



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

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THE WHITE HOUSE
WASHINGTON

May 15, 2023

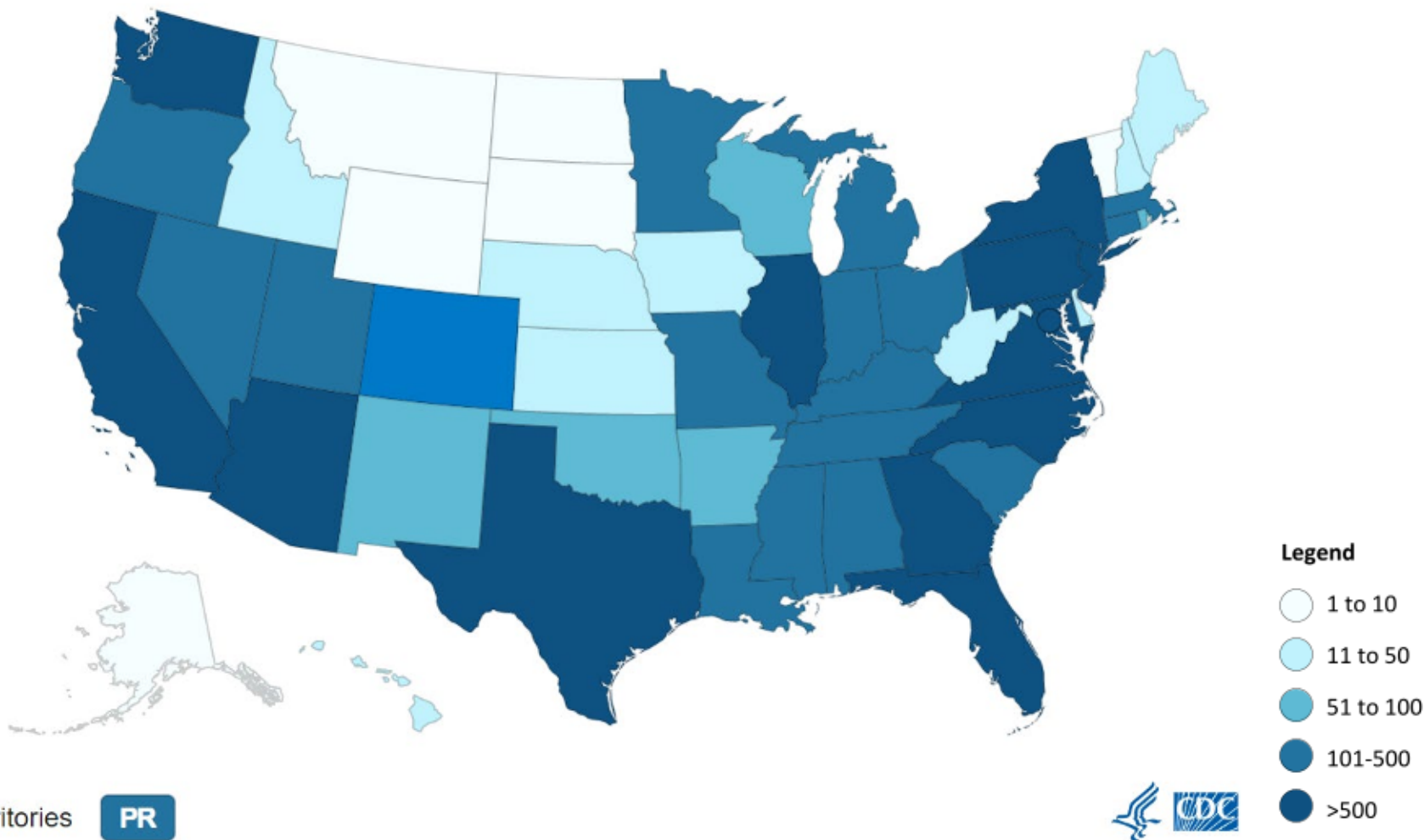
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State of the Epidemiology

U.S. Situation Update – May 10, 2023



30,395

Total confirmed mpox
/ orthopoxvirus cases

42

Total deaths

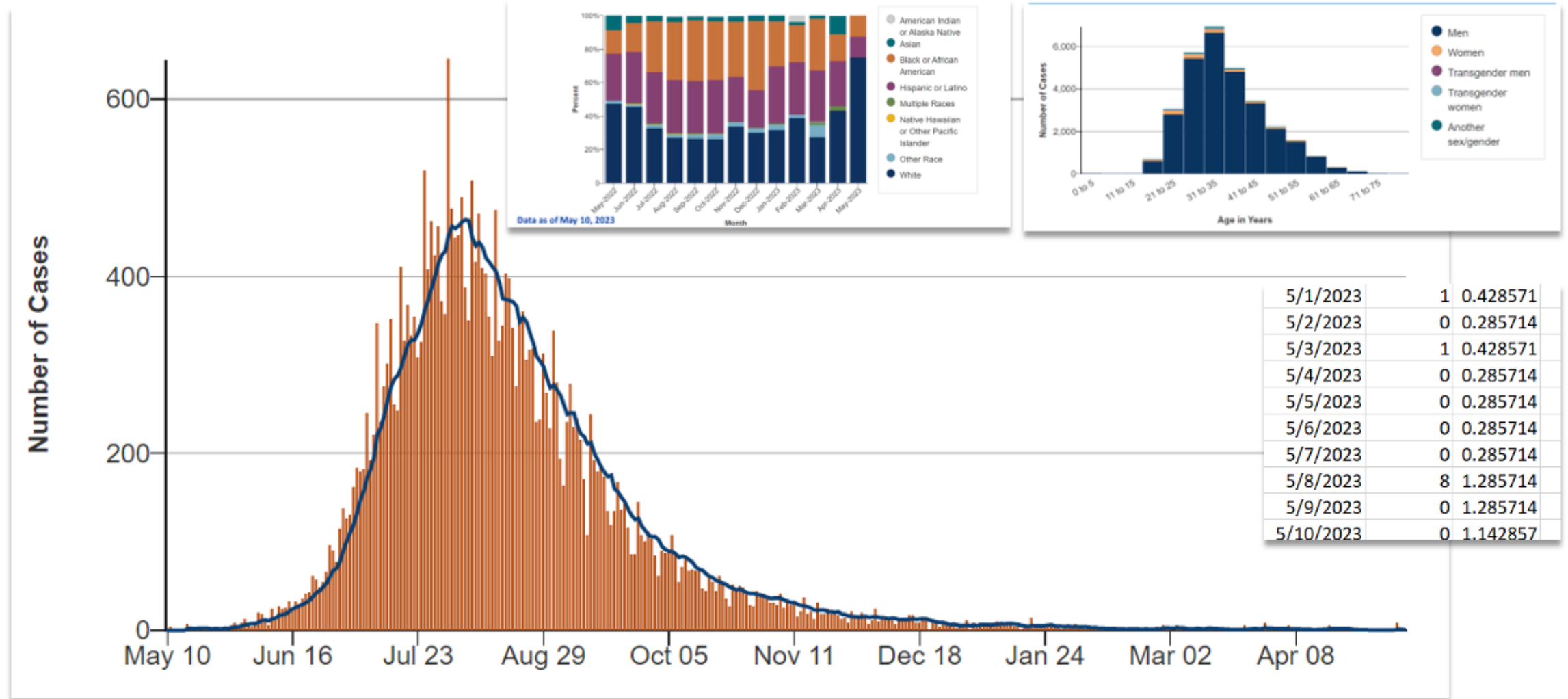
Territories

PR



*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.



