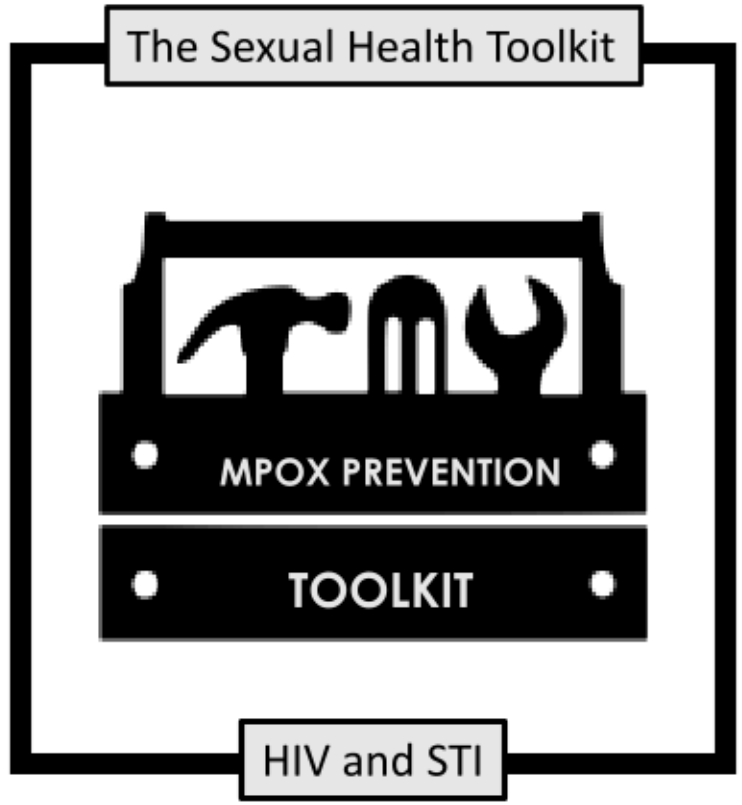
It may reduce systemic symptoms.

It may prevent hospitalizations.

receive both doses of the vaccine for the best protection against mpox. The second dose should be given 4 weeks

Inform people how mpox is transmitted so that they can make informed decisions about their sex lives.

The Sexual Health Toolkit



Vaccine: Prevents infection & complications of mpox.

Education: Informing people of how mpox is transmitted so they can make informed decisions about their sex lives.

Testing: Identifies infections and allows for public health action and supportive treatment/investigational drug access. Think HIV/STI!

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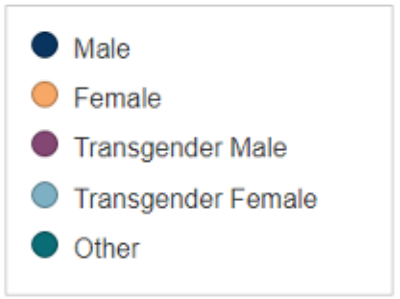
Mpox Therapeutics

