

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Introduction: The Community Access National Network (CANN), with support from Gilead Sciences via its [Monkeypox Global Emergency Fund](#), will present periodic reports regarding the 2022 Monkeypox (MPV) outbreak in the United States, as part of its [MPV Response Project for People Living with HIV](#). This report is designed to consolidate data and resources from various federal, state, and local level sources for patients, providers, and advocates to access readily and easily, to identify where data and resources may be lacking, and to encourage and empower advocates in seeking more robust resources for their local communities.

Each report will maintain a national epidemiological report (Section 1), national vaccine equity report (Section 2), patient resource and informational list by jurisdiction (Section 3), review of available data regarding the intersection of HIV and MPV (co-infection, Section 4), and current news (Section 5). Reports, after the first report, will include an additional section dedicated to state level surveillance highlight (Section 6), which is aimed at specifying which states are providing robust, public-facing situation reporting. Such reporting is critically important for communities, patients, and providers to assess individualized risk and prevention efforts.

SECTION 1: Epidemiological Report

The U.S. Centers for Disease Control & Prevention (CDC) has been tracking the MPV outbreak in the United States since May 17, 2022. As of September 21, 2022, there have been a total of 23,930 identified MPV diagnoses, with the highest number of weekly diagnoses being in Week 32 (August 8, 2022 – August 14, 2022), with a weekly total of 3,108 diagnoses (CDC, 2022b)

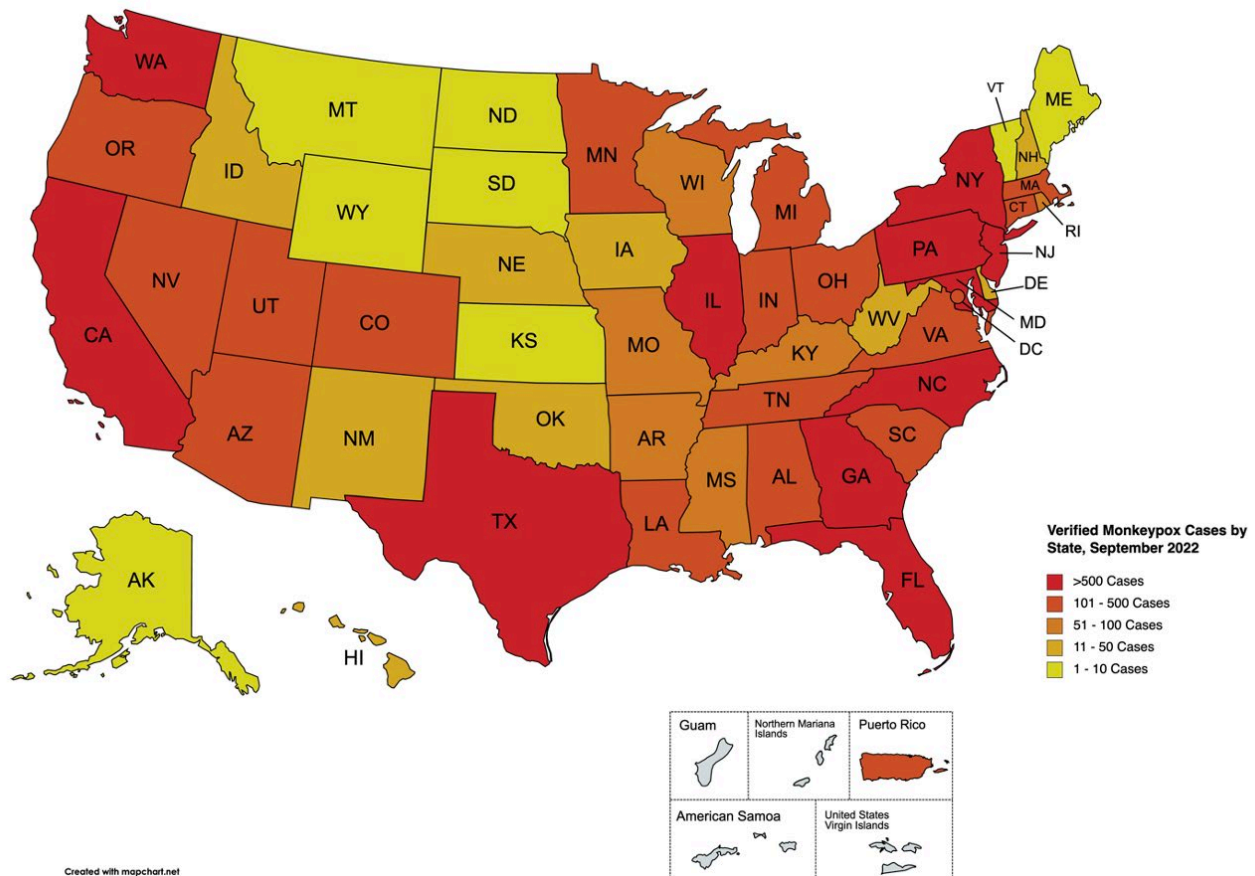


Figure 1 – MPV Incidence by State, September 2022 (Source: CDC, 2022b)

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The states with the highest cumulative incidence of MPV as of September 23, 2022, are:

- 1.) California – 4,886
- 2.) New York – 3842
- 3.) Florida – 2,444
- 4.) Texas – 2,225
- 5.) Georgia – 1,736

(CDC, 2022c)

That these states have the highest incidence rates is no surprise, as they are also all within the ten states with the largest populations in the United States. They also have high percentages of self-identified LGBTQ+ residents (Williams Institute, 2019).