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

1 site (0%)

Intermittent detection

1 site (0%)

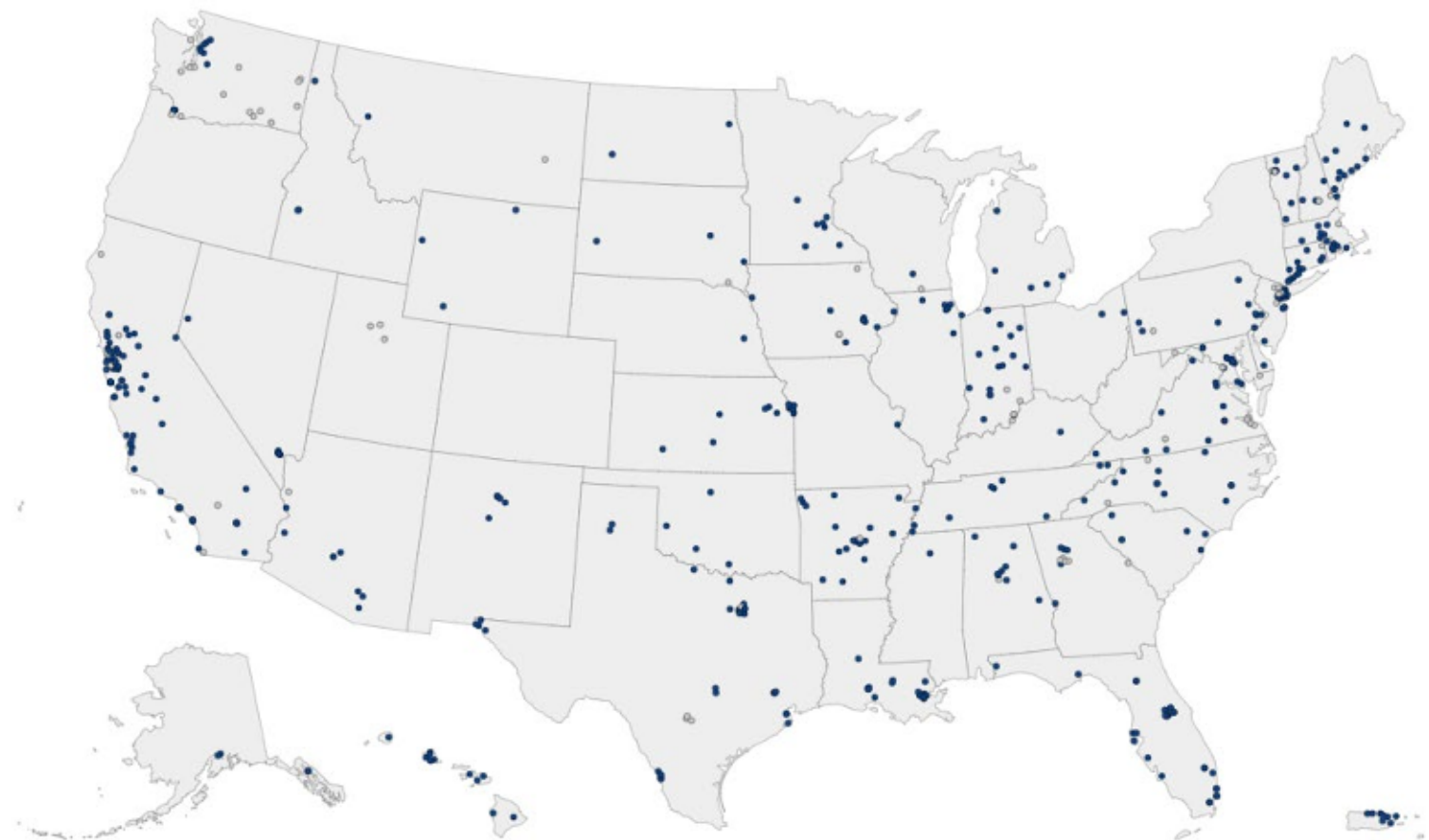
No detection

442 sites (85%)

No recent data


76 sites (15%)

Note: Click on a state to zoom in.




April 26, 2023

Keep Mpox on Your Differential Diagnosis!


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

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Mpox

CDC > Poxvirus > Mpox

 Mpox

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Information For Healthcare Professionals

Updated November 4, 2022 [Print](#)

Patients are still developing severe mpox. A [March 3, 2023, MMWR](#) provides updated clinical treatment considerations about using therapeutics to treat severe mpox cases, including ocular infections, neurologic complications, myopericarditis, complications associated with mucosal lesions, and complications from uncontrolled viral spread.

Interim Clinical Considerations for Mpox Vaccination

CDC has updated its Interim Clinical Considerations for using the JYNNEOS and ACAM2000 vaccines during the 2022 U.S. mpox outbreak, including an alternative regimen for administering the JYNNEOS vaccine intradermally.

[Vaccine Considerations](#)

Caring for Patients

Key Characteristics for Identifying Mpox

CDC urges healthcare providers in the U.S. to be alert for patients who have rash illnesses consistent with mpox.

[Clinical Recognition](#)

Prevent and Control Mpox

Vaccine Information

When properly administered before an exposure, vaccines are effective at protecting people against mpox.

[Vaccines](#)

