



The White House National Mpox Response: Syndemic Challenges Require Syndemic Solutions, One Year Later

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National Mpox Response



THE WHITE HOUSE
WASHINGTON

June 2, 2023

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Mpox: A Retrospective

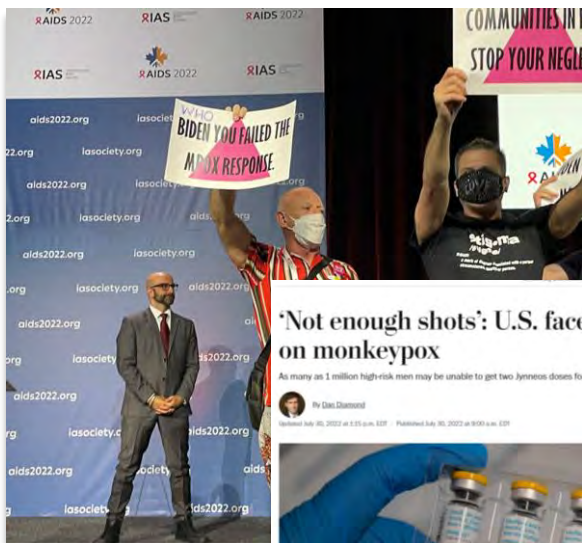
Massachusetts identifies first 2022 U.S. case of monkeypox infection

By Deena Beasley ▾

May 18 (Reuters) - The Massachusetts Department of Public Health on Wednesday said it had confirmed a single case of monkeypox virus infection in a man who had recently traveled to Canada.

Where to get tested for the monkeypox virus

 Kelly Tyko



Home // NEWS

Critics say 'monkeypox' is a racist name. But it's not going away anytime soon

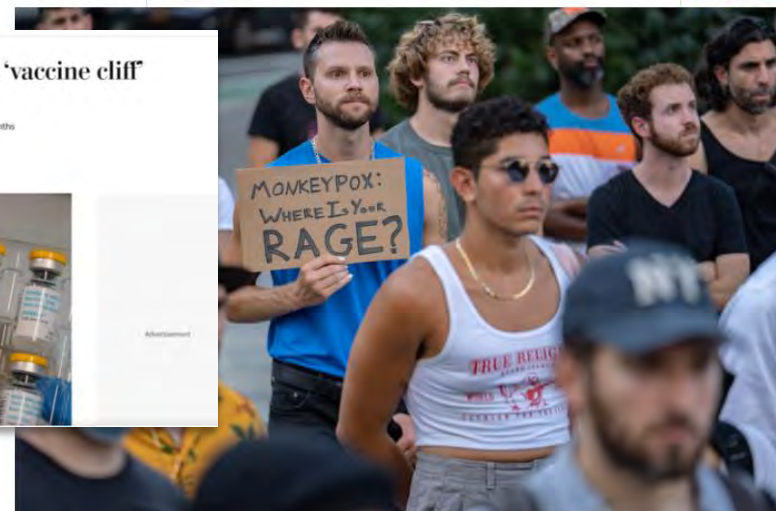
August 01, 2022 By [Bill Chappell](#)



'Not enough shots': U.S. faces 'vaccine cliff' on monkeypox

As many as 1 million high-risk men may be unable to get two lifesaving doses for months

By [Chris Egan](#)
Updated July 30, 2022 at 3:55 p.m. EDT. Published July 30, 2022 at 9:00 a.m. EDT



There's Just One Drug to Treat Monkeypox. Good Luck Getting It.

Doctors who want to prescribe tecovirimat, or Tpoxx, must navigate a gantlet of bureaucratic hurdles that experts say could be quickly lifted.

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White House Gives Monkeypox Response Update After Vaccine Push



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Biden Administration Increases Access to Monkeypox Treatment

SCREEN GRAB VIA WHITE HOUSE LIVESTREAM

FDA NEWS RELEASE

Monkeypox Update: FDA Authorizes Emergency Use of JYNNEOS Vaccine to Increase Vaccine Supply

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For Immediate Release: August 09, 2022

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Labcorp To Begin Monkeypox Testing Today, Doubling Nationwide Testing Capacity

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Labcorp To Begin Monkeypox Testing Today, Doubling Nationwide Testing Capacity

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Media Statement

For Immediate Release: Wednesday, July 6, 2022

Contact: [Media Relations](#)
(404) 639-3286



Sex Positivity Means Knowing the Facts

MPOX
Mpox and Safer Sex

Evaluation is an important tool in promoting the spread of mpox (monkeypox or monkeypox). If you are at risk for mpox but aren't sure what your risk factors are, it's important to change some parts of your life to reduce the risk of exposure to the virus. This includes the sex-related practices you use and the social settings you visit. Your provider will be happy to help you after your second dose of vaccine.

When you're having sex, it's important to use a condom every time you have sex. This helps reduce the risk of getting mpox. You should also use a condom every time you have sex with a partner who has mpox or who has been in contact with someone who has mpox. You should also use a condom every time you have sex with a partner who has been in contact with someone who has mpox.

If you're having sex with a partner who has mpox, you should use a condom every time you have sex. You should also use a condom every time you have sex with a partner who has been in contact with someone who has mpox. You should also use a condom every time you have sex with a partner who has been in contact with someone who has mpox.

Reducing Stigma in Monkeypox Communication and Community Engagement

Dr. Demetre C. Daskalakis, MD, MPH, is a senior advisor at the U.S. Food and Drug Administration (FDA) and a senior advisor at the U.S. Department of Health and Human Services (HHS). He is also a senior advisor at the U.S. Centers for Disease Control and Prevention (CDC).

Monkeypox Fact Sheet
AMERICAN SOCIETY OF CLIMATE SCIENCE AND MONKEYPOX: VOICES, VIEWS, AND RECOMMENDATIONS

The American Society of Climate Science (ASCS) is a non-profit organization that advocates for the interests of climate scientists and the public. It is a leading voice in the climate science community and has been instrumental in the development of the Paris Agreement.

Demetre C. Daskalakis
U.S. Senior National Monkeypox Response Strategy Coordinator

Sep 29, 2022
An Update on Monkeypox: Vaccines, Equity, and Anxiety-related Resources

How to Have Sex in an Epidemic: One Approach

MPOX Social Gatherings: Know Before You Go

When you go to a social gathering, you should know what you're getting into. This includes the sex-related practices you use and the social settings you visit. Your provider will be happy to help you after your second dose of vaccine.