MPV Diagnoses by Demographic Group

Note: These data are current as of the week ending Sunday, September 18, 2022 (MMWR Week 36)

Since the beginning of the MPV outbreak, the majority of MPV cases identified (96.1%) have been diagnosed in men, with the largest number of cases being identified in men aged 31-35. Of the 19,682 cases identified, four age groups of men—26-30, 31-35, 36-40, and 41-45—have cumulative case counts over 2,000, with men aged 31-35 having 4,524 cases. Just 2.2% of all cases have been identified in women. In trans populations, transgender women are likelier to be diagnosed with MPV (0.7% of MPV diagnoses) than transgender men (0.2% of MPV diagnoses). Across all genders, persons aged 26-40 represent the majority of MPV diagnoses.

Communities of color are disproportionately impacted by MPV. In the Morbidity and Mortality Weekly Report (MMWR) Week 36, 47% of MPV diagnoses were in Black Americans, 23% in Hispanic Americans, and 27% in White Americans. Black Americans have represented the highest percentage of patients diagnosed since MMRW Week 29, whereas Hispanic Americans have represented between 25% and 35% of new diagnoses since MMRW Week 23.

Table 1 – Monkeypox Cases by Race, September 2022

Monkeypox Cases by Race <i>(as of September 11, 2022)</i>		
Race	% Total Cases	% Increase/Decrease
American Indian/Alaska Native	0.3%	-33.4%
Asian	1.4%	-40.0%
Black	46.6%	11.4%
Hispanic/Latino	22.7%	-15.5%
Multiple	0.2%	-55.7%
Native Hawaiian/Pacific Islander	0.2%	-55.7%
Other	1.2%	-49.2%
White	27.4%	8.0%

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Table 2 – Monkeypox Cases by Gender, September 2022

Monkeypox Cases by Gender <i>(September 21, 2022)</i>			
Gender	Incidence	% Total Reported Cases	% Increase/Decrease
Man	18,908	96.1%	-
Transgender Man	48	0.2%	-
Transgender Woman	140	0.7%	-
Woman	434	2.2%	-
Another Sex/Gender	152	0.8%	-
TOTAL	19,682	100%	-

** (Gender reporting is available in only 69.2% of MPV cases)*

Table 3 – Monkeypox Test Administration and Positivity Rate by Morbidity and Mortality Weekly Report Week, September 2022

Monkeypox Test Administration and Positivity Rate by MMWR Week, September 2022			
MMRW Week	Number of Tests	Test Positivity	Percent Positive
Week 20	12	7	58.3%
Week 21	89	17	19.1%
Week 22	147	35	23.8%
Week 23	307	72	23.5%
Week 24	357	132	37.0%
Week 25	601	223	37.1%
Week 26	1039	473	45.5%
Week 27	1433	659	46.0%
Week 28	3839	1961	51.1%
Week 29	4398	2095	47.6%
Week 30	5448	2160	39.6%
Week 31	12758	4036	31.6%
Week 32	16331	3782	23.2%
Week 33	18134	4062	22.4%
Week 34	14875	3255	21.9%
Week 35	11490	2395	20.8%
Week 36	7625	1502	19.7%
Week 37	4573	967	21.1%
Week 38	890	196	22.0%

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SECTION 2: Vaccine Equity Report

As of August 9, 2022, the U.S. Food and Drug Administration (FDA) authorized the emergency use of the JYNNEOS® vaccine as a two-dose regimen to increase the available vaccine supply. This change allows healthcare providers to split what was a single-dose regimen into two half-doses delivered four weeks apart (FDA, 2022). As a result, existing vaccine delivery data largely relies on first-dose reporting.

Additional data reporting issues exist as the data do not include vaccine administration information for the following jurisdictions: Arizona, Indiana, Mississippi, Montana, Nebraska, Puerto Rico, and the District of Columbia. Additionally, patients living in several of these jurisdictions—Arizona, Mississippi, Montana, Nebraska, and Puerto Rico—consistently report issues accessing healthcare services. Further, Puerto Rico has reported an incredibly high incidence of MPV.