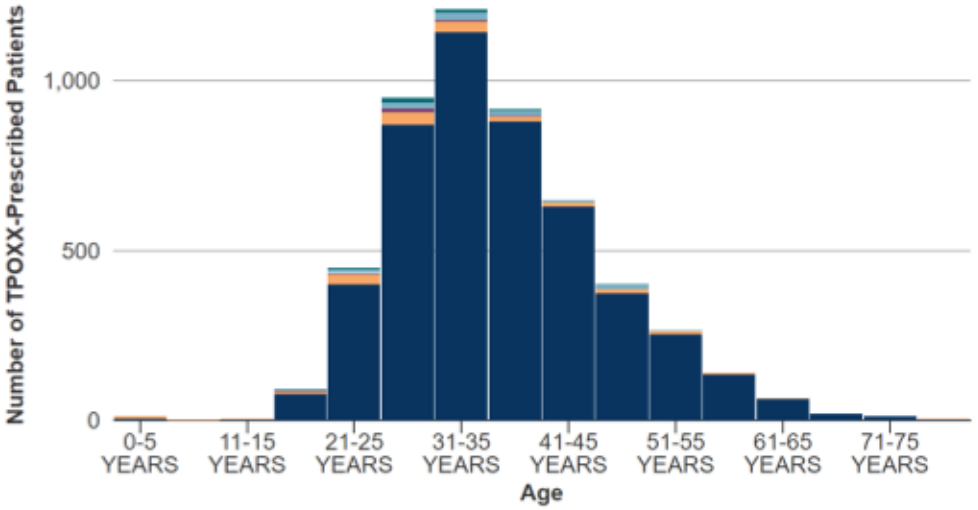
NR

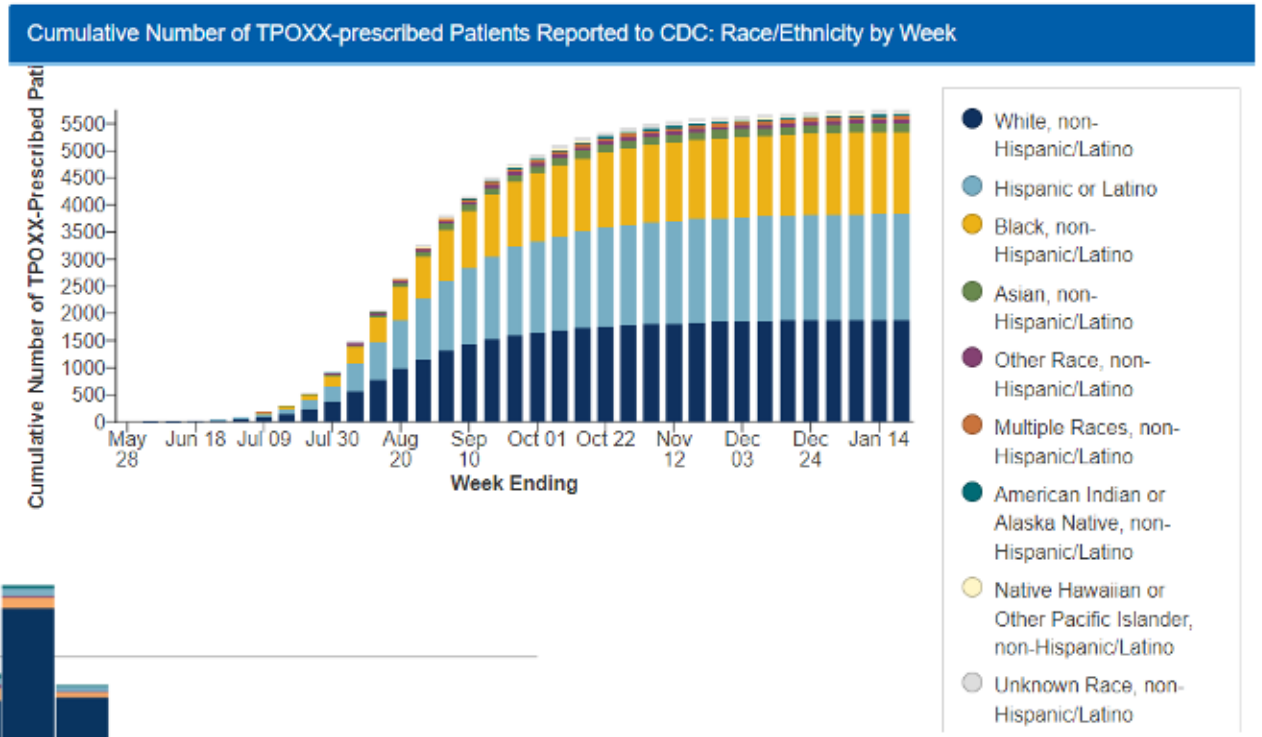
Cumulative Number of TPOXX-Prescribed Patients Reported to CDC

6,832

patients prescribed or treated with TPOXX







Reported through January 25, 2023

Clinical Use of Tecovirimat (Tpoxx) for Treatment of Monkeypox Under an Investigational New Drug Protocol — United States, May–August 2022

Weekly / September 16, 2022 / 71(37);1190–1195

On September 9, 2022, this report was posted online as an MMWR Early Release.

Kevin O'Laughlin, MD[1,&]; Farrell A. Tobolowsky, DO[1,&]; Riad Elmor, MS[2]; Rahsaan Overton, MPH[1]; Siobhán M. O'Connor, MD[1]; Inger K. Damon, MD, PhD[1]; Brett W. Petersen, MD[1]; Agam K. Rao, MD[1]; Kevin Chatham-Stephens, MD[1]; Patricia Yu, MPH[1,&]; Yon Yu, PharmD[1,&]; CDC Monkeypox Tecovirimat Data Abstraction Team (VIEW AUTHOR AFFILIATIONS)

Summary

What is already known about this topic?

Tecovirimat (Tpoxx) was approved by the Food and Drug Administration for treatment of smallpox based on data obtained from animal models; there are no safety or efficacy data regarding its use in patients with *Monkeypox virus* infection.

What is added by this report?

Among 549 patients with *Monkeypox virus* infection treated with tecovirimat under an Expanded Access Investigational New Drug protocol, 99.8% received it orally as an outpatient. Among 369 patients, few adverse events were reported.

What are the implications for public health practice?

Tecovirimat is generally well tolerated, and these data support continued access to treatment with tecovirimat during the current monkeypox outbreak.

STOMP Study

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NEWS RELEASES

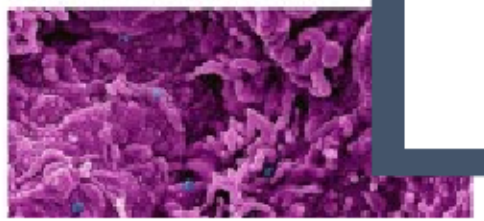
Friday, September 9, 2022

U.S. clinical trial evaluating antiviral for monkeypox begins

NIH trial to gather data on tecovirimat (TPOXX).

Interested volunteers can visit the ACTG website for information on clinical trial A5418. Please do not call or email the News and Science Writing Branch to inquire about enrolling in this trial.

A Phase 3 clinical trial evaluating the antiviral tecovirimat, also known as TPOXX, is now enrolling adults and children with monkeypox infection in the United States. Study investigators aim to enroll more than 500 people from clinical research sites nationwide. Interested volunteers can visit the ACTG website (clinical trial A5418) for more information. The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The NIAID-funded AIDS Clinical Trials Group



Call Center: 1-855-876-9997 (U.S. only)