Monkeypox: Avoiding the Mistakes of Past Infectious Disease Epidemics

Journal of Internal Medicine

DIRECT MESSAGE
Mpox Vaccine Q+A

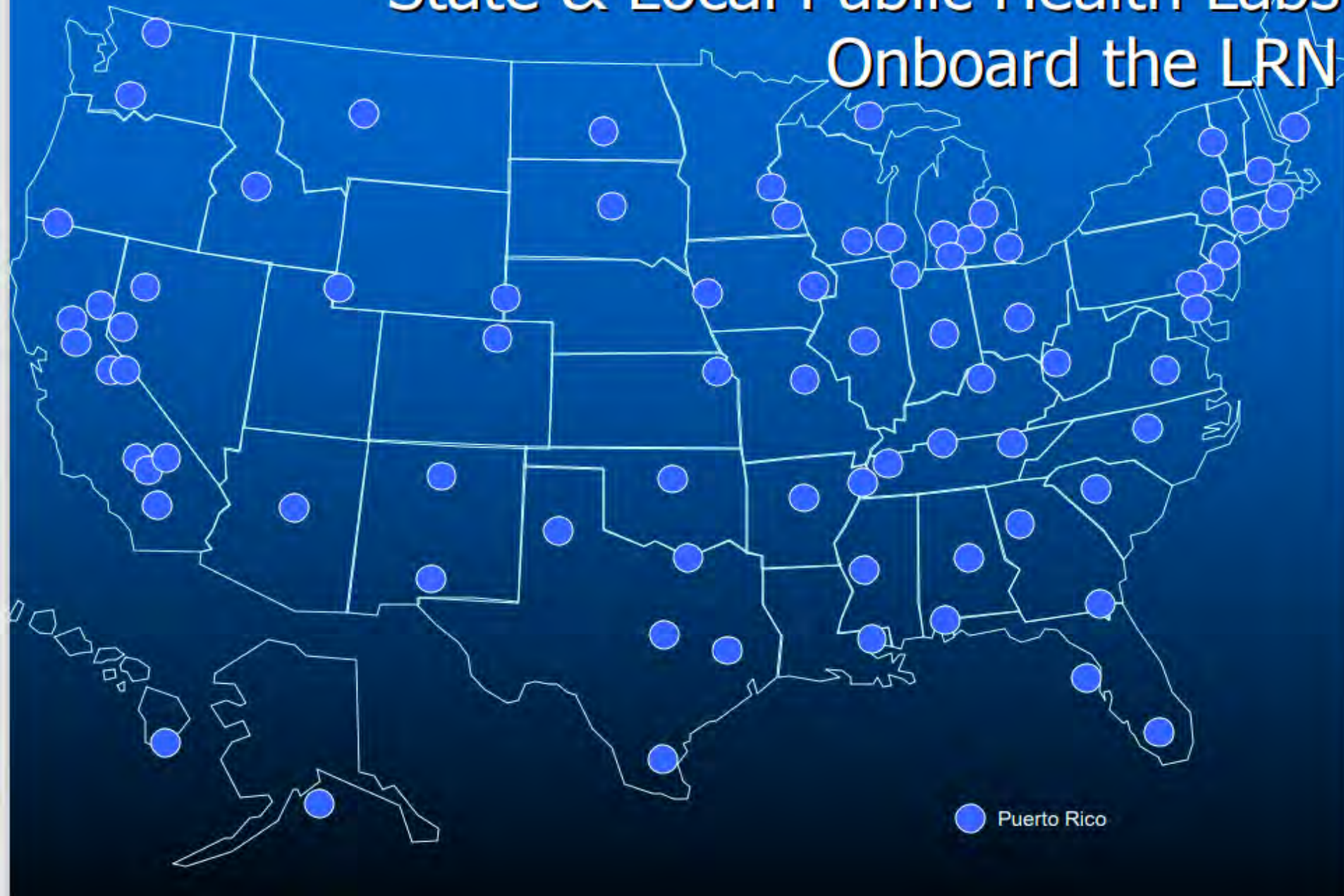
Nearly 700 White House Engagements



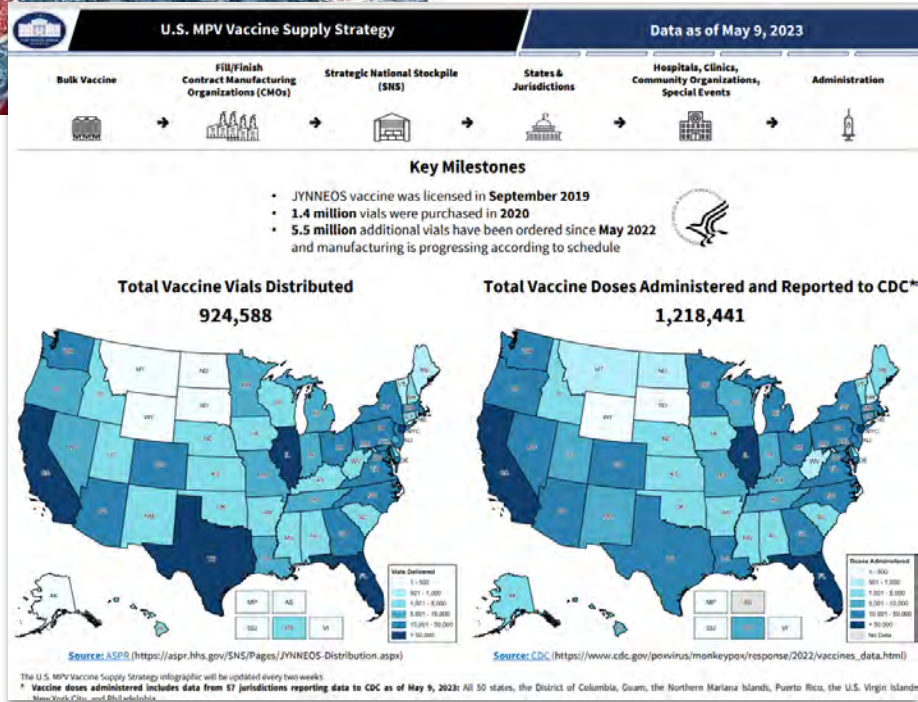
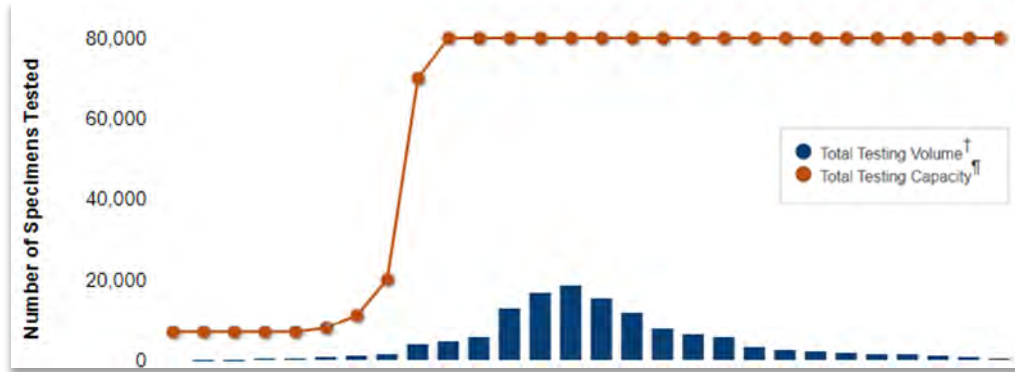
- Public Health Partners
- LGBTQ+ and other CBOs and Stakeholders
- Persons living with HIV
- Advocacy Organizations and Foundations
- Academic Institutions, including HBCUs, Medical and Public Health Schools
- Medical Associations
- Pharmacies and Pharmacy Associations
- Community Health Centers
- Faith-based organizations
- 1:1 Engagements with State, Territorial, Local, and Tribal Jurisdictions
- Research Organizations
- Media



State & Local Public Health Labs Onboard the LRN



Where We Are Today



ASPR Administration for Strategic Preparedness & Response

ABOUT ASPR | RESPONSE OPERATIONS | HEALTH CARE READINESS | MEDICAL COUNTERMEASURES AND BIODEFENSE

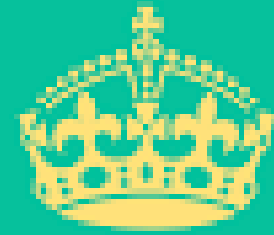
TPOXX Thresholds by Jurisdiction

On August 22, 2022, ASPR made 50,000 patient courses of TPOXX (100,000 bottles) available to jurisdictions to make the treatment more readily accessible for providers and patients. ASPR has distributed approximately 38,000 patient courses of TPOXX to help states and jurisdictions respond to the mpox outbreak.

TPOXX is not FDA-approved for mpox but is available under the Expanded Access Investigational New Drug (EA-IND) for treatment of people infected with mpox, particularly those with severe disease, or at risk for severe disease such as immunocompromised, and pediatric cases. A list of considerations can be found under [Interim Clinical Guidance for the Treatment of Mpox](#).