As of September 20, 2022, there were 527,818 first doses of the vaccine and 157,162 second doses administered in the United States. Of the first-dose vaccines administered, 248,140 (47%) have been administered to White Americans, 109,764 (20.8%) to Hispanic Americans, 59,853 (11.3%) to Black Americans, and 37,819 (7.2%) to Asian Americans. 44,192 first-dose vaccines have been delivered to persons for whom no race demographic information was reported. 1,089,637 vials have been allocated to the 50 states, Puerto Rico, and the District of Columbia, with 553 vials allocated to American Samoa, Guam, Northern Mariana Islands, Tribal Entities, and the U.S. Virgin Islands. Each vial contains 5 doses of the JYNNEOS® vaccine. California, New York, Florida, Texas, Illinois, and Georgia were each allocated more than 50,000 vials.

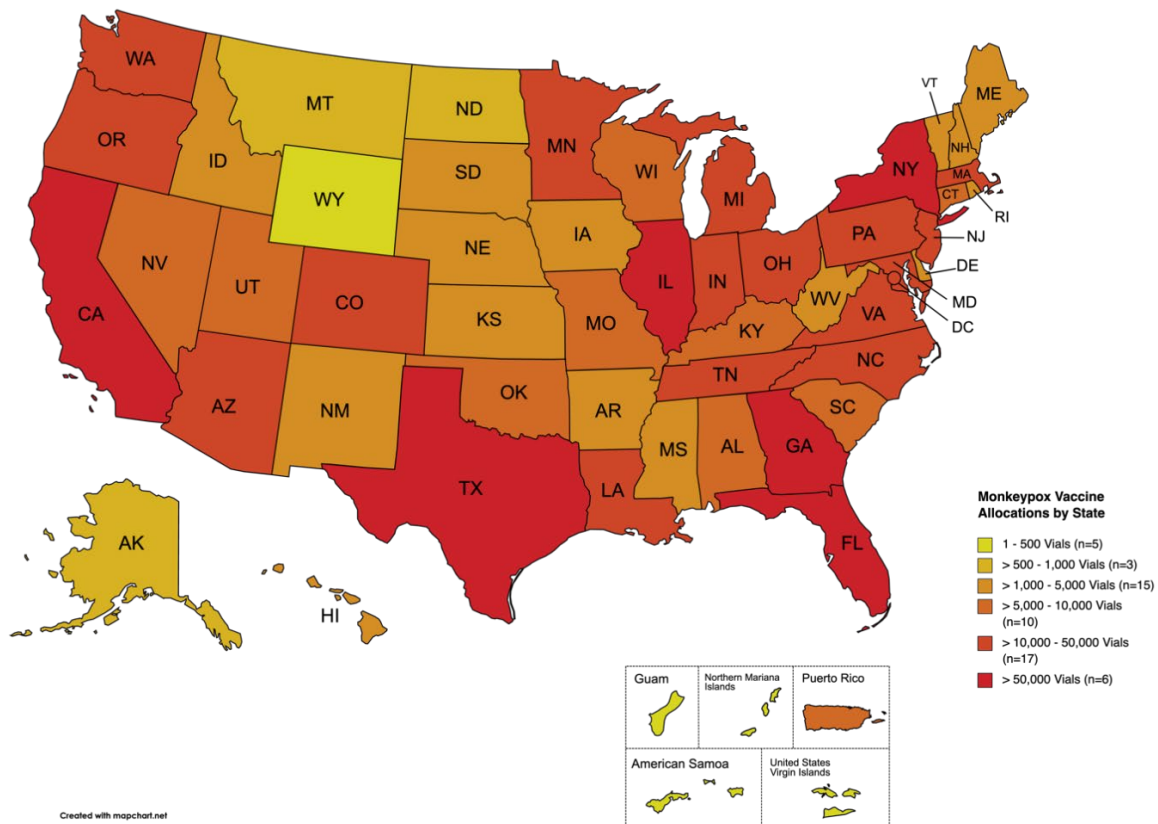


Figure 2 – Monkeypox Vaccine Allocations by State, September 2022

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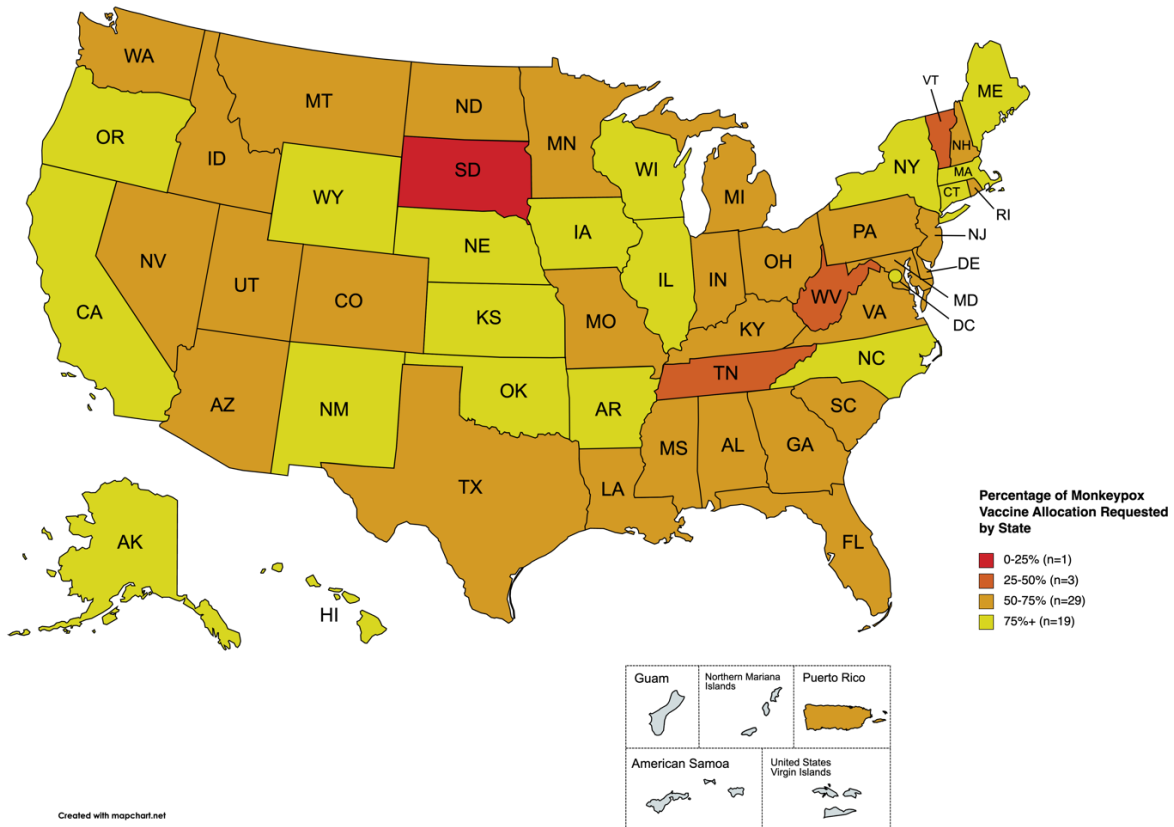