STOMP
Study of Tecovirimat for Human Monkeypox Virus

STOMP About the Study Participating Research Sites

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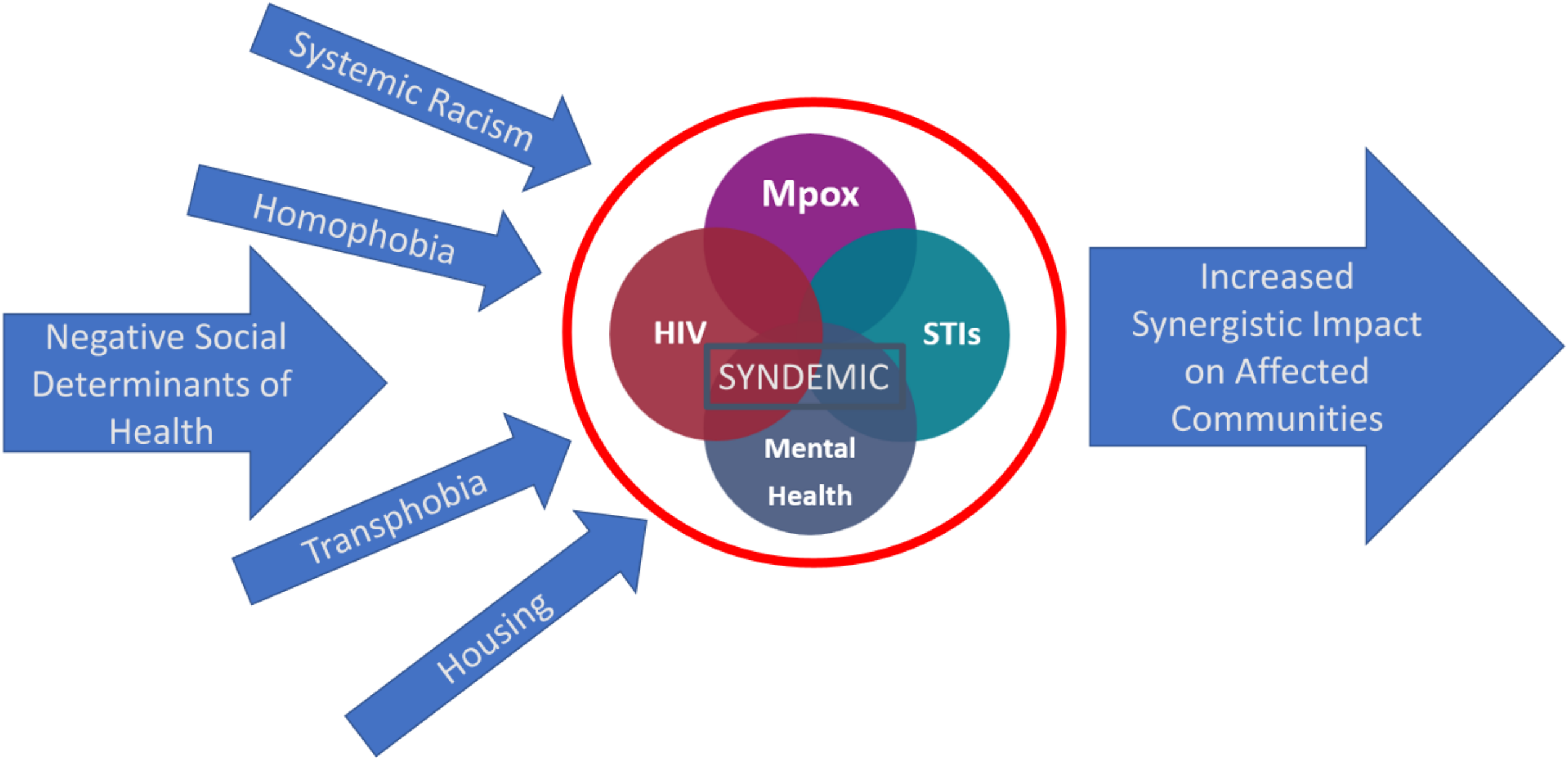
The Mpox Syndemic

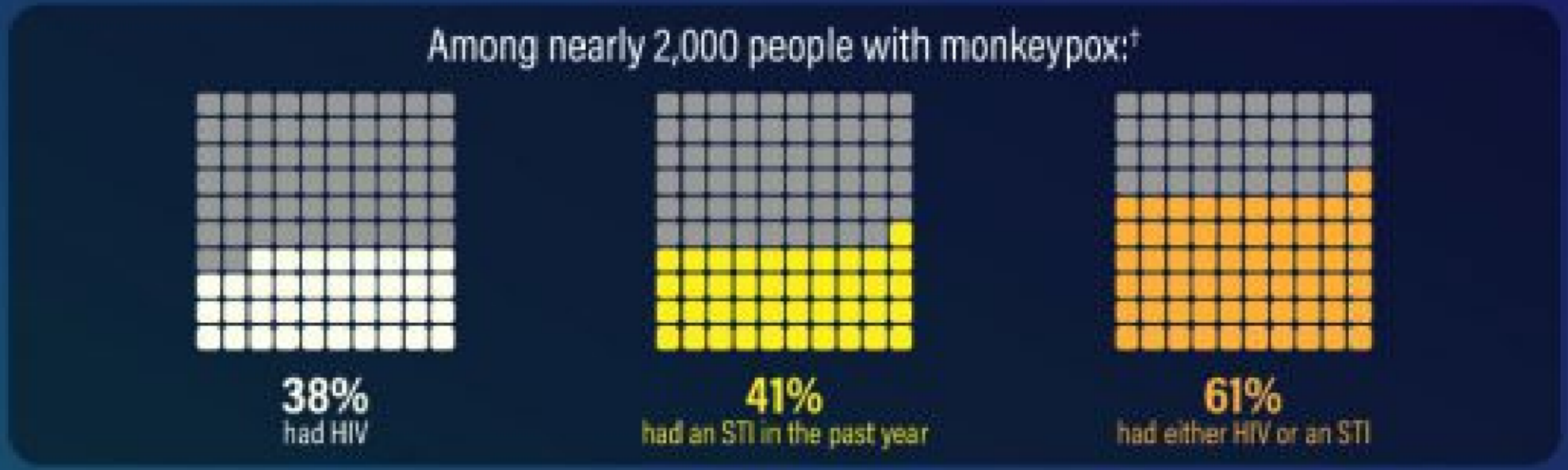
DD

Syndemics are epidemics that interact with each other *and by that interaction* increase their adverse effects on the health of communities that face systematic, structural, and other inequities.

Mpox Joins the Syndemic



In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox



It is important to

Prioritize people with HIV and STIs for monkeypox vaccination

Offer HIV and STI screening for people evaluated for monkeypox

*Diagnosed with an STI other than HIV in the past year

† People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

bit.ly/mm7136a1

SEPTEMBER 9, 2022

MMWR

HIV Makes Mpox More Severe

People with mpox and HIV were more likely to report severe symptoms

People with mpox and HIV were more likely to be hospitalized. (8% vs 3%).

People with a detectable VL experienced more severe symptoms and were more than 3X more likely to be hospitalized than all people with HIV and 9X more likely than people without HIV.