Where We Are Today

MPOX IS
NOT
OVER



KEEP
CALM
AND
FINISH
THE JOB



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State of the Epidemiology

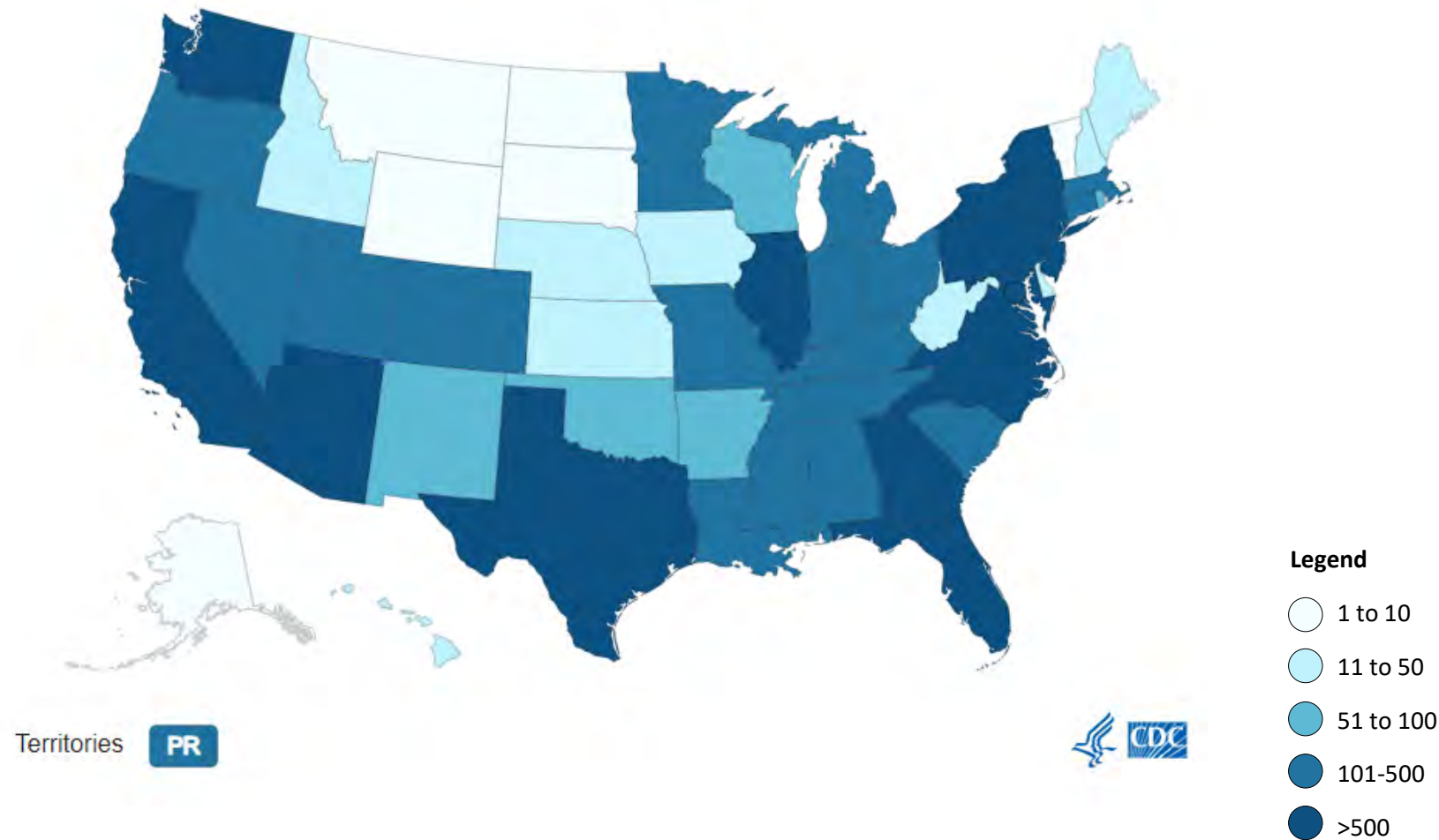
U.S. Situation Update – May 24, 2023

30,422

Total confirmed mpox / orthopoxvirus cases

42

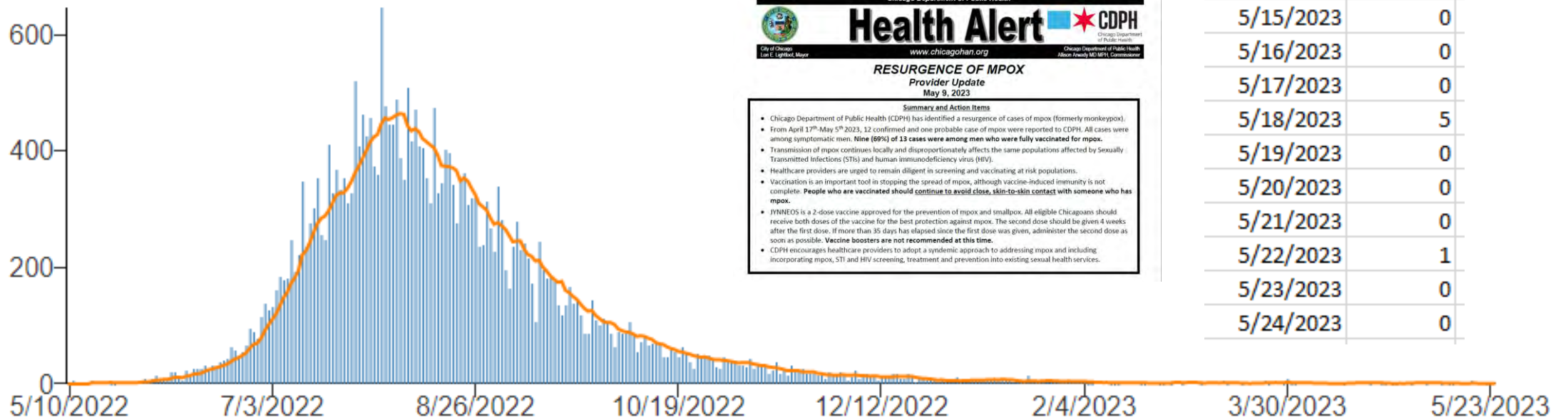
Total deaths



*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.

Trends of mpox cases reported to CDC during the 2022 outbreak by date*

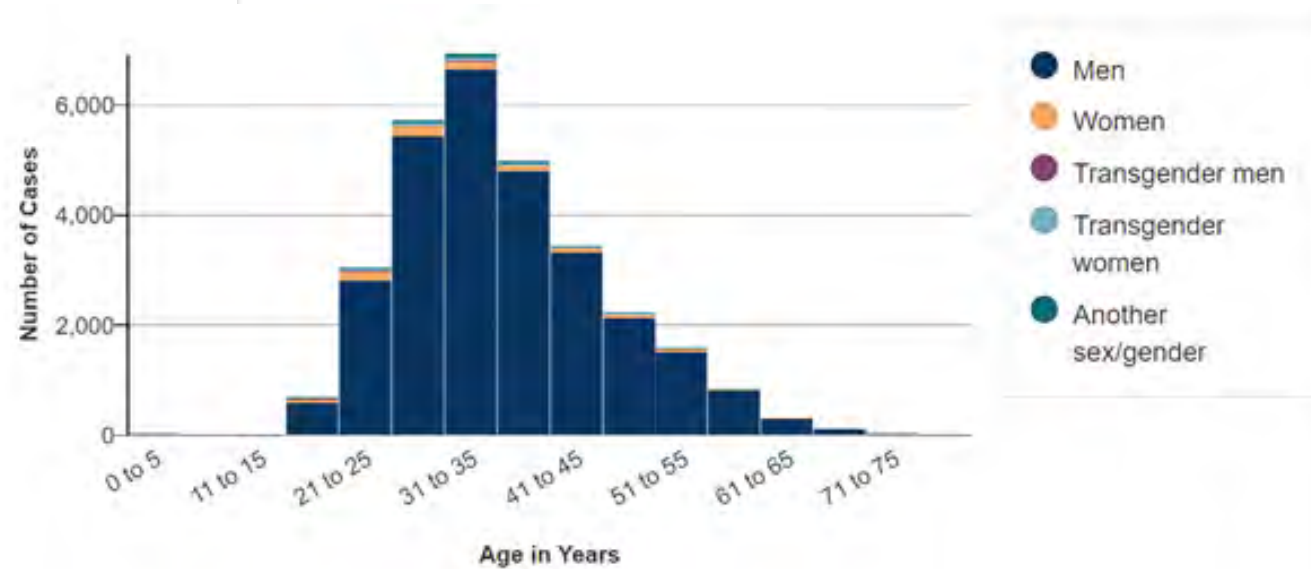
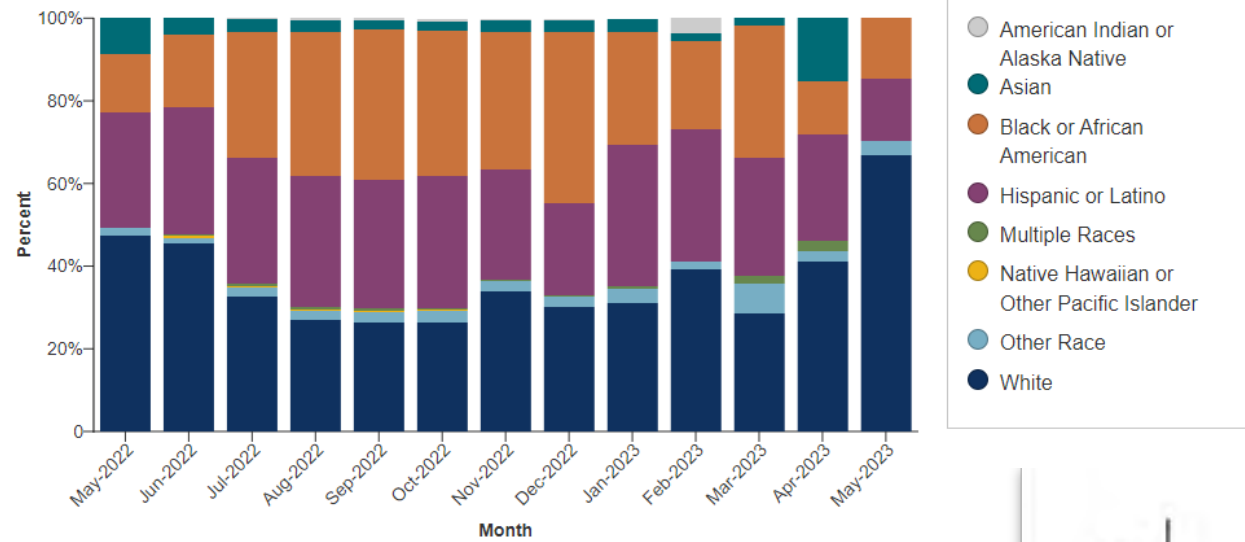


Data as of May 24, 2023

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

Mpox Demographics- May 24, 2023

Proportion of All Cases by Race and Ethnicity by Month



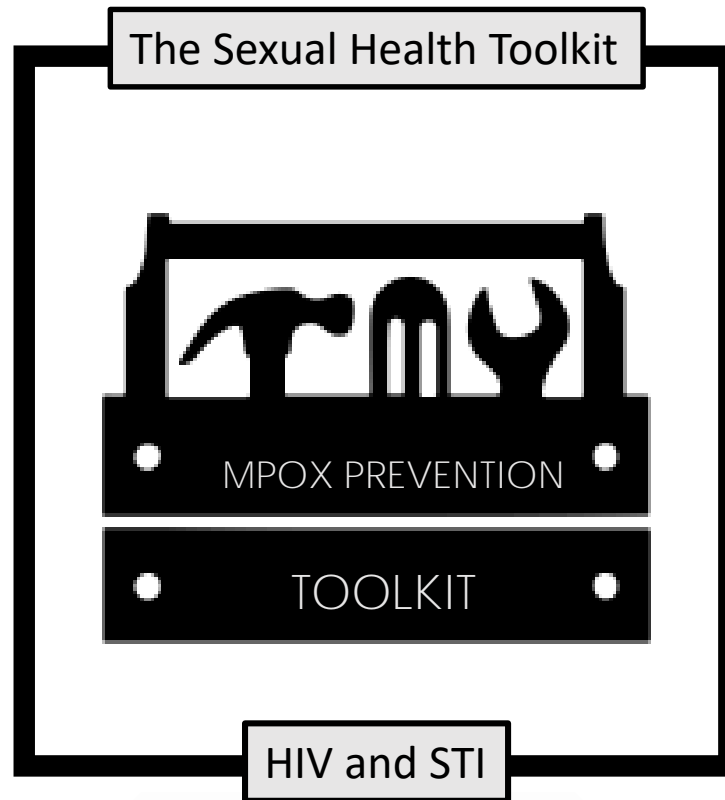


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Vaccine Updates and The Risk of Future U.S. Mpox Outbreaks