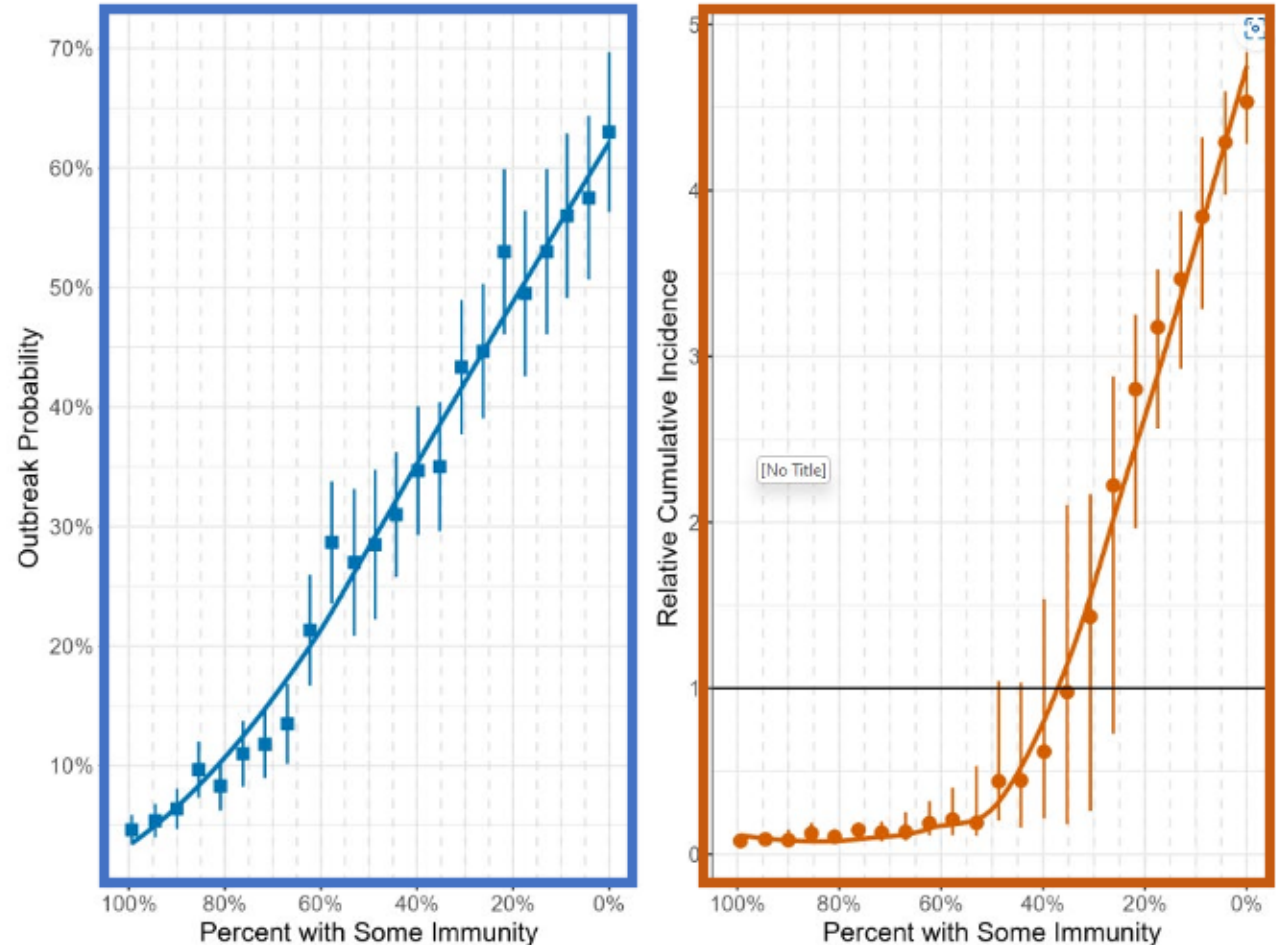


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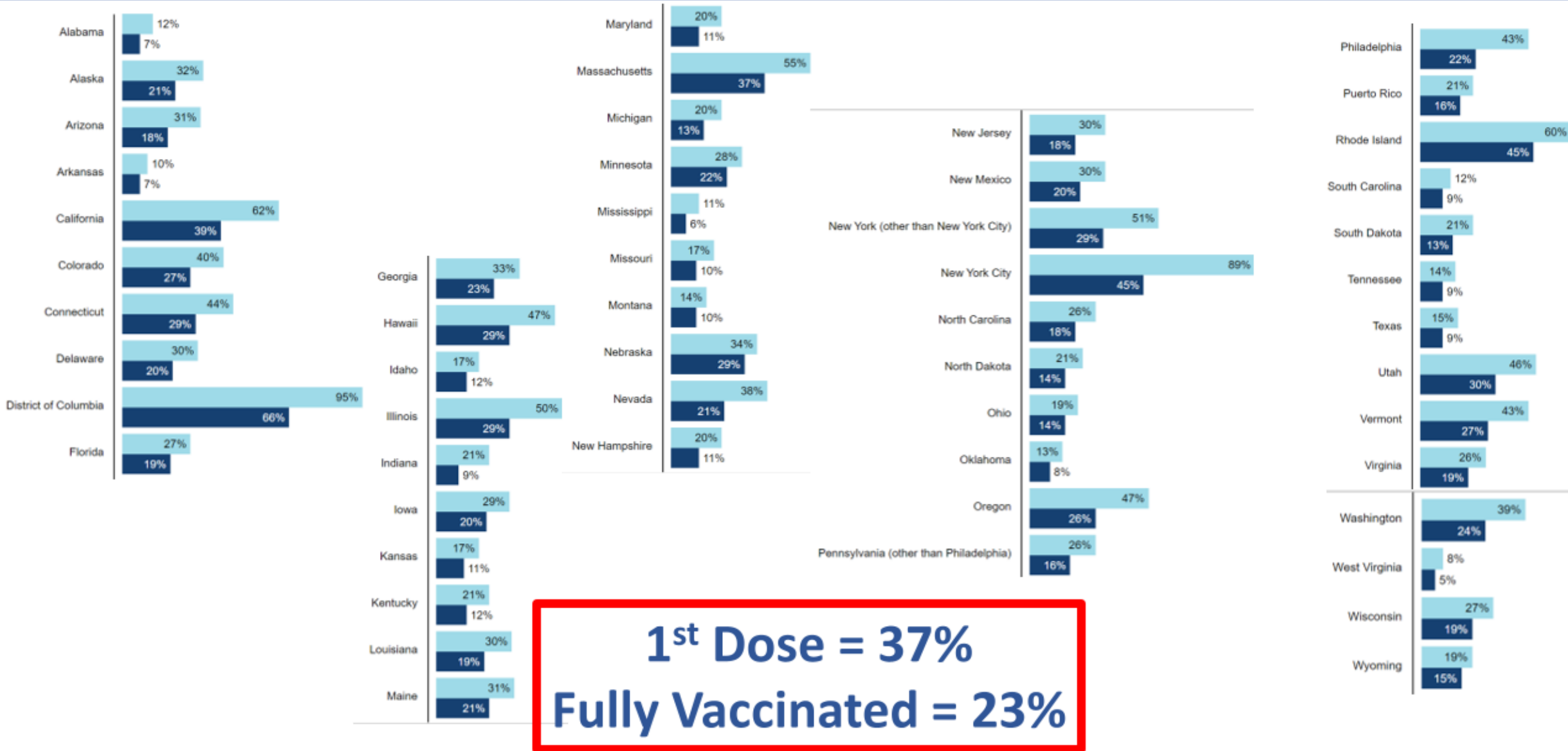
Vaccine Updates and Our Risk of Future Mpox Outbreaks

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%.



Vaccine Coverage by Jurisdiction



Potential Risk for New Mpox Cases

[Print](#)




Distributed via the CDC Health Alert Network

May 15, 2023, 9:00 AM ET

CDCHAN-00490

Summary

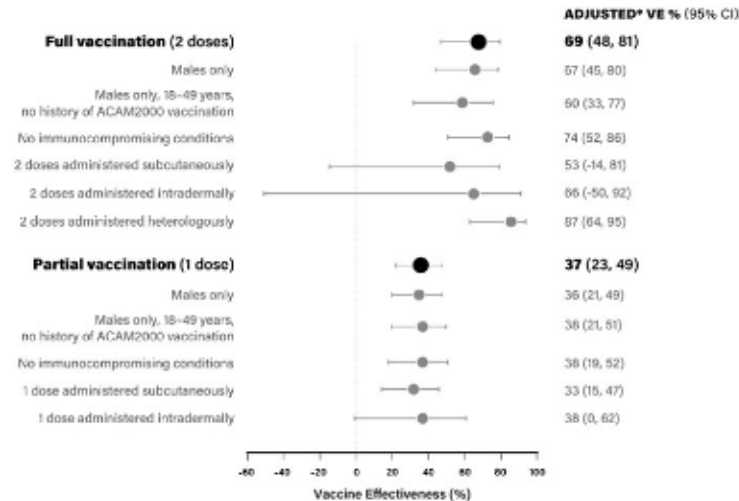
In the United States, cases of mpox (formerly monkeypox) have declined since peaking in August 2022, but the outbreak is not over. The Centers for Disease Control and Prevention (CDC) continues to receive reports of cases that reflect ongoing community transmission in the United States and internationally. 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.

Two Dose Mpox Vaccine is Safe and Effective!

Preliminary vaccine effectiveness (VE) estimates against medically attended mpox disease



Centers for Disease Control and Prevention
MMWR
Weekly / Vol. 71 / No. 49

Morbidity and Mortality Weekly Report
December 9, 2022

People eligible for mpox vaccination should get vaccinated as soon as possible

Study of males ages 18-49 years eligible for vaccination*

For every 1 illness among people who were fully vaccinated (2 doses):



there were 10 illnesses among people who were unvaccinated



It's important to get both doses for best protection

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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, MD¹; Paige Marquez, MPH¹; Pedro Moro, MD¹; Eric Weintraub, MPH¹; Yon Yu, PharmD¹; Peter Boersma, MPH¹; James G. Donahue, DVM, PhD²; Jason M. Glanz, PhD³; Kristin Goddard, MPH⁴; Simon J. Hambidge, MD, PhD⁵; Bruno Lewin, MD⁶; Ned Lewis, MPH⁴; Douglas Rouse, MD⁷; Tom Shimabukuro, MD¹ [\(VIEW AUTHOR AFFILIATIONS\)](#)

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



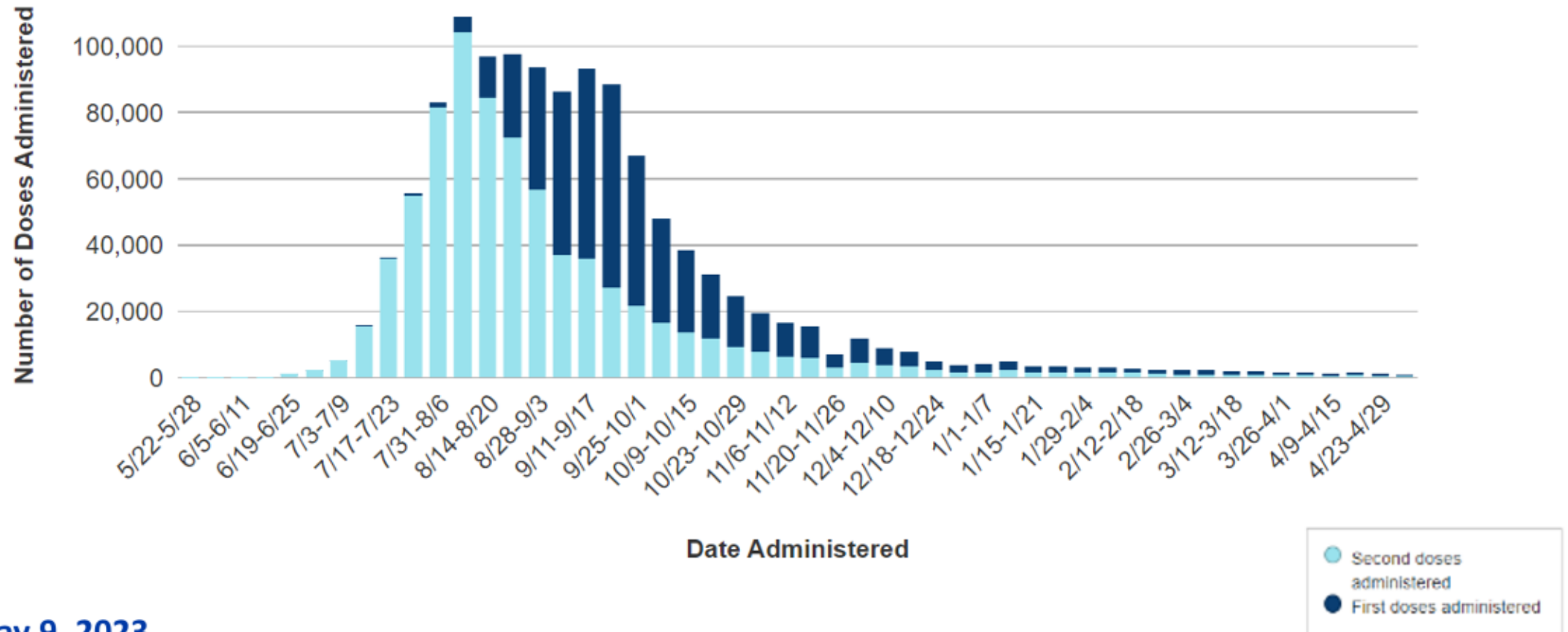
Sex partners of people
who have indications
for vaccine
(e.g. sex workers)

