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 October 26th, 2022, there have been a total of 26,253 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)

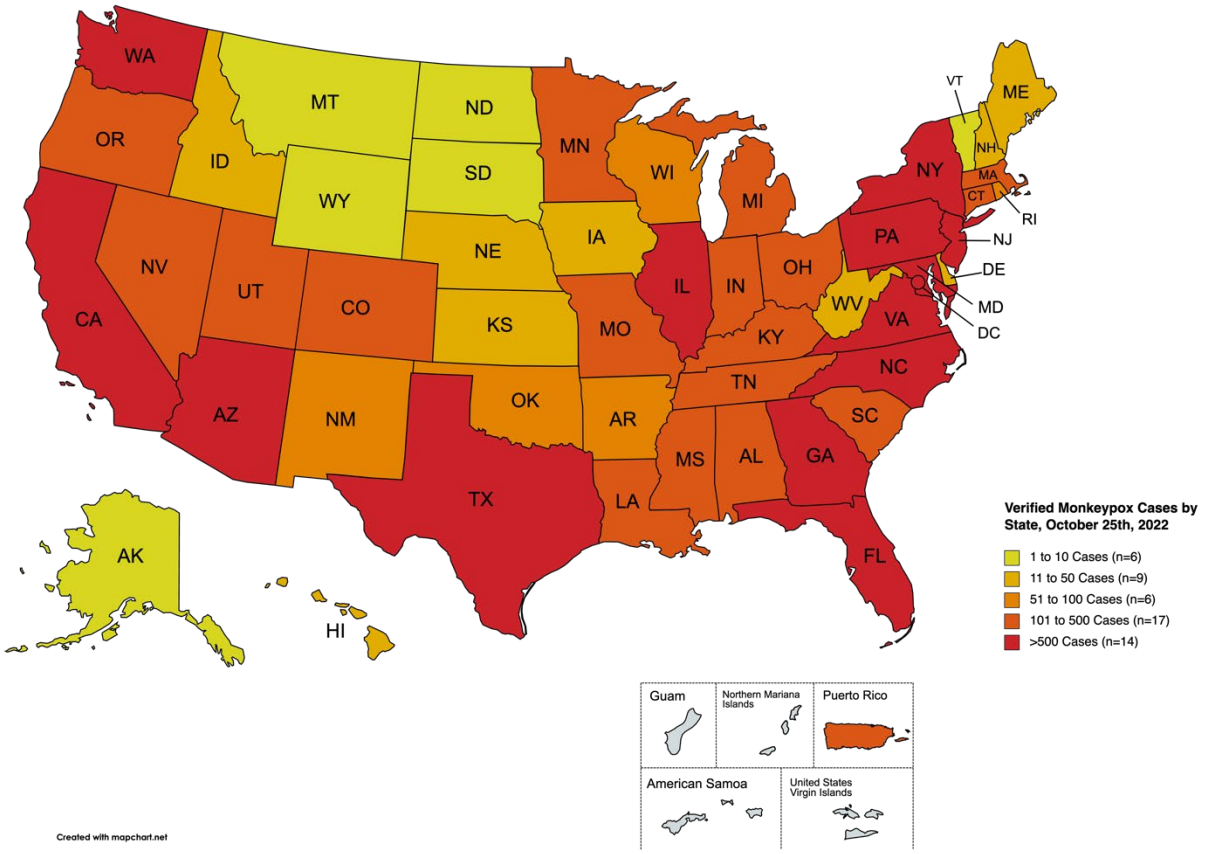

Figure 1 – MPV Incidence by State, October 25th, 2022 (Source: CDC, 2022b)

The states with the highest cumulative incidence of MPV as of October 25th, 2022, are:

1.) California – 5,372
2.) New York – 4,082
3.) Florida – 2,697
4.) Texas – 2,677
5.) Georgia – 1,899

(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, October 9th, 2022 (MMWR Week 36)

Since the beginning of the MPV outbreak, the majority of MPV cases identified (95.9%) have been diagnosed in men, with the largest number of cases being identified in men aged 31-35. Of the 26,662 cases identified, five age groups of men—21-24, 26-30, 31-35, 36-40, and 41-45—have cumulative case counts over 2,000, with men aged 31-35 having 6,191 cases. Just 2.5% 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 41, 44.4% of MPV diagnoses were in Black Americans, 22.2% in Hispanic Americans, and 27.4% 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, October 2022

Monkeypox Cases by Race *(as of October 9, 2022)*			
Race	**% Total Cases**	**% Increase/Decrease from September Report**	**Percent of Total Population**
American Indian/Alaska	0.8%	15.9%	0.7%
Asian	0.8%	-63.4%	5.9%
Black	44.4%	18.7%	12.6%
Hispanic/Latino	22.2%	-23.4%	18.9%
Multiple	1.6%	131.7%	2.3%
Native Hawaiian/Pacific	0.0%	-100.0%	0.2%
Other	2.8%	-2.7%	-
White	27.4%	2.5%	59.3%