Vaccine: Prevents infection & complications of mpox



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



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



Summary of VE Studies May 18, 2023

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

Morbidity and Mortality Weekly Report (MMWR)

Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study — United States, August 19, 2022–March 31, 2023

Zero Dose Vaccine Effectiveness is
ZERO

Effectiveness of JYNNEOS Vaccine Against Diagnosed Mpox Infection — New York, 2022

Weekly / May 19, 2023 / 72(20):559–563

Print

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Overlapping Confidence Intervals

VE=75.2% (61.2-84.2%)

VE=73.8-92.4%

VE=79-86.5%

VE=75.7% (48.5-88.5%)

2 dose=88.5% (44.1-97.6%)

Mpox cases from surveillance compared to self identified controls at sexual health services through self report on survey.

No statistical difference in SQ, ID or Mixed

Immunocompromised with 2 dose VE not statistically different than non-IC.

EMR-based. Mpox cases compared to MSM with new HIV diagnosis or PrEP use.

2193 cases and 8319 controls. Large sample.

Surveillance registry based. Mpox cases compared to MSM with incident rectal GC/Ct or Primary Syphilis.

Study focused on people with biomarkers of recent behaviors that might increase mpox exposure risk.

Who Should Be Vaccinated? Pre-Exposure Prophylaxis Before Sex

ASKING FOR THE VACCINE IS ENOUGH TO GET IT!



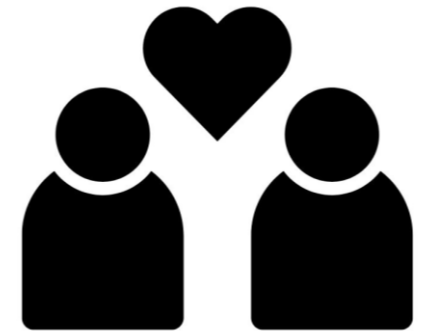
1 or more STI,
>1 Sex partner
in the last 6 months



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)

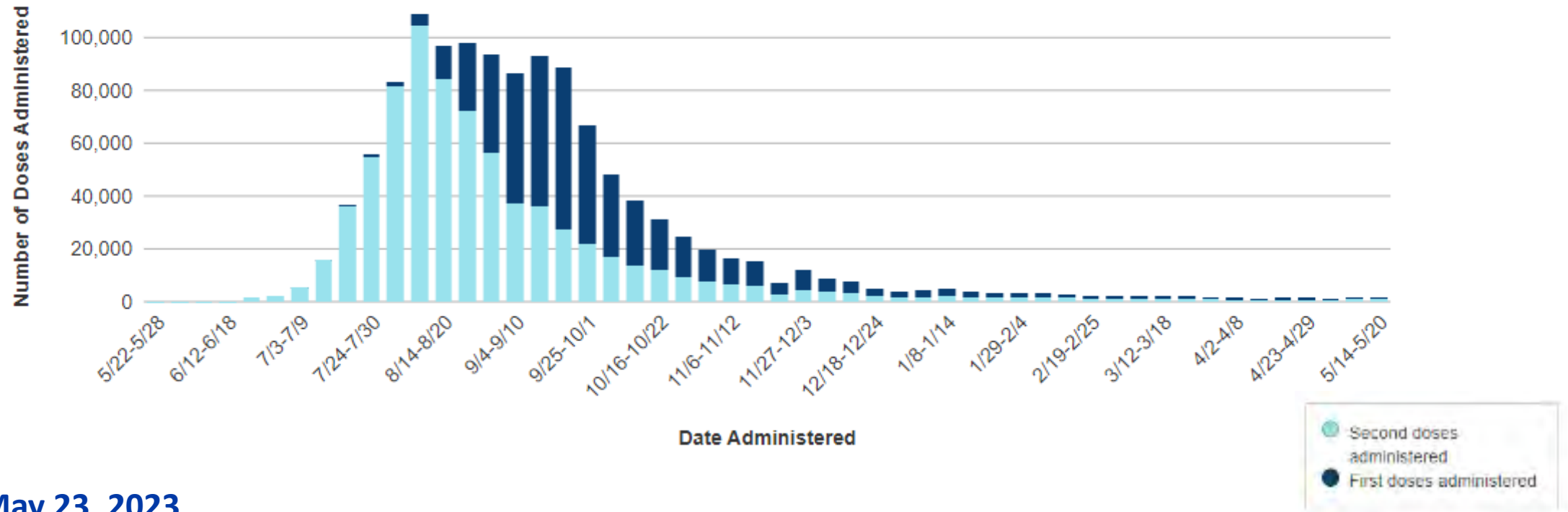
Or anticipate experiencing any of the above scenarios

Mpox Vaccine Administration in the U.S.

1,222,510

doses administered in the 57 U.S. jurisdictions

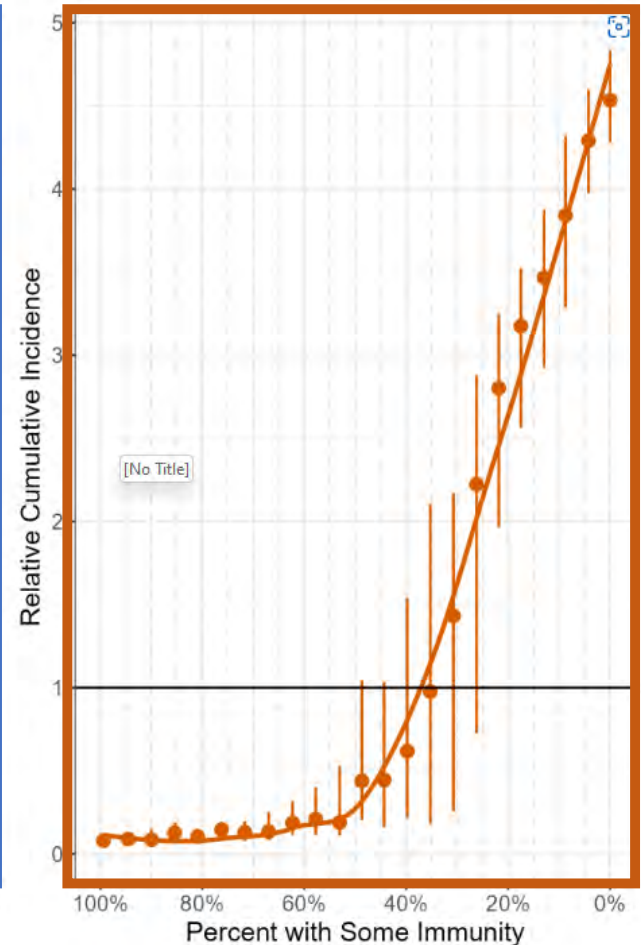
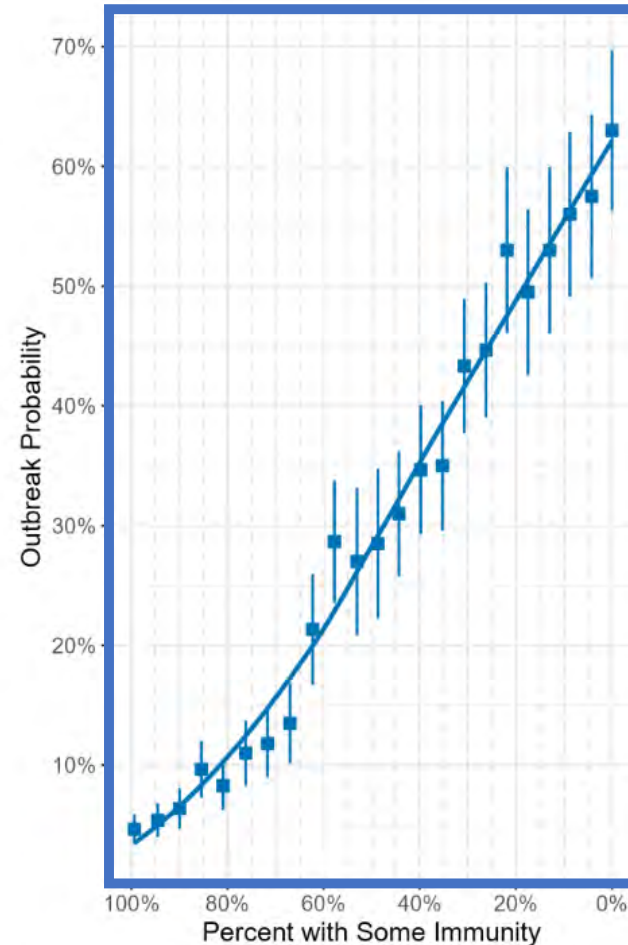
Total JYNNEOS Vaccine Second Doses and First Doses Reported to CDC