Figure 3 – Percentage of Monkeypox Vaccine Allocations Requested by State, September 2022

Table 4 – Monkeypox First-Dose Vaccine Administration by Race in 48 U.S. Jurisdictions, as of September 20, 2022

Monkeypox First-Dose Vaccine Administration by Race in 48 U.S. Jurisdictions (September 20, 2022)			
Race	Number of First Dose	% Total First Dose	% Increase/Decrease
White	248,140	47.0%	-
Hispanic	109,764	20.8%	-
Black	59,853	11.3%	-
Asian	37,819	7.2%	-
Other	13,151	2.5%	-
American Indian/Alaska Native	1,554	0.3%	-
Multiple	12,041	2.3%	-
Native Hawaiian/Pacific Islander	1,304	0.2%	-
Unknown	44,192	8.4%	-
TOTAL	527,818		

* (Data exclude vaccines delivered in Arizona, District of Columbia, Indiana, Mississippi, Montana, Nebraska, and Puerto Rico)

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Table 5 – Monkeypox First-Dose Vaccine Administration by Sex, as of September 20, 2022

Monkeypox First-Dose Vaccine Administration by Sex (September 20, 2022)			
Sex	Number of First Dose	% Total First Dose	% Increase/Decrease
Male	479,391	90.8%	-
Female	39,558	7.5%	-
Unknown	8,869	1.7%	-
TOTAL	527,818		