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

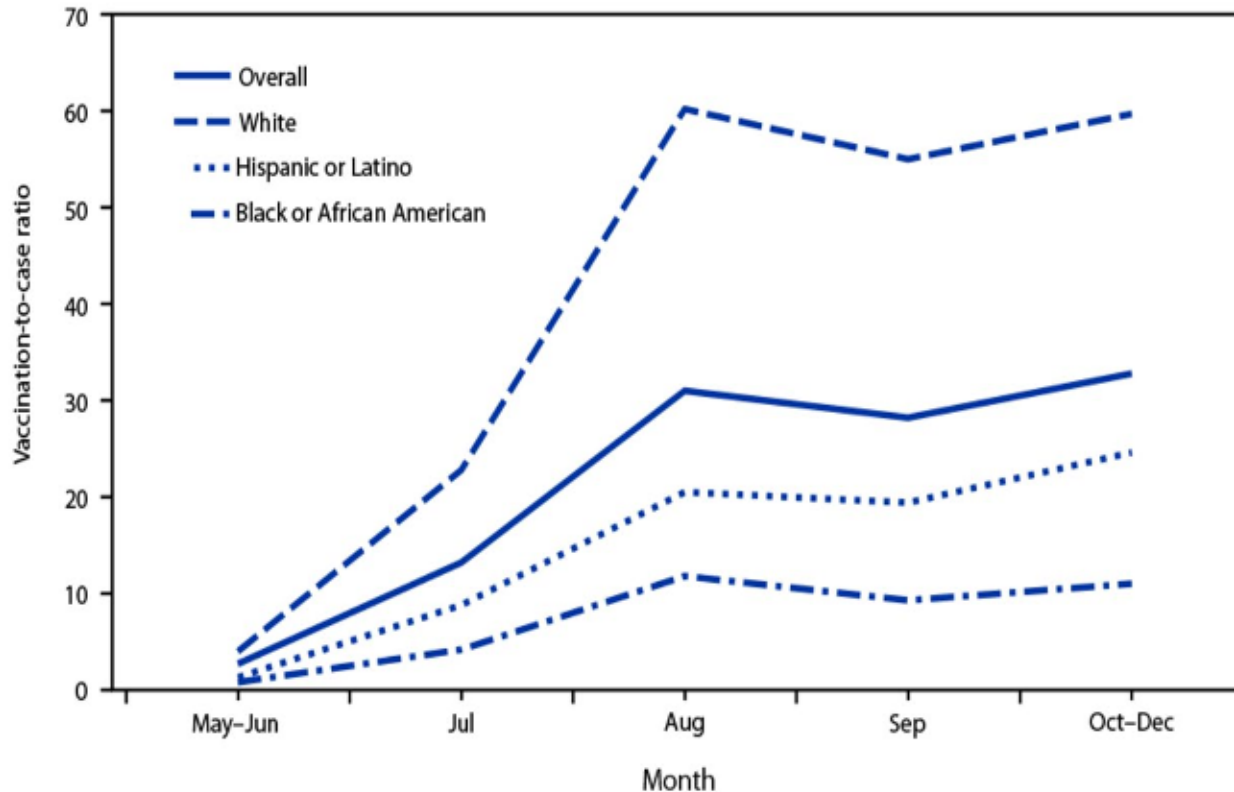
Morbidity and Mortality Weekly Report (MMWR)

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

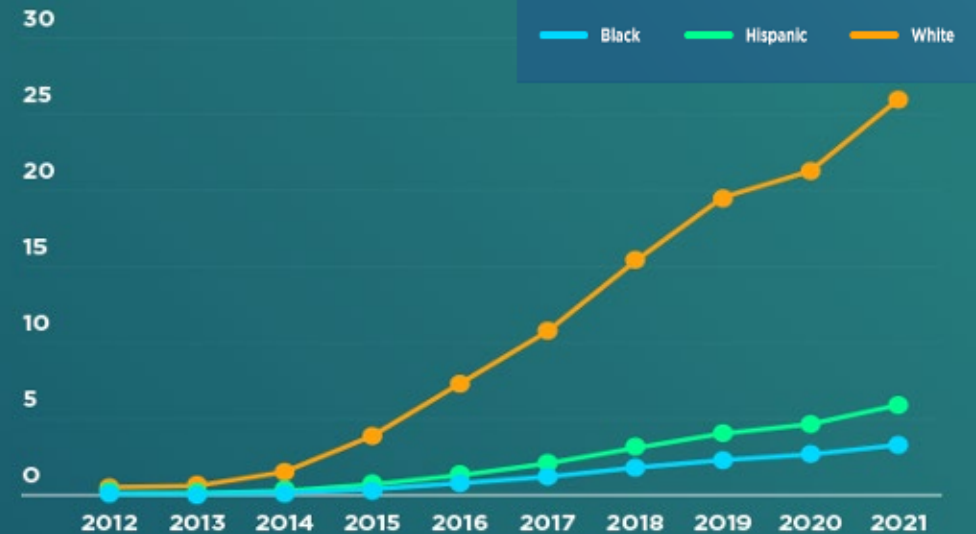
Weekly / April 14, 2023 / 72(15):398–403

[Print](#)

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PrEP-to-Need Ratio by Race/Ethnicity Over Time, 2012–2021



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.

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

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

Provider Update

KEEP VACCINATING!

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

It may reduce systemic symptoms.

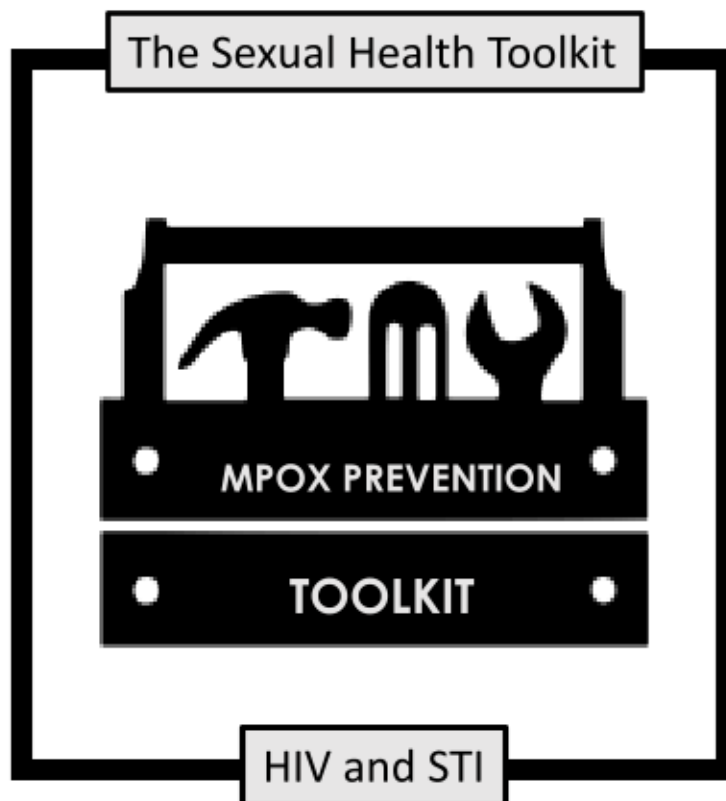
It may prevent hospitalizations.

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.



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!