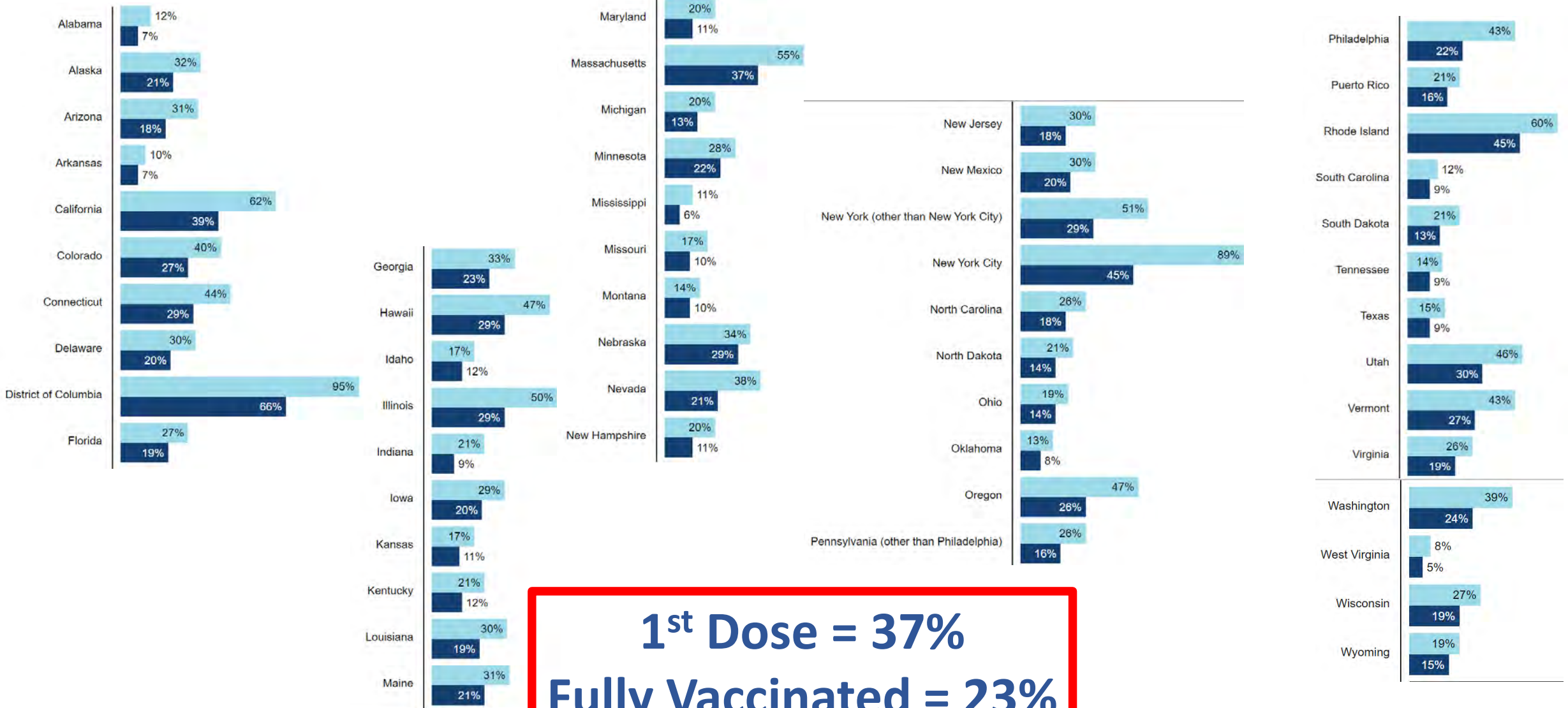
Data as of May 23, 2023

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



1st Dose = 37%
Fully Vaccinated = 23%

Updated Mpox Risk Assessment-May 17,2023



NEW May 17, 2023

Renewed Mpox Outbreaks Likely

A recent uptick in mpox cases in Chicago underscores the risk of renewed mpox outbreaks, which we judge is substantial across the United States.

[Read the Analysis](#)

Summary

CDC continues to assess that the risk of resurgent mpox outbreaks is substantial in the United States. Although the daily number of reported mpox cases has fallen dramatically since August 2022, the diagnosis of several unlinked cases each week and intermittent wastewater detections across jurisdictions are consistent with ongoing undetected transmission. The risk of outbreaks could further increase as people gather this spring and summer for festivals and other events with high potential for skin-to-skin contact or increased sexual activity. Healthcare providers, public health agencies, and partner organizations should help ensure disproportionately affected populations—currently gay, bisexual, other men who have sex with men (MSM), and transgender people—have access to vaccines, testing, and treatment. People at risk for mpox exposure should 1) be vigilant of the possibility of community transmission, 2) take steps to reduce risk of infection, and 3) seek vaccination.

Mpox Vax to Case compared to HIV PrEP to Need Ratio

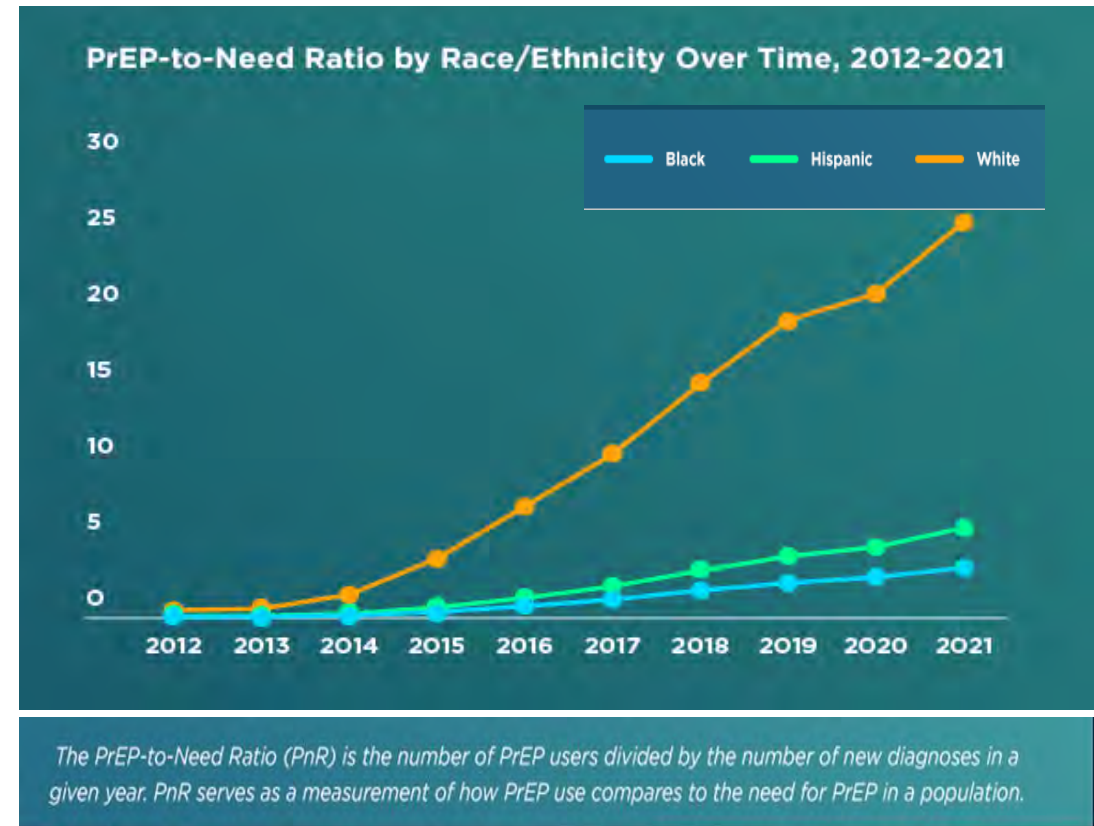
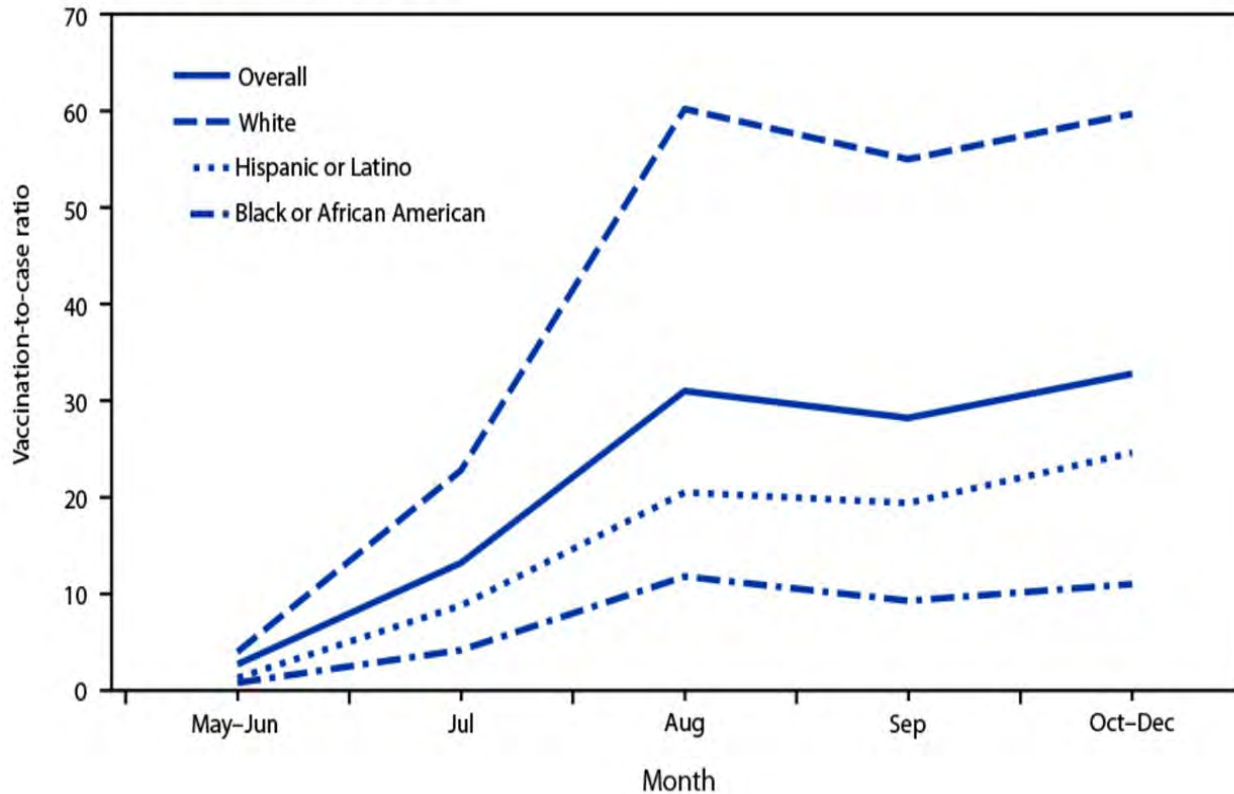
Morbidity and Mortality Weekly Report (MMWR)