Table 6 – Monkeypox Vaccine Allocation by Jurisdiction, September 2022

Monkeypox Vaccine Allocation by Jurisdiction (JYNNEOS®), (September 2022)						
Jurisdiction	Allocation	% Total Supply	Requested	% Allocation	Shipped	% Shipped
Alabama	6,163	0.6%	3,703	60.1%	3,703	100.0%
Alaska	660	0.1%	500	75.8%	500	100.0%
Arizona	16,433	1.5%	11,633	70.8%	11,633	100.0%
Arkansas	3,280	0.3%	2,460	75.0%	2,460	100.0%
California	186,111	17.1%	165,431	88.9%	165,431	100.0%
Colorado	18,145	1.7%	12,805	70.6%	12,805	100.0%
Connecticut	6,328	0.6%	5,608	88.6%	4,888	87.2%
Delaware	1,895	0.2%	1,415	74.7%	1,175	83.0%
District of Columbia	28,995	2.7%	25,795	89.0%	25,795	100.0%
Florida	112,680	10.3%	74,720	66.3%	74,720	100.0%
Georgia	53,542	4.9%	31,642	59.1%	31,642	100.0%
Hawaii	3,852	0.4%	3,192	82.9%	3,192	100.0%
Idaho	2,000	0.2%	1,360	68.0%	1,360	100.0%
Illinois	69,667	6.4%	54,407	78.1%	54,407	100.0%
Indiana	11,872	1.1%	7,812	65.8%	7,812	100.0%
Iowa	2,441	0.2%	1,901	77.9%	1,681	88.4%
Kansas	2,156	0.2%	1,656	76.8%	1,656	100.0%
Kentucky	6,140	0.6%	3,780	61.6%	3,780	100.0%
Louisiana	11,882	1.1%	8,862	74.6%	8,862	100.0%
Maine	1,411	0.1%	1,071	75.9%	1,071	100.0%
Maryland	23,299	2.1%	14,539	62.4%	14,539	100.0%
Massachusetts	24,171	2.2%	18,311	75.8%	18,311	100.0%
Michigan	14,318	1.3%	8,878	62.0%	8,878	100.0%
Minnesota	10,658	1.0%	6,958	65.3%	6,958	100.0%
Mississippi	3,161	0.3%	1,821	57.6%	1,821	100.0%
Missouri	9,073	0.8%	6,053	66.7%	6,053	100.0%
Montana	778	0.1%	478	61.4%	478	100.0%
Nebraska	1,641	0.2%	1,281	78.1%	1,281	100.0%

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Monkeypox Vaccine Allocation by Jurisdiction (JYNNEOS®), (September 2022)						
Jurisdiction	Allocation	% Total Supply	Requested	% Allocation	Shipped	% Shipped
Nevada	8,642	0.8%	6,062	70.1%	6,062	100.0%
New Hampshire	1,467	0.1%	1,067	72.7%	1,067	100.0%
New Jersey	22,269	2.0%	16,149	72.5%	16,149	100.0%
New Mexico	3,436	0.3%	2,696	78.5%	2,696	100.0%
New York	161,819	14.8%	137,799	85.2%	137,799	100.0%
North Carolina	20,288	1.9%	15,948	78.6%	15,948	100.0%
North Dakota	555	0.1%	375	67.6%	375	100.0%
Ohio	18,713	1.7%	12,573	67.2%	12,573	100.0%
Oklahoma	5,316	0.5%	4,196	78.9%	4,196	100.0%
Oregon	11,498	1.1%	9,358	81.4%	9,078	97.0%
Pennsylvania	27,385	2.5%	19,801	72.3%	19,801	100.0%
Puerto Rico	5,367	0.5%	2,807	52.3%	2,807	100.0%
Rhode Island	4,014	0.4%	2,154	53.7%	2,154	100.0%
South Carolina	6,387	0.6%	4,287	67.1%	4,287	100.0%
South Dakota	1,711	0.2%	291	17.0%	291	100.0%
Tennessee	17,602	1.6%	6,762	38.4%	6,762	100.0%
Texas	77,840	7.1%	57,460	73.8%	57,460	100.0%
Utah	6,169	0.6%	4,449	72.1%	4,449	100.0%
Vermont	2,006	0.2%	846	42.2%	846	100.0%
Virginia	22,259	2.0%	15,339	68.9%	15,339	100.0%
Washington	23,930	2.2%	16,810	70.2%	16,210	96.4%
West Virginia	2,277	0.2%	1,057	46.4%	1,057	100.0%
Wisconsin	5,614	0.5%	4,454	79.3%	3,854	86.5%
Wyoming	321	0.0%	241	75.1%	201	83.4%
TOTAL						

SECTION 3: Patient Resources

Patients often struggle to identify accurate and easy to navigate information on their eligibility for the JYNNEOS® (vaccine) or TPOXX® (antiviral treatment) available in their area or even their state. The table below is designed to link directly to a state, territory, or jurisdiction’s MPV/MPX informational pages, describe the types of provider entities in which vaccination or treatment may be obtained, and if an online, central booking tool exists for patients. Links contained within descriptions point directly toward resource lists correlated to the given jurisdiction.

The Centers for Disease Control and Prevention currently maintains a [Patient’s Guide to Monkeypox Treatment with TPOXX](#), directing patients to ask their provider for assistance in accessing the anti-viral treatment, should they need it.

Disclaimer: The accuracy of the information provided is based solely that the links provided were “live” only during the period of information gathering related to this report.