People with T cells <350 were 2X as likely to be hospitalized than all people with HIV and 5X more likely than people without HIV.

Morbidity and Mortality Weekly Report (*MMWR*)

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022

Early Release / October 26, 2022 / 71

- 57 people with severe disease reported to CDC for consultation
  - 82% had HIV, others with non-HIV immunocompromising conditions
  - 72 % with CD4 count less than 50
  - Less than 9% on HIV medications
  - 68% Black
  - 23% homeless
- 12 deaths reported among the 57
  - 5 confirmed related to mpox

Characteristic (no. with information available)	No. (%)
HIV CD4, cells/mm^3 (43)	
<50	31 (72.1)
50–200	9 (20.9)
>200	3 (7.0)
HIV Treatment (47)	
On ART at the time of mpox diagnosis	4 (8.5)

International Case Series

- Severe complications were more common in people with a CD4 cell count of less than 100 cells per mm³ than in those with more than 300 cells per mm³
- 107 (28%) of 382 were hospitalized, of whom 27 (25%) died.
- All deaths occurred in people with CD4 counts of less than 200 cells per mm³.
- Among people with CD4 counts of less than 200 cells per mm³, more deaths occurred in those with high HIV viral load.

Mpox in people with advanced HIV infection: a global case series

Oriol Mitjà*, Andrea Alemany*, Michael Marks*, Jezer J Lezama Mora, Juan Carlos Rodríguez-Aldama, Mayara Secco Torres Silva, Ever Arturo Corral Herrera, Brenda Crabtree-Ramírez, José Luis Blanco, Nicolo Girometti, Valentina Mazzotta, Aniruddha Hazra, Macarena Silva, Juan José Montenegro-Idrogo, Kelly Gebo, Jade Ghosn, María Fernanda Peña Vázquez, Eduardo Matos Prado, Uche Unigwe, Judit Villar-García, Noah Wald-Dickler, Jason Zucker, Roger Paredes, Alexandra Calmy, Laura Waters, Cristina Galvan-Casas, Sharon Walmsley, Chloe M Orkin, on behalf of SHARE-NET writing group

Summary

Background People living with HIV have accounted for 38–50% of those affected in the 2022 multicountry mpox outbreak. Most reported cases were in people who had high CD4 cell counts and similar outcomes to those without HIV. Emerging data suggest worse clinical outcomes and higher mortality in people with more advanced HIV. We describe the clinical characteristics and outcomes of mpox in a cohort of people with HIV and low CD4 cell counts (CD4 <350 cells per mm³).

Methods A network of clinicians from 19 countries provided data of confirmed mpox cases between May 11, 2022, and Jan 18, 2023, in people with HIV infection. Contributing centres completed deidentified structured case report sheets to include variables of interest relevant to people living with HIV and to capture more severe outcomes. We restricted this series to include only adults older than 18 years living with HIV and with a CD4 cell count of less than 350 cells per mm³ or, in settings where a CD4 count was not always routinely available, an HIV infection clinically classified as US Centers for Disease Control and Prevention stage C. We describe their clinical presentation, complications, and causes of death. Analyses were descriptive.

Findings We included data of 382 cases: 367 cisgender men, four cisgender women, and ten transgender women. The median age of individuals included was 35 (IQR 30–43) years. At mpox diagnosis, 349 (91%) individuals were known to be living with HIV; 228 (65%) of 349 adherent to antiretroviral therapy (ART); 32 (8%) of 382 had a concurrent opportunistic illness. The median CD4 cell count was 211 (IQR 117–291) cells per mm³, with 85 (22%) individuals with CD4 cell counts of less than 100 cells per mm³ and 94 (25%) with 100–200 cells per mm³. Overall, 193 (51%) of 382 had undetectable viral load. Severe complications were more common in people with a CD4 cell count of less than 100 cells per mm³ than in those with more than 300 cells per mm³, including necrotising skin lesions (54% *vs* 7%), lung involvement (29% *vs* 0%) occasionally with nodules, and secondary infections and sepsis (44% *vs* 9%). Overall, 107 (28%) of 382 were hospitalised, of whom 27 (25%) died. All deaths occurred in people with CD4 counts of less than 200 cells per mm³. Among people with CD4 counts of less than 200 cells per mm³, more deaths occurred in those with high HIV viral load. An immune reconstitution inflammatory syndrome to mpox was suspected in 21 (25%) of 85 people initiated or re-initiated on ART, of whom 12 (57%) of 21 died. 62 (16%) of 382 received tecovirimat and seven (2%) received cidofovir or brincidofovir. Three individuals had laboratory confirmation of tecovirimat resistance.

Published Online February 21, 2023 https://doi.org/10.1016/S0140-6736(23)00273-8

See Online/Comment https://doi.org/10.1016/S0140-6736(23)00333-1

*Contributed equally

Skin Neglected Tropical diseases and Sexually Transmitted Infections section, Fight Infectious Diseases Foundation (O Mitjà PhD, A Alemany MD, C Galvan-Casas MD), and Infectious Disease Department, Fight Infectious Diseases Foundation (R Paredes PhD), University Hospital Germans Trias i Pujol, Badalona, Spain; Clinical Research Department, London School of Hygiene & Tropical Medicine, London, UK (M Marks PhD); Hospital for Tropical Diseases, and Division of Infection and Immunity, University College London Hospitals, London, UK (M Marks); Clínica Especializada Condesa Cuauhtémoc, Mexico City, Mexico (J J Lezama Mora MD); Clínica Especializada Condesa Iztapalapa, Mexico City, Mexico (J C Rodríguez-Aldama MD); Instituto Nacional de

Mitjà O, et al. . Mpox in people with advanced HIV infection: a global case series. Lancet. 2023 Feb 20:S0140-6736(23)00273-8. doi: 10.1016/S0140-6736(23)00273-8. Epub ahead of print. PMID: 36828001.