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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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/>



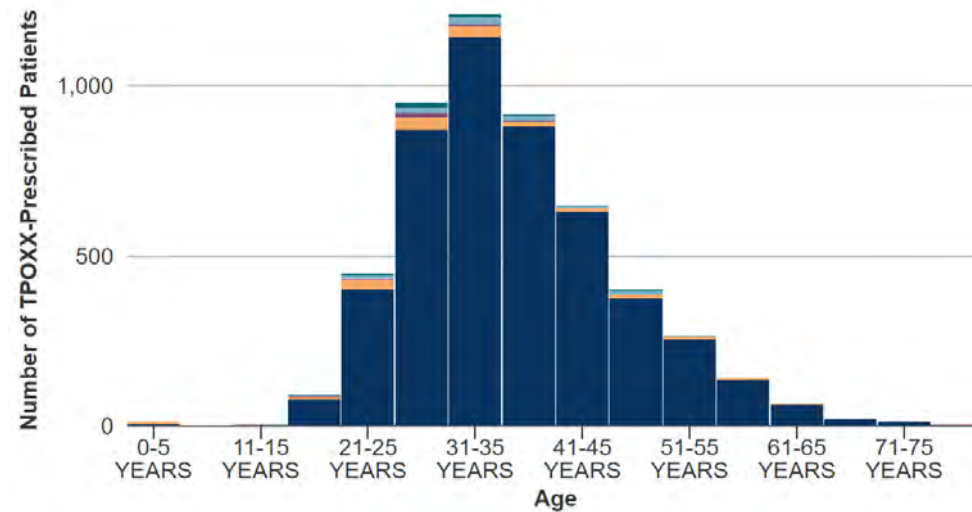
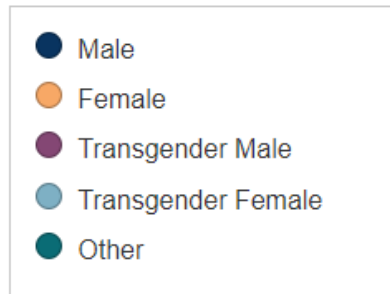
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Mpox Therapeutics

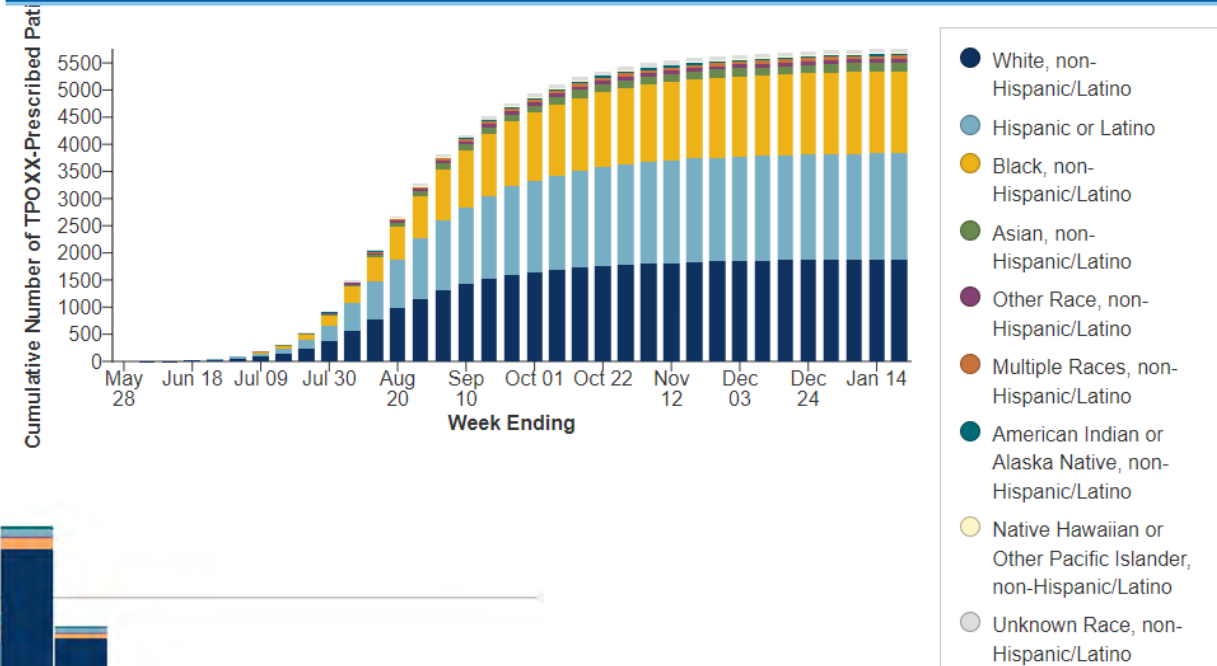
Cumulative Number of TPOXX-Prescribed Patients Reported to CDC

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

STOMP Study

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 A541804. 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 A541804) 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?

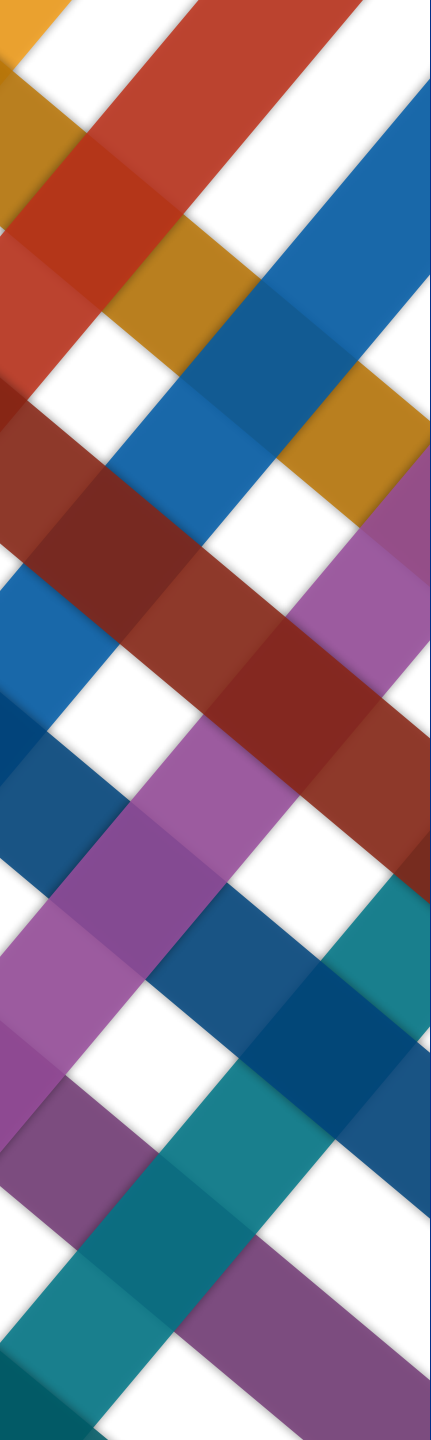
WE
NEED
YOUR
HELP!