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Vaccine and TPOXX Access by Jurisdiction Table

Jurisdiction	Distributing Entity Type <i>HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other</i>	Centralized Appointment
Alabama	Vaccines available through local Health Department, no in-state specific TPOXX information available.	No
Alaska	Vaccines available through select community partners and Local Health Department (limited online vaccination booking available), no in-state specific TPOXX information available.	No
Arizona	Vaccines available through County health Departments, no in-state specific TPOXX information available.	No
Arkansas	Vaccines available through select community partners, pharmacies, FQHCs, and County Health Departments, TPOXX available through provider referral and coordinated by State Health Department.	No
California	Vaccines available through provider referral coordinated by County Health Departments, no in-state specific TPOXX is available.	No
Colorado	Vaccines available through select community partners, pharmacies, and County Health Department (including mobile clinics, schedule and booking on webpage), no in-state specific TPOXX information is available.	No
Connecticut	Vaccinations available through select community partners and Local Health Departments, no in-state specific TPOXX information is available.	No
Delaware	Vaccine available at Newark Urgent Care , Beebe Healthcare , and State Health Department clinics, no in-state specific TPOXX information is available.	No
District of Columbia	Vaccines available through District Health Department walk-up clinic. No in-territory specific TPOXX information is available.	No
Florida	Vaccines available through select community partners (very limited) and County Health Departments, no in-state specific TPOXX information is available.	No
Georgia	Vaccines available through State and County Health Departments (centralized online booking available), no in-state specific TPOXX information is available.	Yes
Hawaii	Vaccines available through select community partners, FQHCs, and Local Health Departments, TPOXX available through provider referral coordinated by State Health Department.	No
Idaho	Vaccines available through select community partners and Local Health Department clinics, no in-state specific TPOXX information available.	No
Illinois	Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments (locator tool available), TPOXX available through provider referral coordinated by County Health Department or directly through County Health Department clinics.	No

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Jurisdiction	Distributing Entity Type <i>HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other</i>	Centralized Appointment
Indiana	Vaccines available through providers and County health Departments (including mobile unit outreach), TPOXX available through provider referral coordinated by State Health Department.	No
Iowa	Vaccines available through County Health Departments, no in-state specific TPOXX information available.	No
Kansas	Vaccines available through select community partners and Local Health Departments, TPOXX available through provider referral coordinated by State Health Department.	No
Kentucky	Vaccine available through select community partners and County Health Departments, TPOXX available through provider referral and coordinated by State Health Department.	No
Louisiana	Vaccines available through select community partners and Parish/local Health Departments, TPOXX available through select community partners and coordinated through State Health Department.	No
Maine	Vaccines and TPOXX available through select community partners listed on webpage.	No
Maryland	Vaccines are available through County Health Department with pre-registration , provider referral coordinated through State Health Department for TPOXX.	No
Massachusetts	Vaccines are available through select community partners, STI clinics, and FQHCs, provider referral coordinated through State Health Department for TPOXX.	No
Michigan	Vaccines are available through County health Departments and provider referral, no in-state specific TPOXX information is available.	No
Minnesota	Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments (locator tool available), no in-state specific TPOXX information is available.	No
Mississippi	Vaccines are available through select community partners and County health Departments, TPOXX available through provider referral/request coordinated by State Health Department.	No
Missouri	Vaccines are available through provider referral and Local Health Departments, no in-state specific TPOXX information is available.	No
Montana	Vaccines available through select County Health Departments, required state approval for TPOXX.	No
Nebraska	Vaccines available after state notification via local Health department, TPOXX information refers to Strategic National Stockpile (no specific information on in-state access).	No
Nevada	Vaccines and TPOXX available through select County Health Departments and their partners.	No
New Hampshire	Vaccines and TPOXX coordinated by select providers and through County Health Departments.	No

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Jurisdiction	Distributing Entity Type <i>HD, HIV/STI clinics, FOHCs, hospitals, pharmacies, other</i>	Centralized Appointment
New Jersey	Vaccines and TPOXX available through County Health Departments, select FOHCs, and other community partners.	No
New Mexico	Vaccines coordinated via State Health Department screening site. No specific TPOXX information available.	Yes
New York (state)	Vaccines available through select County Health Departments, TPOXX available through select community partners .	No
New York City	Vaccines available through City Health Department sites, TPOXX available through provider referral coordinated with City Health Department. For those without a provider, visit ExpressCare .	Yes
North Carolina	Vaccines available through County Health Departments (CHDs may coordinate with community partners), no specific information on in-state access to TPOXX.	No
North Dakota	Vaccines available through select County health Departments and select community partners, no specific information on in-state access to TPOXX.	No
Ohio	Vaccines are available to limited geographies and require a provider referral, coordinated through local health departments.	No
Oklahoma	Vaccines available through provider referral coordinated through Local health Departments or through County Health Department Clinics. Central information phone number.	No
Oregon	Vaccines and TPOXX available through select community partners and County Health Departments, locator tool available.	No
Pennsylvania	Vaccines and TPOXX available through provider referral coordinated through County or State Health Department. Centralized information phone number.	No
Puerto Rico	Vaccines available through select community partners , no in-territory specific information available for TPOXX.	No
Rhode Island	Vaccines available through County Health Departments and select community partners (spreadsheet of event information with clickable registration link in-sheet), no in-state specific information on TPOXX.	Yes
South Carolina	Vaccines available through select community partners and State Health Department (including State Health department phone number and web chat), TPOXX available through provider referral or local health department.	No
South Dakota	Vaccines available through community partners, TPOXX available through provider referral, coordinated with State Health Department.	No
Tennessee	Vaccines available through County Health departments, no in-state specific TPOXX information available.	No
Texas	Vaccines and TPOXX available through County Health departments and private provider referrals.	No