Morbidity and Mortality Weekly Report (*MMWR*)

Epidemiologic and Clinical Features of Mpox-Associated Deaths — United States, May 10, 2022–March 7, 2023

Weekly / April 14, 2023 / 72(15);404–410

Print

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AFFILIATIONS)

Summary

What is already known about this topic?

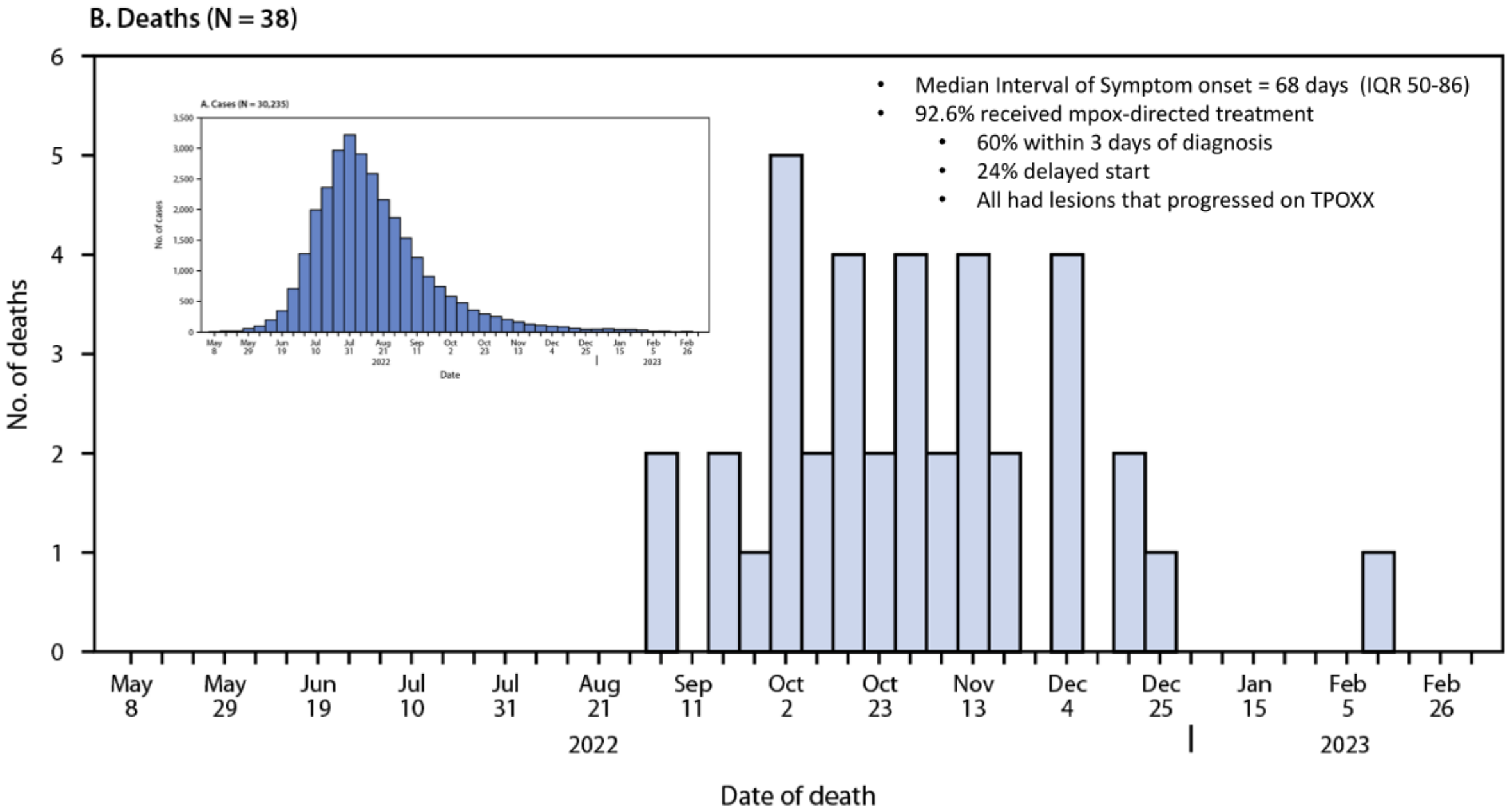
Severe manifestations of mpox have occurred in the United States, particularly among persons with uncontrolled viral spread resulting from moderately to severely immunocompromising conditions.

What is added by this report?

Thirty-eight mpox-associated deaths occurred in the United States during May 10, 2022–March 7, 2023 (1.3 mpox-associated deaths per 1,000 cases). Most decedents were non-Hispanic Black or African American (87%) persons and cisgender men (95%). Among 24 decedents with HIV for whom data were available, all had advanced HIV, typically with a CD4 count <50.

What are the implications for public health practice?

Equitable and early access to prevention and treatment for both mpox and HIV is critical to reducing mpox-related mortality.


B. Deaths (N = 38)
A. Cases (N = 30,235)
No. of cases
Date
• Median Interval of Symptom onset = 68 days (IQR 50-86)
• 92.6% received mpox-directed treatment
• 60% within 3 days of diagnosis
• 24% delayed start
• All had lesions that progressed on TPOXX
No. of deaths
Date of death
2022
2023

Race and ethnicity, total	**28,233 (93.5)**	**38 (100.0)**
American Indian or Alaska Native, non-Hispanic	115 (0.4)	0 (—)
Asian, non-Hispanic	786 (2.8)	0 (—)
Black or African American, non-Hispanic	9,295 (32.9)	33 (86.8)
Native Hawaiian or other Pacific Islander, non-Hispanic	68 (0.2)	0 (—)
White, non-Hispanic	8,277 (29.3)	3 (7.9)
Hispanic or Latino	8,849 (31.3)	2 (5.3)
Other race, non-Hispanic	668 (2.4)	0 (—)
Multiple races, non-Hispanic	175 (0.6)	0 (—)
Unknown	1,950	0