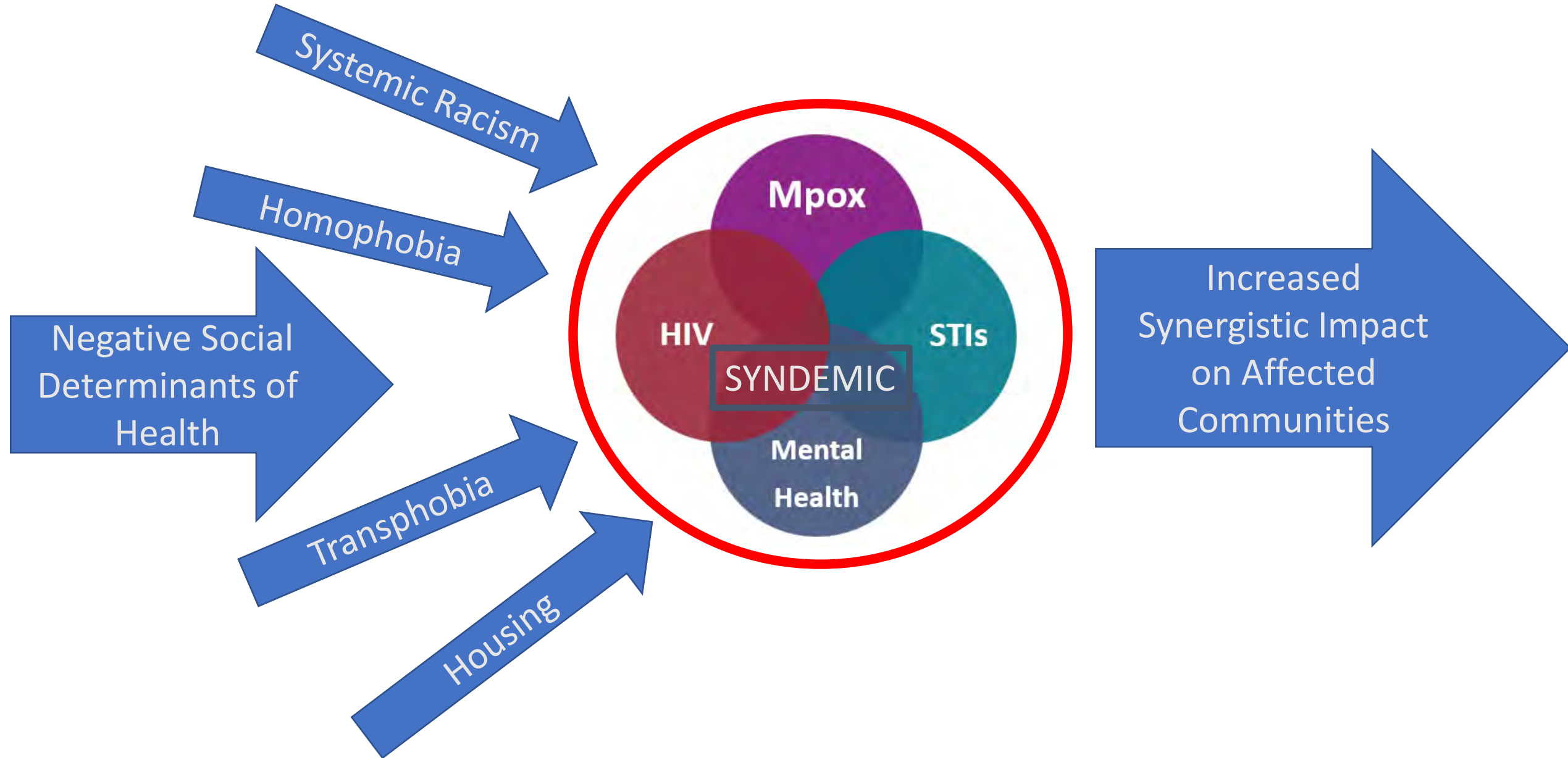
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The Mpox Syndemic



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)

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.

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

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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Health Resources and Services Administration
 Division of HIV/AIDS Prevention
 August 3, 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 start, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) engaged with federal partners across the Department of Health & Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), to provide resources to control the escalating spread of monkeypox. In particular, we are providing information and guidance to Ryan White HIV/AIDS Program (RWHAP) grantees about the appropriate use of current and emerging evidence-based on NCHADSYP's syndemic approach to HIV, STI, and monkeypox prevention. This guidance builds on CDC guidance issued last week (<https://www.cdc.gov/media/releases/2022/s0804-monkeypox.html>).

As of today, there are more than 2,521 confirmed cases of monkeypox in the U.S., and the outbreak continues to spread in multiple city, regional, and other areas who have not yet been (MSM) have been particularly affected by the outbreak. As trusted providers with strong ties to the community, RWHAP grantees are in a unique position to support the health and well-being of the MSM community, many of whom are also impacted by the monkeypox outbreak, while continuing to provide essential HIV care and support services. Therefore, HRSA/HAB is providing clarification on the use of RWHAP funds for monkeypox testing, treatment, and vaccination.

Monkeypox testing is available through public health and commercial laboratories. Testing through public health laboratories is free of charge, while testing conducted at commercial laboratories, if a provider caring for a RWHAP client does not have ready access to public health laboratory testing, RWHAP funds can be used to cover costs and conduct for at-risk clients and the cost of testing for uninsured clients who are commercial laboratory testing.

CDC recommended partner notification (PTN) activities are available for people diagnosed with monkeypox or diagnosed with monkeypox virus infection. Please note, while the monkeypox vaccine and medications being provided by the U.S. federal government, RWHAP grantees can still work with their state/local health departments to access the other options outlined in the [CDC guidance](https://www.cdc.gov/media/releases/2022/s0804-monkeypox.html) for the treatment of monkeypox (<https://www.cdc.gov/media/releases/2022/s0804-monkeypox.html>).

RWHAP funds may be used to pay for costs associated with vaccine administration and care of monkeypox (eligible clients, such as medical visit costs, including personal protective equipment (PPE), vaccination supplies, including co-pay and co-insurance for insured clients) associated with Public Health Service (PHS) Ryan White HIV/AIDS Program (RWHAP) grantees. RWHAP grantees should coordinate with their state/local health departments and work together to address monkeypox in their communities.

DEPARTMENT OF HEALTH & HUMAN SERVICES
 September 7, 2022
 Dear Colleagues:

The United States is currently experiencing a nationwide monkeypox outbreak. Most monkeypox transmission is occurring through sexual transmission in the same populations who experience the highest risk for HIV and other STDs. The purpose of this message is to provide additional guidance to NCHADSYP partners about the appropriate use of current and emerging evidence-based on NCHADSYP's syndemic approach to HIV, STI, and monkeypox prevention. This guidance builds on CDC guidance issued last week (<https://www.cdc.gov/media/releases/2022/s0804-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 their HIV or STD prevention activities:

- PS19-1991 - Strengthening STD Prevention and Control, for Health Departments

SAMHSA
 Substance Abuse and Mental Health Services Administration
 September 26, 2022
 SAMHSA grantees may use SAMHSA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.
 Dear Colleagues:

As of today, there are more than 2,400 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.

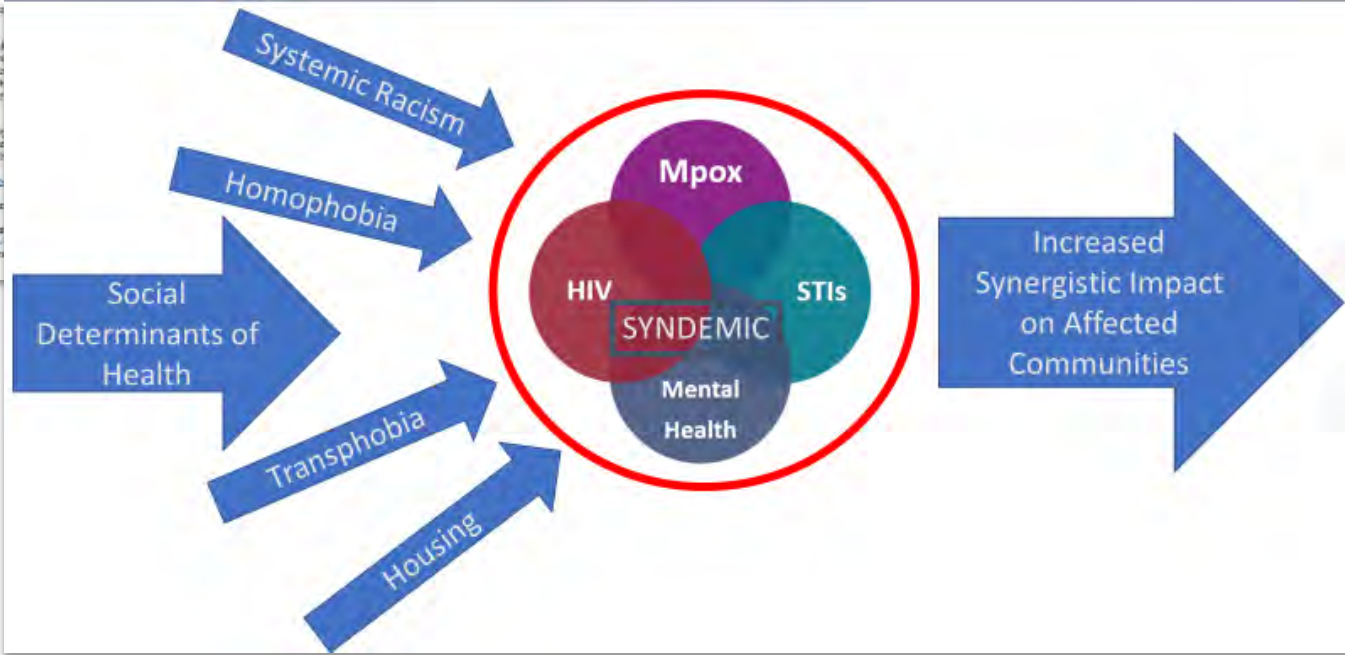
SAMHSA embraces a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox treatment, testing, or vaccine administration, SAMHSA grantees may use grant resources,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