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Jurisdiction	Distributing Entity Type <i>HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other</i>	Centralized Appointment
Utah	Vaccines available through County health Departments and select community partners, TPOXX available through private provider referral coordinated through State Health Department.	No
Vermont	Vaccines and TPOXX available through select community partners, FQHCs, and County health Departments, locator tool available.	No
Virginia	Vaccines available through select community partners, FQHCs, STI Clinics, and County Health Departments, no in-state specific TPOXX information is available.	No
Washington	Vaccines are available through select community partners and County Health departments (locator tool for *some* partners is available), TPOXX is available through provider referral and coordinated through County health Departments.	No
West Virginia	Vaccines available through County health Departments, no in-state specific TPOXX information is available.	No
Wisconsin	Vaccines are available through select community partners, certain FQHCs, and County Health Department clinics, no in-state specific TPOXX information is available.	No
Wyoming	Vaccines are available through Local Health Offices, no in-state specific TPOXX information is available.	No

SECTION 4: HIV and MPV

According to a paper published in September 2022, among 1,969 persons diagnosed with MPV in eight U.S. jurisdictions—California, Los Angeles County, San Francisco, the District of Columbia, Georgia, Illinois, Chicago, and New York state—38% were identified in People Living with HIV/AIDS (PLWHA). Additionally, 41% of those diagnosed had been diagnosed with a Sexually Transmitted Infection (STI) in the preceding year. Among persons with MPV, hospitalization was more common in PLWHA than in those without HIV infection (Curran, et al., 2022).

Because the current MPV outbreak appears to be most readily transmissible among sexual networks of gay, bisexual, transgender, and other men who have sex with men (MSM), a cohort disproportionately affected by HIV, it is important to prioritize PLWHA for testing, vaccination provision, and treatment with TPOXX (*where available*). In addition to PLWHA, persons who are candidates for or are currently prescribed a regimen of Pre-Exposure Prophylaxis (PrEP) should be prioritized.

In addition to screening and testing PLWHA, healthcare providers should be using MPV testing and screening as an opportunity to test and screen for other STIs, including HIV. Healthcare providers should be using these opportunities to link patients to other types of care and services.

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Wider surveillance is necessary to create a more complete picture of HIV/MPV co-infection. While jurisdictional reporting is an excellent starting point, this reporting needs to be standardized across all jurisdictions. Data sharing from jurisdictions has fluctuated over the course of the 2022 MPV outbreak, with some jurisdictions joining data collection efforts, other jurisdictions inconsistently reporting data, and others still not reporting data to the CDC at all. The CDC’s ability to compel data from jurisdictions is limited and largely reliant on funding opportunities. Congress has yet to appropriate additional funding for the CDC to address the 2022 MPV outbreak.

The CDC has put together a map showing reported MPV cases per 100,000 Estimated Men who have Sex with Men (MSM) populations who are either PrEP indicated or PLWHA. This map details the relative risk of contracting MPV in areas where HIV prevalence is high.

United States Reported Monkeypox Cases per 100,000 Estimated MSM PrEP Indicated + MSM LWHIV*