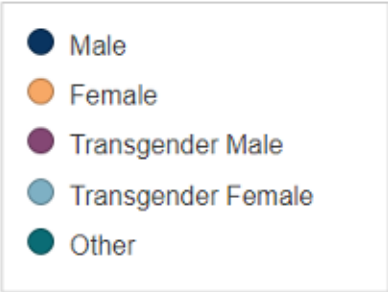
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Mpox Therapeutics

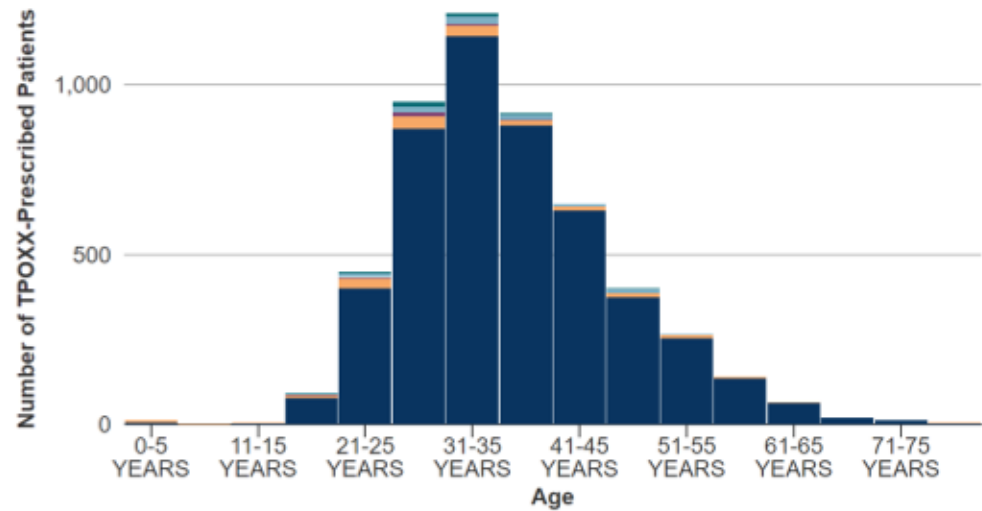
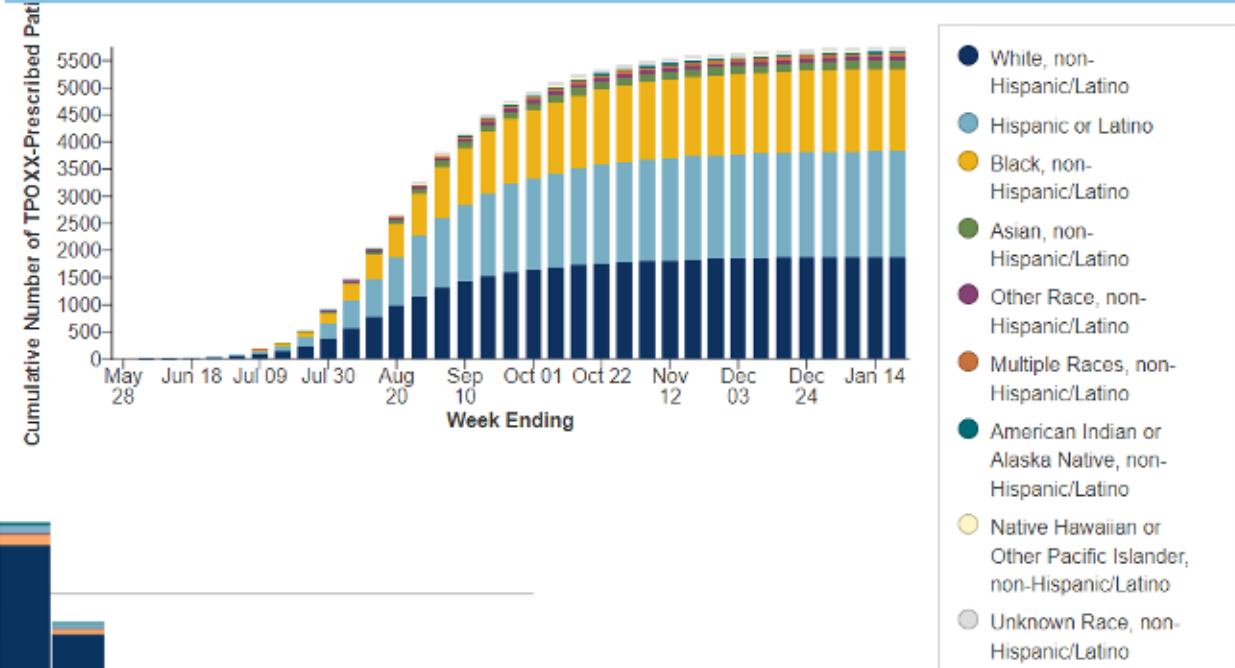
Cumulative Number of TPOXX-Prescribed Patients Reported to CDC

6,832

patients prescribed
or treated with
TPOXX



Cumulative Number of TPOXX-prescribed Patients Reported to CDC: Race/Ethnicity by Week



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, MD¹*; Farrell A. Tobolowsky, DO¹*; Riad Elmor, MS²; Rahsaan Overton, MPH¹; Siobhán M. O’Connor, MD¹; Inger K. Damon, MD, PhD¹; Brett W. Petersen, MD¹; Agam K. Rao, MD¹; Kevin Chatham-Stephens, MD¹; Patricia Yu, MPH¹; Yon Yu, PharmD¹; 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 A541801. 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 A541801) 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 is

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

[STOMP](#) [About the Study](#) [Participating Research Sites](#)



Think you
might have
Monkeypox?

WE
NEED

YOUR
HELP!



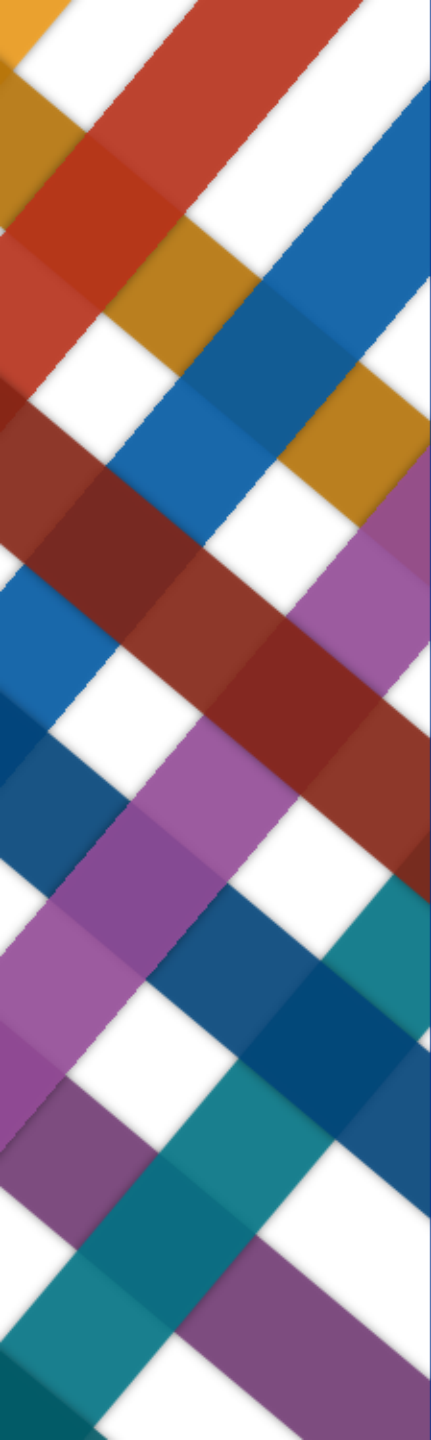
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*Stock photo. Photo by iStock.