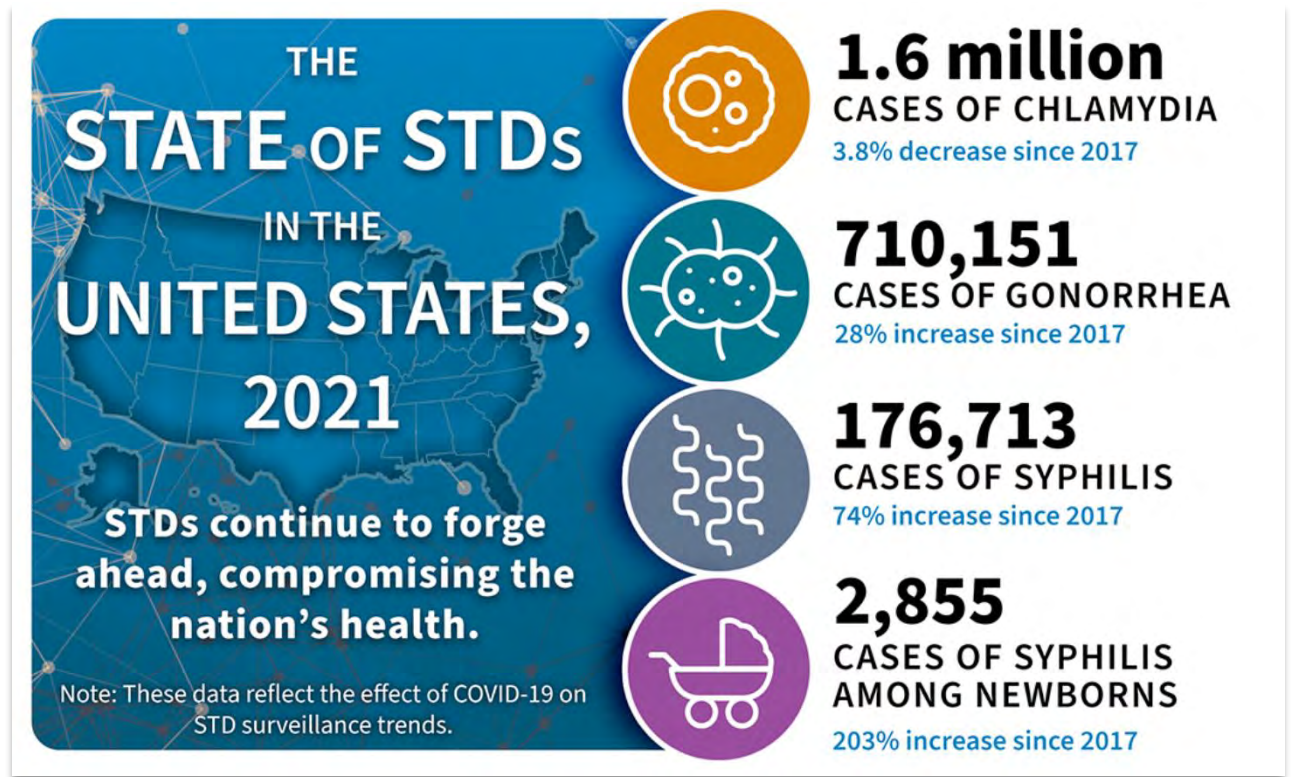
to investigate cases of severe MPX, we need to get people housed, linked to HIV care, protected through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as individuals who have disengaged from HIV care to reconnect, and to ensure their regimen can be maintained. Both HOPWA and the Homeless Assistance 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-





Herpes Cure Advocacy

Advocating for a cure for Herpes Simplex Virus.



Primary or secondary syphilis



1 in 20 MSM were diagnosed with HIV within 1 year**



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 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](#).



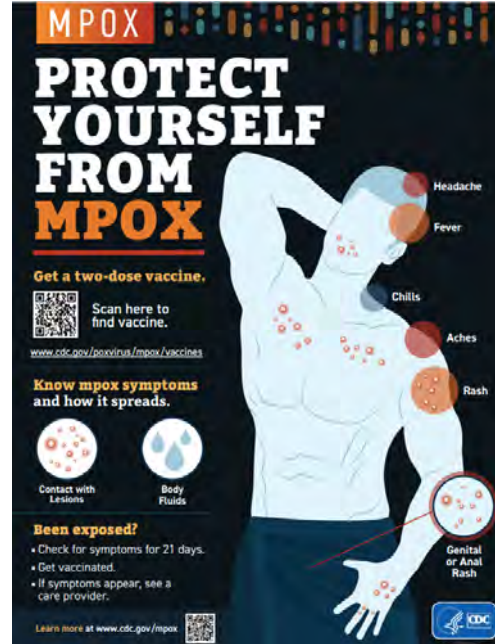
Stop Overdose

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,

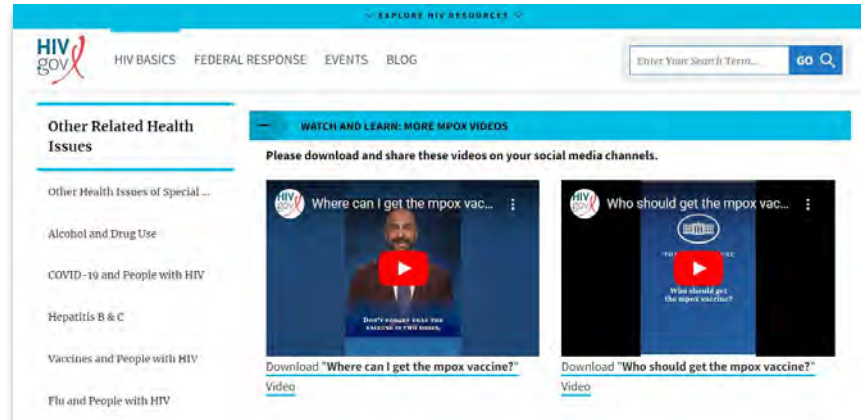
Additional Resources



<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 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](#).

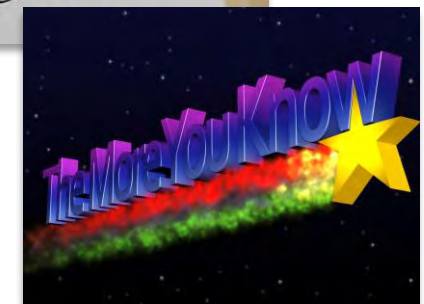
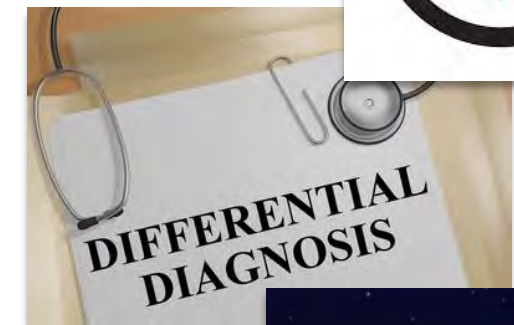
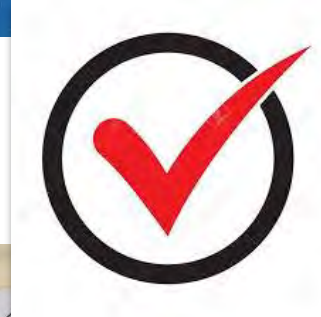
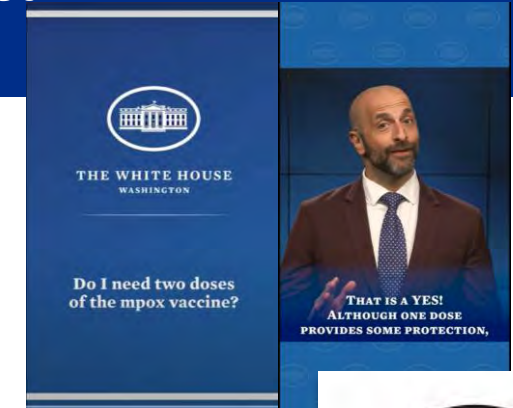
Need resources for event attendees?

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.



We Need Your Help to Implement the Whole Tool Kit!

- **Lead with Joy, Love, and Respect for the Community.**
 - It's your superpower!
- **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 and sexual health 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 lives.





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