Data as of September 23, 2022

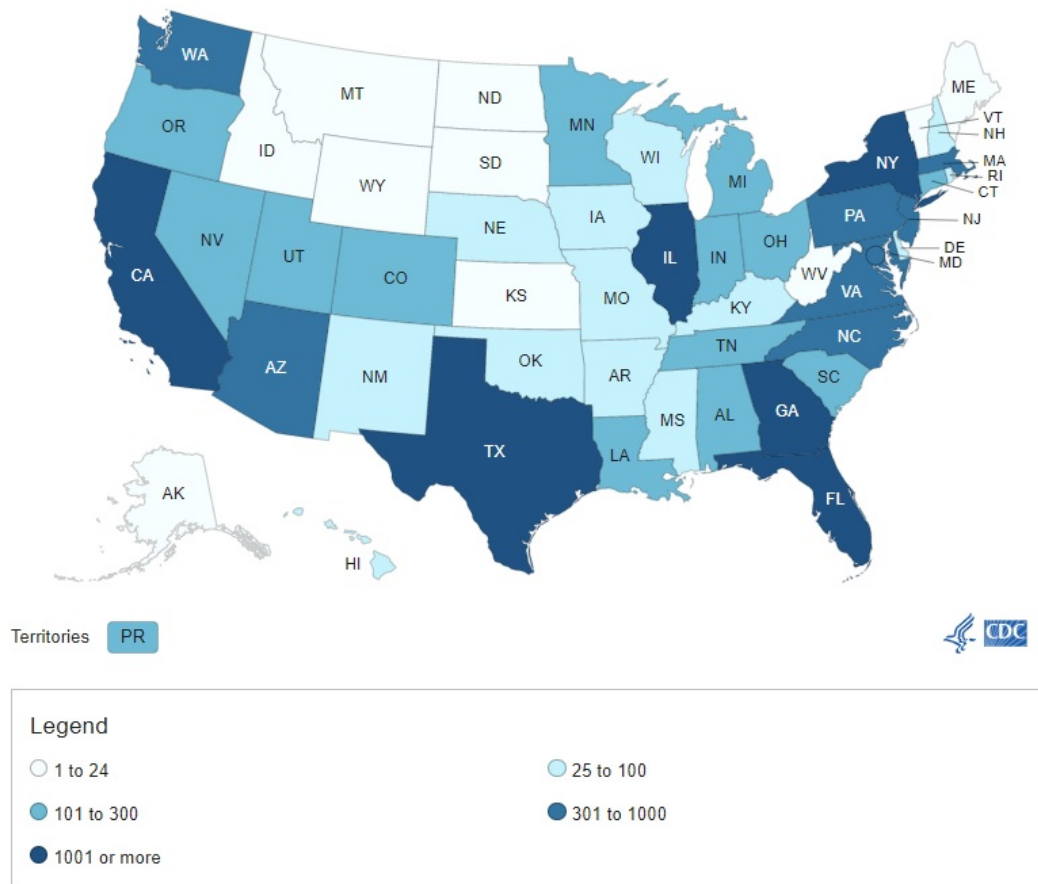


Figure 4 – United States Reported Monkeypox Cases per 100,000 Estimated MSM PrEP Indicated + MSM LWHIV

* Jurisdictional Information currently only available via CDC reference page

** Jurisdictional Information Not Publicly Available

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SECTION 5. Current News

- [Monkeypox Vaccine Equity Pilot Program](#) – *Centers for Disease Control and Prevention, September 15th, 2022*

Equity-focused vaccine projects present an opportunity to pilot creative ways to reach populations who are most affected by monkeypox virus, while contributing to our knowledge of best practices in this current outbreak. Dedicated efforts may reach populations who face barriers to awareness, education, and prevention measures like vaccination. Barriers could include differences in language, location of vaccination sites, vaccine hesitancy, mistrust of government, and lack of access to on-line scheduling technology. Additionally, affected individuals may avoid accessing vaccination at events oriented toward specific sexual or gender identities or sexual activity out of fear of being stigmatized. The Monkeypox Vaccine Equity Pilot Program was developed to demonstrate new, innovative, and non-traditional ways to address vaccination disparities within populations who are most affected.

- [‘Very Harmful’ Lack of Data Blunts U.S. Response to Outbreaks](#) – *New York Times (Subscription may be required), September 20th, 2022*

Major data gaps, the result of decades of underinvestment in public health, have undercut the government response to the coronavirus and now to monkeypox.

- [MPX vaccines are becoming easier to access. Here’s how to get your shot](#) – *Los Angeles Times (Subscription may be required), September 20th, 2022*

Cases of MPX have cratered after rising exponentially in early August. An [encouraging bar chart](#) from the L.A. County Department of Public Health visualizes the steep decline: There were over 200 new MPX cases each week in L.A. County during the month of August. But in the first week of September, there were just 148, and numbers have continued to fall. Statewide data [show similar trends](#).

- [Will monkeypox become a pandemic?](#) – *Live Science, September 23rd, 2022*

As of Sept. 21, the current monkeypox outbreak has infected 62,532 people across 105 countries. Still, the World Health Organization (WHO) has not yet classified the current caseload as a pandemic.

But could that change? Given its spread, could [monkeypox](#) become a pandemic?

- [‘Disaster to disaster’: Underinvestment in public health systems obstructs response to Covid, monkeypox, Walensky says](#) – *STAT News, September 23rd, 2022*

For the record, Rochelle Walensky, director of the Centers for Disease Control and Prevention, would take the job again.

“I’m a clinician, a physician at heart,” she said Friday. “And when somebody calls you for help, you run.”

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

- [Life after monkeypox: Men describe an uncertain road to recovery](#) – *NBC News, September 25th, 2022*

During the four months of the monkeypox outbreak, health care providers, researchers and an anxious public have scrambled to determine how the virus transmits, how to prevent it and how the infection plays out in the body.

Little attention has been paid to what comes after the infection clears.

- [BD, CerTest bring monkeypox research test to the US](#) – *Fierce Biotech, September 26th, 2022*

After launching their research-use-only test for monkeypox internationally this past July, BD and its Spain-based diagnostic partner CerTest Biotec are bringing their PCR assay to U.S. shores.

SECTION 6: State Surveillance Highlight

Coming Soon...

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