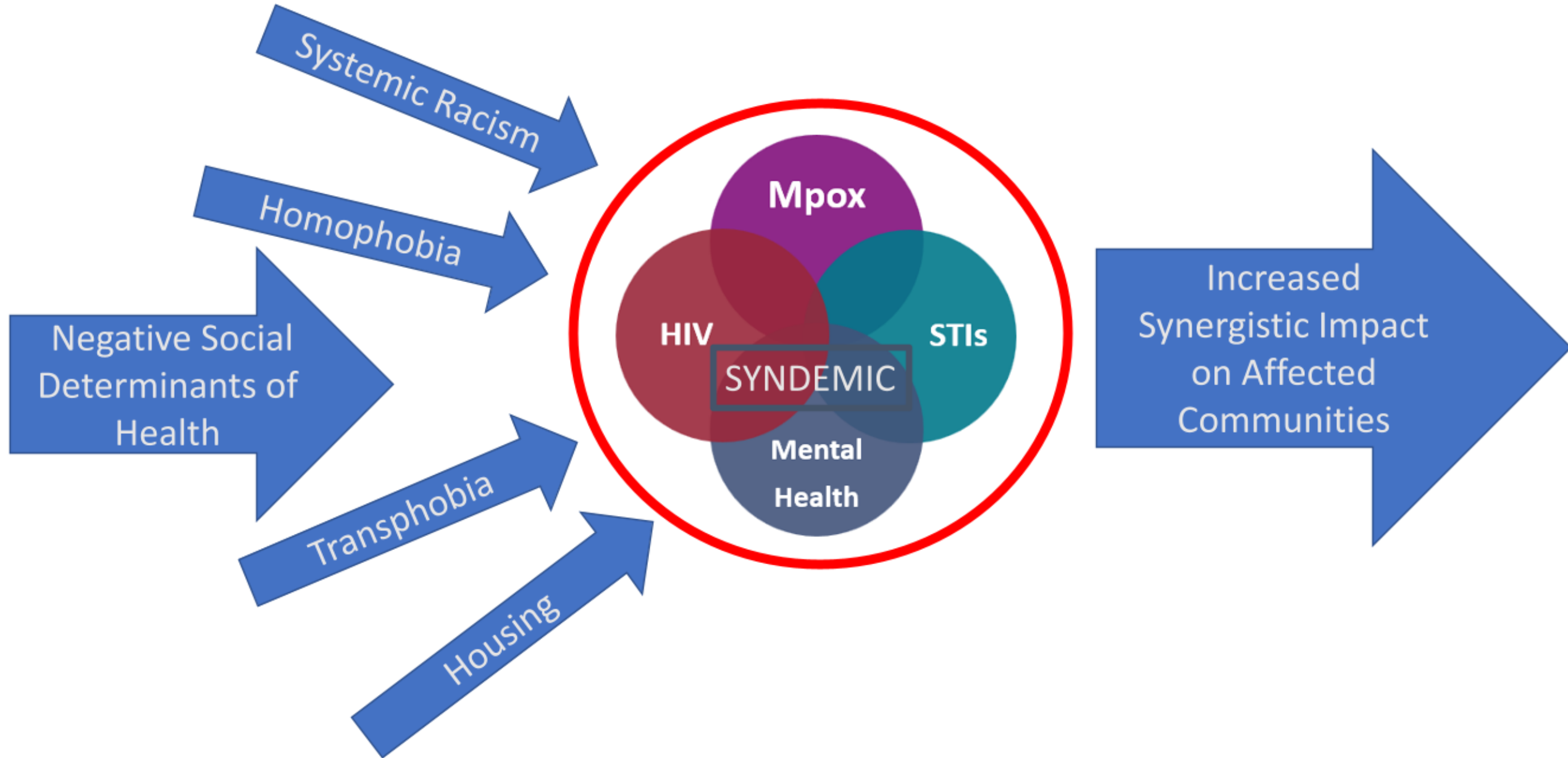
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The Mpox Syndemic



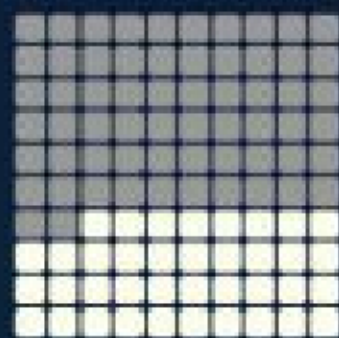
Syndemics are epidemics that
interact with each other
and by that interaction
increase their adverse effects
on the health of communities
that face systematic, structural,
and other inequities.

Mpox Joins the Syndemic

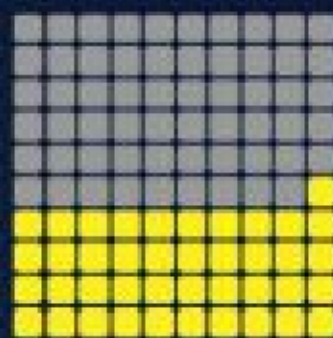


In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

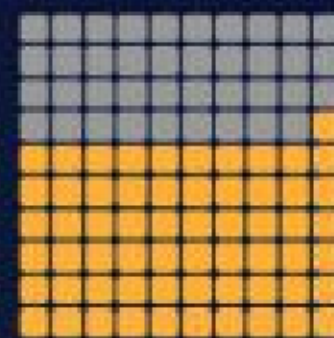
Among nearly 2,000 people with monkeypox:†



38%
had HIV



41%
had an STI in the past year



61%
had either HIV or an STI

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.

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/mm³ (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*, Jézer I Lezama Mora, Juan Carlos Rodríguez-Aldama, Mayara Secco Torres Silva, Ever Arturo Corral Herrera, Brenda Crabtree-Ramírez, José Luis Blanco, Nicola 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.

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February 21, 2023
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See Online/Comment
[https://doi.org/10.1016/S0140-6736\(23\)00333-1](https://doi.org/10.1016/S0140-6736(23)00333-1)

*Contributed equally

Skin Neglected Tropical diseases and Sexually Transmitted Infections section, Fight Infection Diseases Foundation (O Mitjà PhD, A Alemany MD, C Galvan-Casas MD), and Infectious Disease Department, Fight Infection 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 Condasa Cuauhtémoc, Mexico City, Mexico (J I Lezama Mora MD); Clínica Especializada Condasa Itzapalapa, 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.

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.

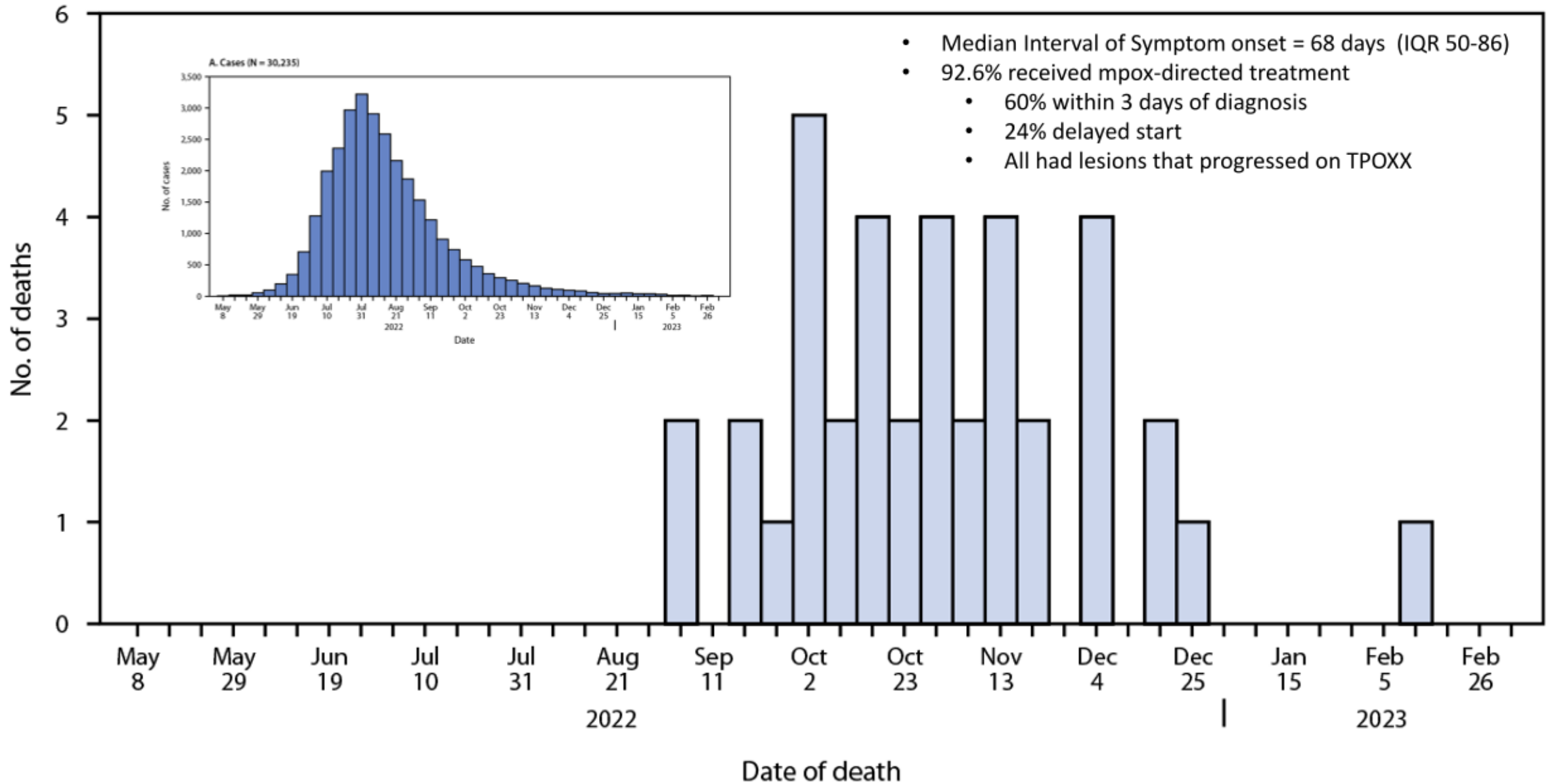
What is added by this report?