Sex or gender,[5] total	**26,082 (86.4)**	**38 (100.0)**
Cisgender man	24,759 (94.9)	36 (94.7)
Cisgender woman	806 (3.1)	1 (2.6)
Transgender man	55 (0.2)	0 (—)
Transgender woman	227 (0.9)	1 (2.6)
Another gender identity	235 (0.9)	0 (—)
Unknown	4,101	0

U.S. Census Bureau region,[1] total	**30,183 (100.0)**	**38 (100.0)**
Northeast	6,600 (21.9)	6 (15.8)
Midwest	3,164 (10.5)	9 (23.7)
South	11,882 (39.4)	18 (47.4)
West	8,330 (27.6)	5 (13.2)
Puerto Rico	207 (0.7)	0 (—)

Experiencing homelessness	**NA**	**11 (40.7)**
Yes	NA	5 (45.5)
No	NA	6 (54.5)

Focus on Select Clinical Characteristics

TABLE 1. (*Continued*) Demographic and epidemiologic characteristics of persons who survived or died* from mpox-related illness — United States, May 10, 2022–March 7, 2023

Characteristic	Mpox cases, no. (%)† Survivors (n = 30,183)	Decedents (n = 38)
Interval from illness onset to testing, days, median (IQR)**	**7 (4–10)**	**7 (3–10)**
HIV-positive or immunocompromised††	**13,549 (44.9)**	**33 (86.8)**
Yes, HIV-positive	5,186 (38.3)	31 (93.9)
Yes, other immunocompromising conditions	654 (4.8)	2 (9.1)
No	7,709 (56.9)	0 (—)
Unknown	16,634	5
Received JYNNEOS vaccine§§	**11,316 (37.5)**	**13 (34.2)**
Yes	8,238 (72.8)	1 (7.7)
No	3,078 (27.2)	12 (92.3)
Unknown	18,867	25

TABLE 2. (*Continued*) Selected clinical characteristics* of mpox-associated deaths with available clinical data (N = 27) — United States, May 10, 2022–March 7, 2023

Characteristic (no. with information)	Mpox-associated deaths, no. (%)†
Received steroids for mpox complications or IRIS concerns	**24 (88.9)**
Yes	13 (54.2)
No	11 (45.8)
Unknown	3
HIV-positive or immunocompromised**	**27 (100.0)**
HIV-positive	25 (92.6)
CD4 ≥500	0 (—)
CD4 ≥200 to <500	0 (—)
CD4 ≥50 to <200	1 (4.2)
CD4 <50	23 (95.8)
CD4 Unknown	1
Immunocompromised (HIV-negative)	2 (7.4)
Unknown	0
Receiving ART (HIV-positive persons)	**22 (88.0)**
Yes, before mpox diagnosis	2 (9.1)
Yes, after mpox diagnosis	19 (86.4)
No, refused	1 (4.5)
Unknown	3
Interval from mpox diagnosis to initiation of ART (9), days, median (IQR)	**15 (5–26)**

Homelessness and Mpox- Los Angeles County, 2022

EMERGING INFECTIOUS DISEASES®

ISSI

EID Journal > Volume 29 > Early Release > Main Article

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Volume 29, Number 6—June 2023

Synopsis

Epidemiologic Characteristics of Mpox Infections among People Experiencing Homelessness, Los Angeles County, California, USA, 2022

Hannah K. Brosnan, Karen W. Yeh, Padma S. Jones, Sohum Gokhale, Dalia Regos-Stewart, Hang Tran, Kathleen Poortinga, Phoebe Danza, Rebecca Fisher, Lauren E. Finn, Chelsea Foo, and Alicia H. Chang

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Suggested citation for this article

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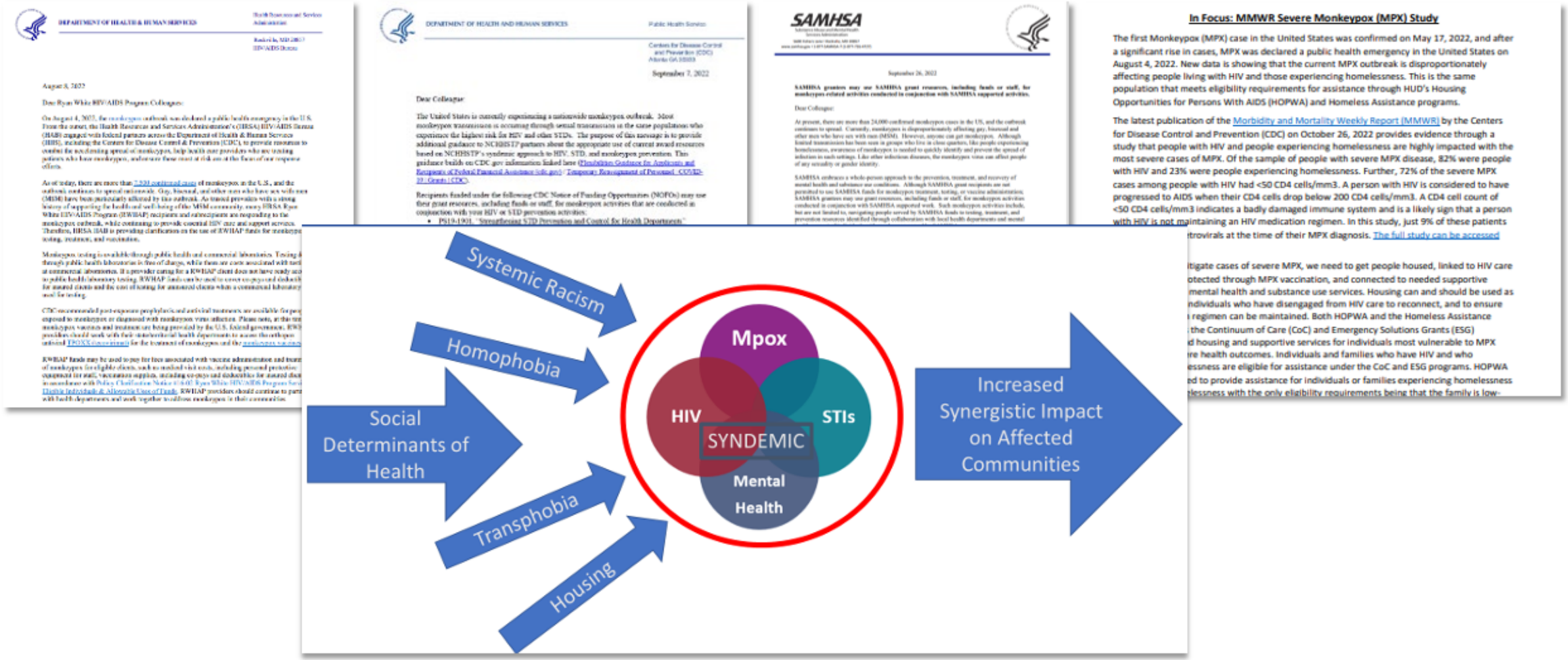
Methods