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)



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

U.S. Census Bureau region,[†] 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 (—)

Sex or gender,[§] 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

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®

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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

Author affiliation: Los Angeles County Department of Public Health, Los Angeles, California, USA

[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



August 8, 2022

Dear Ryan White HIV/AIDS Program Colleagues:

On August 4, 2022, the monkeypox outbreak was declared a public health emergency in the U.S. From the outset, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) engaged with federal partners across the Department of Health & Human Services (HHS), including the Centers for Disease Control & Prevention (CDC), to provide resources to combat the escalating spread of monkeypox, help health care providers who are treating patients who have monkeypox, and ensure those most at risk are at the focus of our response efforts.

As of today, there are more than 7,000 confirmed cases of monkeypox in the U.S., and the outbreak continues to spread nationwide. Gay, bisexual, and other men who have sex with men (MSM) have been particularly affected by this outbreak. As trained providers with a strong history of supporting the health and well-being of the MSM community, many HRSA Ryan White HIV/AIDS Program (RWIAP) recipients and subrecipients are responding to the monkeypox outbreak, while continuing to provide essential HIV care and support services. Therefore, HRSA HAB is providing clarifications on the use of RWIAP funds for monkeypox testing, treatment, and vaccination.

Monkeypox testing is available through public health and commercial laboratories. Testing at public health laboratories is free of charge, while fees are associated with testing at commercial laboratories. If a provider caring for a RWIAP client does not have ready access to public health laboratory testing, RWIAP funds can be used to cover costs and conduct for insured clients and the cost of testing for uninsured clients when a commercial laboratory most for testing.

CDC recommended post-exposure prophylaxis and antiviral treatments are available for people exposed to monkeypox or diagnosed with monkeypox virus infection. Please note, as the monkeypox vaccines and treatments are being provided by the U.S. Federal government, RWIAP providers should work with their state/local health departments to access the national unadvised (PROX) inventory for the treatment of monkeypox and the <https://www.cdc.gov/prox/>.

RWIAP funds may be used to pay for fees associated with vaccine administration and treatment of monkeypox for eligible clients, such as medical visit costs, including personal protective equipment (PPE), vaccination supplies, including gloves and disinfectants for shared client rooms, and other costs. For information on the Ryan White HIV/AIDS Program's <https://www.hivinfo.nih.gov/health-topics/monkeypox>, RWIAP providers should continue to partner with health departments and work together to address monkeypox in their communities.



Public Health Services

Centers for Disease Control
& Prevention (CDC)
Atlanta, GA 30333

September 7, 2022

Dear Colleague:

The United States is currently experiencing a nationwide monkeypox outbreak. Most monkeypox transmission is occurring through sexual transmission in the case populations who experience the highest risk for HIV and other STDs. The purpose of this message is to provide additional guidance to NCHADSIS partners about the appropriate use of current award resources based on NCHADSIS's syndemic approach to HIV, STD, and monkeypox prevention. This guidance builds on CDC guidance issued last week (<https://www.cdc.gov/media/releases/2022/s0907-monkeypox.html>) and <https://www.cdc.gov/media/releases/2022/s0907-monkeypox.html>.

Recipients funded under the following CDC Notice of Funding Opportunities (NOFOs) may use their grant resources, including funds or staff, for monkeypox activities that are conducted in conjunction with your HIV or STD prevention activities:

- P519-1901, "Streamlining STD Prevention and Control for Health Departments"



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane, Room 5A-001
Rockville, MD 20857
www.samhsa.gov | 1-877-SAMHSA-7362 (TDD)

September 26, 2022

SAMHSA grants may use SAMHSA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

At present, there are more than 7,000 confirmed monkeypox cases in the U.S., and the outbreak continues to spread. Currently, monkeypox is disproportionately affecting gay, bisexual, and other men who have sex with men (MSM). However, anyone can get monkeypox. Although limited transmission has been seen in groups who live in close quarters, like people experiencing homelessness, awareness of monkeypox is needed to quickly identify and prevent the spread of infection in such settings. Like other infectious diseases, the monkeypox virus can affect people of any sexuality or gender identity.

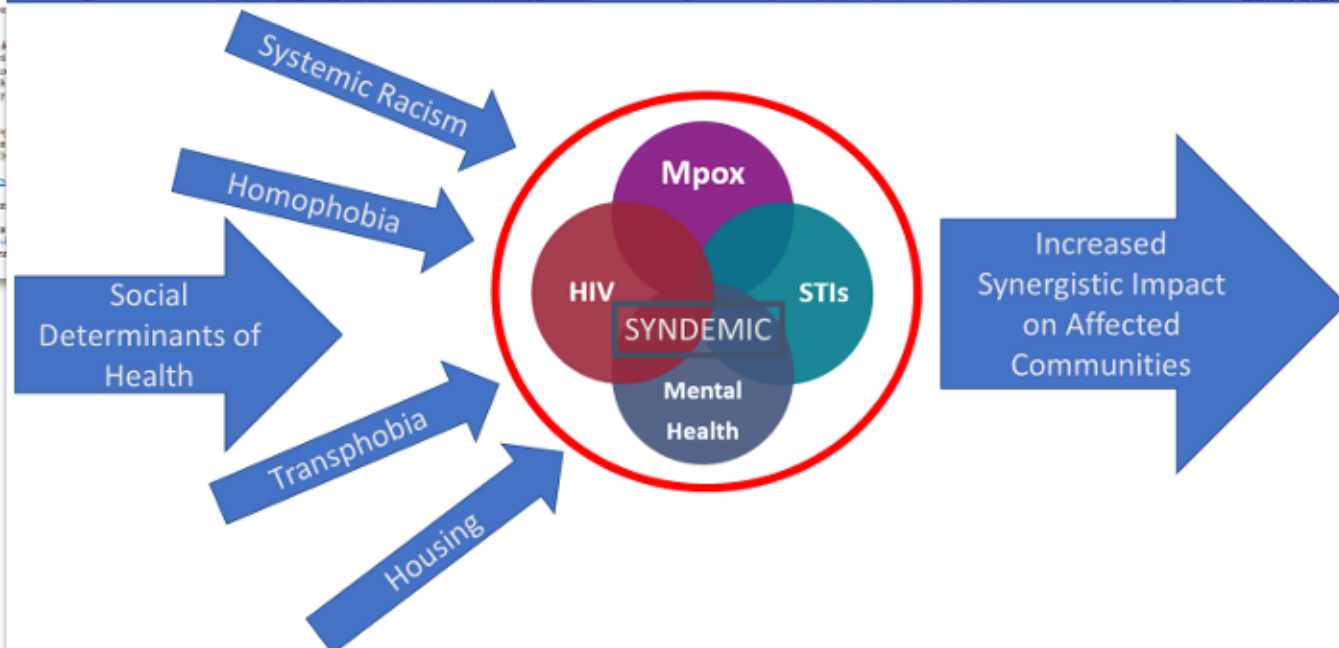
SAMHSA embraces a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox treatment, testing, or vaccine administration, SAMHSA grants may use grant resources, including funds or staff, for monkeypox activities conducted in conjunction with SAMHSA supported work. Such monkeypox activities include, but are not limited to, engaging people served by SAMHSA funds in testing, treatment, and prevention resources identified through collaboration with local health departments and mental health providers.

In Focus: MMWR Severe Monkeypox (MPX) Study

The first Monkeypox (MPX) case in the United States was confirmed on May 17, 2022, and after a significant rise in cases, MPX was declared a public health emergency in the United States on August 4, 2022. New data is showing that the current MPX outbreak is disproportionately affecting people living with HIV and those experiencing homelessness. This is the same population that meets eligibility requirements for assistance through HUD's Housing Opportunities for Persons With AIDS (HOPWA) and Homeless Assistance programs.