Abstract

In Los Angeles County, California, USA, public health surveillance identified 118 mpox cases among persons experiencing homelessness (PEH) during July–September 2022. Age and sex were similar for mpox case-patients among PEH and in the general population. Seventy-one (60%) PEH mpox case-patients were living with HIV, 35 (49%) of them virally suppressed. Hospitalization was required for 21% of case-patients because of severe disease. Sexual contact was likely the primary mode of transmission; 84% of patients reported sexual contact ≤3 weeks before symptom onset. PEH case-patients lived in shelters, encampments, cars, or on the street, or stayed briefly with friends or family (couch surfed). Some case-patients stayed at multiple locations during the 3-week incubation period. Public health follow-up and contact tracing detected no secondary mpox cases among PEH in congregate shelters or encampments. Equitable efforts should continue to identify, treat, and prevent mpox among PEH, who often experience severe disease.

Syndemic Challenges Require Syndemic Solutions



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Summer Health Resources and Engagement

NR

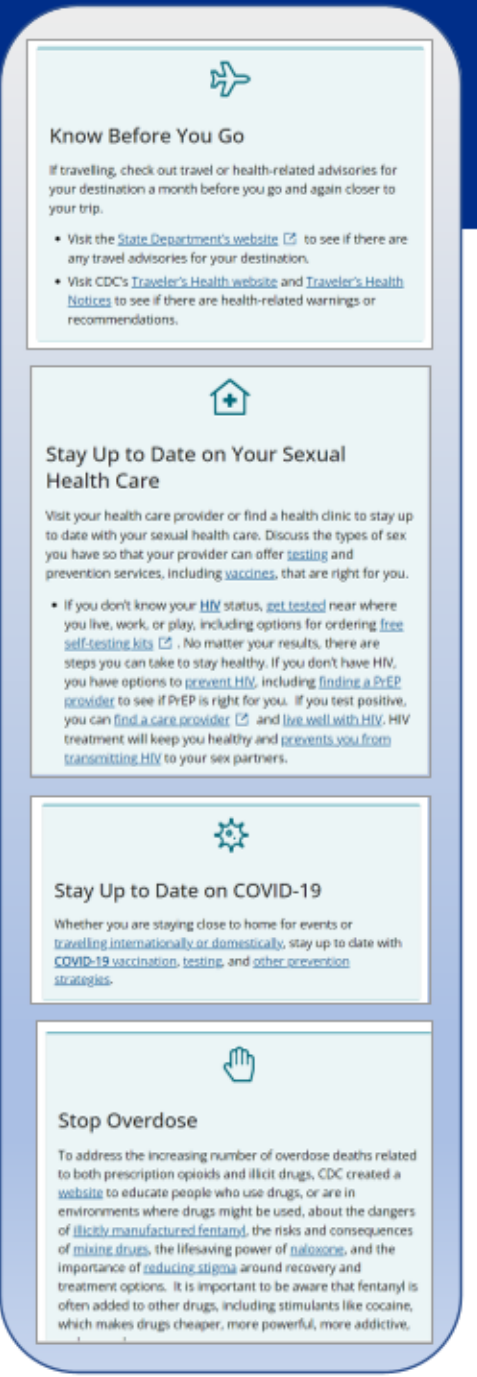
Syndemic Messages for Summer 2023

Get Healthy and Ready for Summer 2023

Print

The warmer months are full of events that celebrate the LGBTQ+ community. Preparing for this season is a great opportunity to make sure that you stay healthy before, during, and after these celebrations.

https://www.cdc.gov/lgbthealth/summer/index.html#print



Know Before You Go

If travelling, check out travel or health-related advisories for your destination a month before you go and again closer to your trip.

- Visit the State Department's website to see if there are any travel advisories for your destination.
- Visit CDC's Traveler's Health website and Traveler's Health Notices to see if there are health-related warnings or recommendations.

Stay Up to Date on Your Sexual Health Care

Visit your health care provider or find a health clinic to stay up to date with your sexual health care. Discuss the types of sex you have so that your provider can offer testing and prevention services, including vaccines, that are right for you.

- If you don't know your HIV status, get tested near where you live, work, or play, including options for ordering free self-testing kits. No matter your results, there are steps you can take to stay healthy. If you don't have HIV, you have options to prevent HIV, including finding a PrEP provider to see if PrEP is right for you. If you test positive, you can find a care provider and live well with HIV. HIV treatment will keep you healthy and prevents you from transmitting HIV to your sex partners.

Stay Up to Date on COVID-19

Whether you are staying close to home for events or travelling internationally or domestically, stay up to date with COVID-19 vaccination, testing, and other prevention strategies.

Stop Overdose

To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, CDC created a website to educate people who use drugs, or are in environments where drugs might be used, about the dangers of illicitly manufactured fentanyl, the risks and consequences of mixing drugs, the lifesaving power of naloxone, and the importance of reducing stigma around recovery and treatment options. It is important to be aware that fentanyl is often added to other drugs, including stimulants like cocaine, which makes drugs cheaper, more powerful, more addictive,

New Mpox Specific Resources on Vaccines and Events

Mpox Infections after Vaccination

Updated May 10, 2023

Español Print

A cluster of mpox cases have been reported in the Chicago area, which means the virus is still spreading, and we need to continue to be alert. More than 50% of cases in the cluster have been in people who have been previously vaccinated. Getting vaccinated is still very important. No vaccine is 100% effective, and infections after vaccination are possible, but they may be milder and less likely to result in hospitalization.

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

https://www.cdc.gov/poxvirus/mpox/your-health/vaccines/infections.html

Prepare for Spring and Summer Events

Updated May 9, 2023

Print

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https://www.cdc.gov/poxvirus/mpox/your-health/summer-events.html

Additional Resources

https://www.cdc.gov/poxvirus/mpox/collections/pages/pride-event-card.html

https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-Poster-for-Sex-Venues-8.5x11-508.pdf

https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/monkeypox/

Get Healthy and Ready for Summer 2023

The warmer months are full of events that celebrate the LGBTQ+ community. This provides opportunities to share important messages that address testing, prevention, and treatment of health conditions that disproportionately impact LGBTQ+ people. This resource list contains a wealth of resources to help you and your event attendees "Get Healthy and Ready for Summer 2023."

Planning to host an event?

- Please share the Get Healthy and Ready for Summer 2023 website onto your event website.
- Use the CDC Vaccine and Services Locators to help event goers find prevention services.
  - Step 1: For Providers, if you offer the Mpox vaccine or provide HIV and STD prevention services, but are not listed on the CDC locators, please submit your information to *npin.cdc.gov/organization/submit*.
  - Step 2: Add the New Mpox Vaccine Locator to Your Website *by visiting www.cdc.gov/poxvirus/mpox/vaccines/ and clicking on "Embed" on the widget. Or copy the code below and paste it into your Web page:*

```
<div data-cdc-widget="DynWidgets" data-component-name="MpoxLocator"></div>
```

  - Step 3: Embed the HIV Prevention Services locator on your website. Copy the code below and paste it into your Web page to help event goers find prevention services.

```
<div data-cdc-widget="DynCombinedWidgets" data-component-name="Lets-Stop"></div> <script
```

- CDC's Mpox Toolkit for Event Organizers is a ready-to-use resource on how to promote mpox prevention strategies during large gatheri
- Use the Let's Stop HIV Together Pride-In-A-Box Toolkit to incorporate HIV campaign messaging and resources into your activities during Pride season.
- Consult the Stop Overdose Toolkit for Public Health and Safety Professionals for information and strategies that are critical to preventing overdoses and reducing stigma related to drug use and addiction.
- Download and share crowdsourced Mpox Resource Videos. Videos are also available in Spanish.

Combined Widget - Let's Stop HIV Together - English

Need resources for event attendees?

Below is a collection of resources that can be distributed to event goers to help them make informed choices that can keep them healthy before, during and after attending events this summer.

InterPride

hivma
hiv medicine association

LGBTQ+
PRIMARY CARE
ALLIANCE

CSTE

DEVIANT

centerlink
THE COMMUNITY OF LGBTQ CENTERS

CENTER for BLACK EQUITY

BIG CITIES
HEALTH COALITION

GLMA
Health Professionals Advancing LGBTQ+ Equality

National Coalition of STD Directors

THE CENTER FOR
BLACK HEALTH & EQUITY

BHOC

Health
HIV

AIDS United

NASTAD

NMAC
leads with race

GMHC
END AIDS. LIVE LIFE.

HEALTH CARE for the HOMELESS

astho™

Grindr

nglcc
National LGBT
Chamber of Commerce

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Call to Action

DD

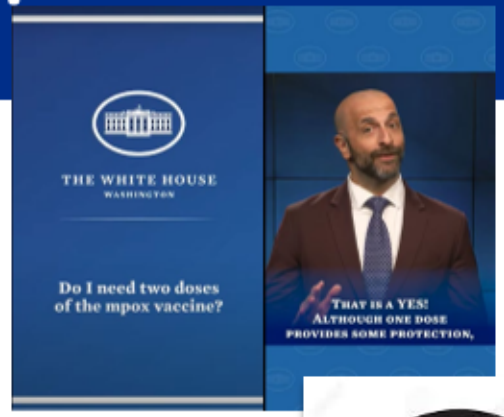
We Need Your Help to Implement the Whole Tool Kit!

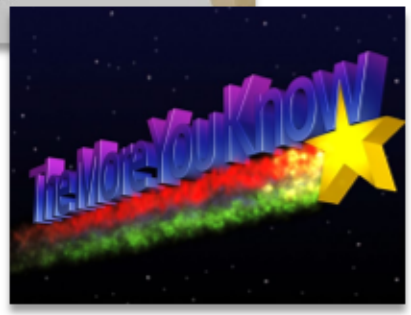
- **Vaccine is our best defense against mpox.**
  - Vaccinate people who could benefit from the shot.
  - If they ask for it, they need it– minimize risk assessment.
  - Make sure that people have had BOTH doses of the vaccine.
  - Consider administering vaccine in your practice if you aren't doing it.
  - Partner with local events to "Get Ready for Summer" before, during and after events

- **Take a syndemic point of view.**
  - When you think mpox, think HIV, STI, and harm reduction and visa versa
  - Include mpox vaccine on your Sexual Health checklist!

- **Keep mpox on your list!**
  - if you see a rash that is suspicious, even in people with prior infection or vaccination, encourage providers to test for mpox.

- **Knowledge is power**
  - Use a harm reduction approach by reminding people of how mpox is transmitted so that they can make informed decisions about their sex life





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Thank You

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