The latest publication of the [Morbidity and Mortality Weekly Report \(MMWR\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6917a1.htm) by the Centers for Disease Control and Prevention (CDC) on October 26, 2022 provides evidence through a study that people with HIV and people experiencing homelessness are highly impacted with the most severe cases of MPX. Of the sample of people with severe MPX disease, 82% were people with HIV and 23% were people experiencing homelessness. Further, 72% of the severe MPX cases among people with HIV had <50 CD4 cells/mm³. A person with HIV is considered to have progressed to AIDS when their CD4 cells drop below 200 CD4 cells/mm³. A CD4 cell count of <50 CD4 cells/mm³ indicates a badly damaged immune system and is a likely sign that a person with HIV is not maintaining an HIV medication regimen. In this study, just 9% of these patients were on antiretroviral at the time of their MPX diagnosis. [The full study can be accessed](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6917a1.htm)

To investigate cases of severe MPX, we need to get people housed, linked to HIV care, protected through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as individuals who have disengaged from HIV care to reconnect, and to ensure a regimen can be maintained. Both HOPWA and the Homeless Assistance (the Continuum of Care (CoC) and Emergency Solutions Grants (ESG)) provide housing and supportive services for individuals most vulnerable to MPX and health outcomes. Individuals and families who have HIV and who are eligible for assistance under the CoC and ESG programs. HOPWA is designed to provide assistance for individuals or families experiencing homelessness with the only eligibility requirements being that the family is low-





THE WHITE HOUSE
WASHINGTON

Summer Health Resources and Engagement

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 traveling, 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 [traveling 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](#)

On This Page

[Stay Up to Date on Your Sexual Health Care](#)

[Mpox Resources for People Attending Spring and Summer Events](#)

[Mpox Resources for Clinicians](#)

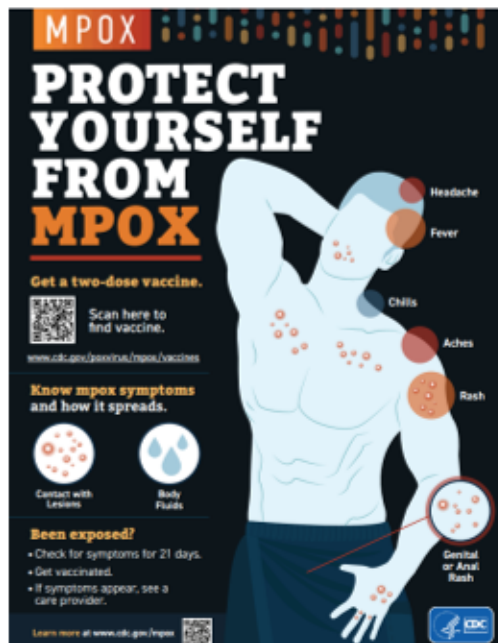
[Mpox Resources for Event Organizers](#)

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

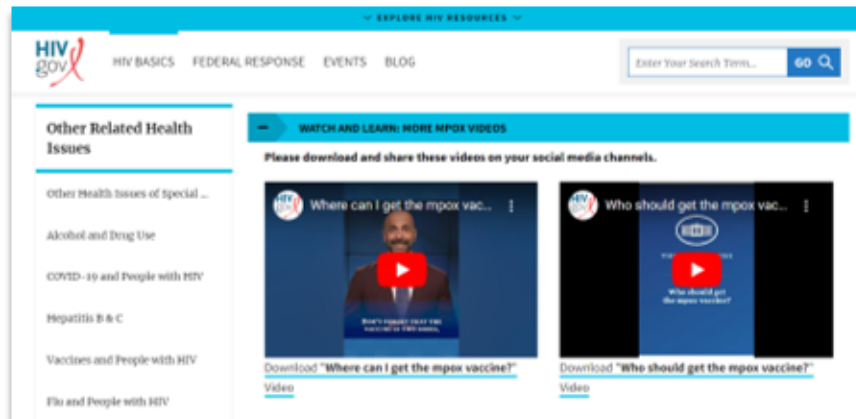
Additional Resources



<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 pin.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 gatherings.
- 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](#).

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



CENTER
for
BLACK
EQUITY



Health
HIV



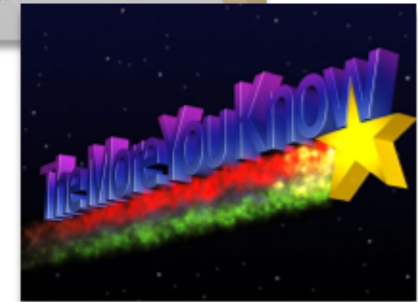
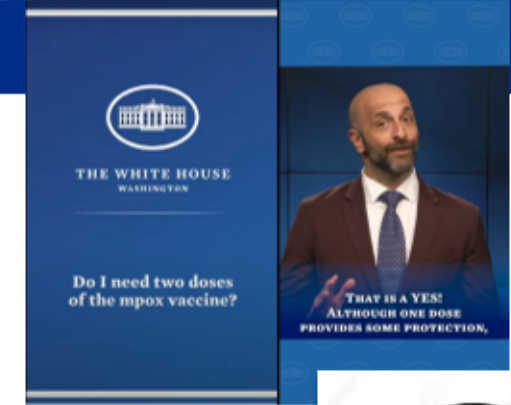
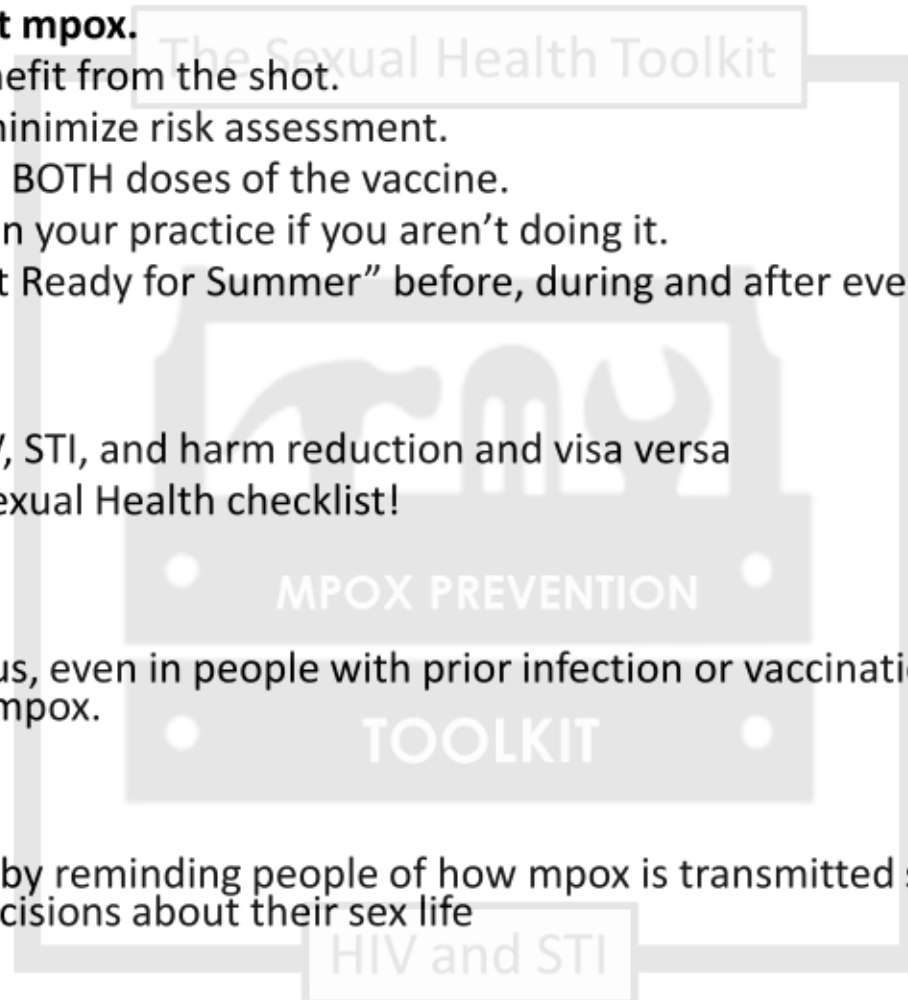


THE WHITE HOUSE
WASHINGTON

Call to Action

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





THE WHITE HOUSE
WASHINGTON

Thank You

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Nikki.J.Romanik@who.eop.gov