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Table 2 – Monkeypox Cases by Gender, October 2022

Monkeypox Cases by Gender *(October 19, 2022)*			
Gender	**Incidence**	**% Total Reported Cases**	**% Increase in New Diagnoses**
Man	25,563	95.9%	35.2%
Transgender Man	64	0.2%	33.3%
Transgender Woman	180	0.7%	28.6%
Woman	671	2.5%	54.6%
Another Sex/Gender	184	0.7%	21.1%
TOTAL	**24,442**	**100%**	**35.5%**

** (Gender reporting is available in only 96.5% of MPV cases)*

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

Monkeypox Test Administration and Positivity Rate by MMWR Week, October 22, 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	1,039	473	45.5%
Week 27	1,433	659	46.0%
Week 28	3,840	1,962	51.1%
Week 29	4,398	2,095	47.6%
Week 30	5,448	2,161	39.7%
Week 31	12,759	4,036	31.6%
Week 32	16,332	3,783	23.2%
Week 33	18,139	4,063	22.4%
Week 34	14,904	3,277	22.0%
Week 35	11,503	2,399	20.9%
Week 36	7,636	1,506	19.7%
Week 37	6,501	1,349	20.8%
Week 38	5,586	1,126	20.2%
Week 39	3,089	609	19.7%

MMRW Week	Number of Tests	Test Positivity	Percent Positive
Week 40	2,334	500	21.4%
Week 41	1,969	418	21.2%
Week 42	381	107	28.1%

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.

In a change from the September 2022 MPV Monitoring Report, the jurisdictions that were listed as not reporting vaccination administration data have begun reporting. Additionally, the jurisdictions of the Republic of Palau, American Samoa, Federated States of Micronesia, and Marshall Islands have been onboarded, but have not administered any vaccine.

As of October 22nd, 2022, there were 661,937 first doses of the vaccine and 349,183 second doses administered in the United States. Of the first-dose vaccines administered, 310,272 (46.9%) have been administered to White Americans, 135,062 (20.4%) to Hispanic Americans, 75,198 (11.4%) to Black Americans, and 45,339 (6.8%) to Asian Americans. 59,721 (9%) first-dose vaccines have been delivered to persons for whom no race demographic information was reported.

1,091,550 vials have been allocated to the 50 states, Puerto Rico, and the District of Columbia, with 613 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.

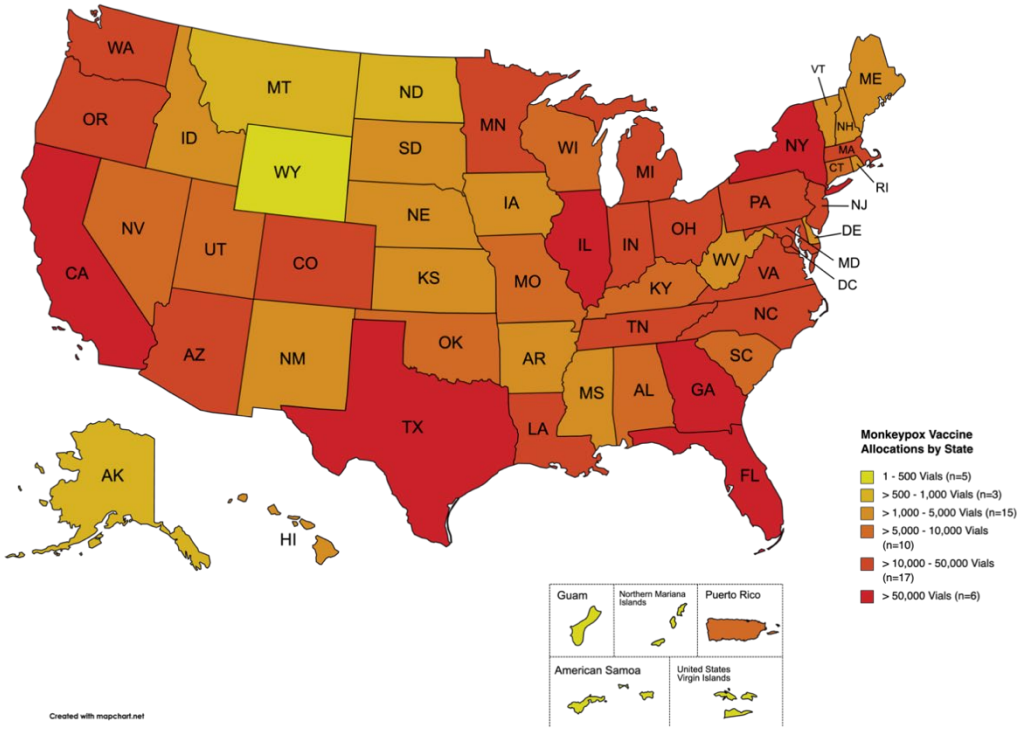

Figure 2 – Monkeypox Vaccine Allocations by State, October 2022

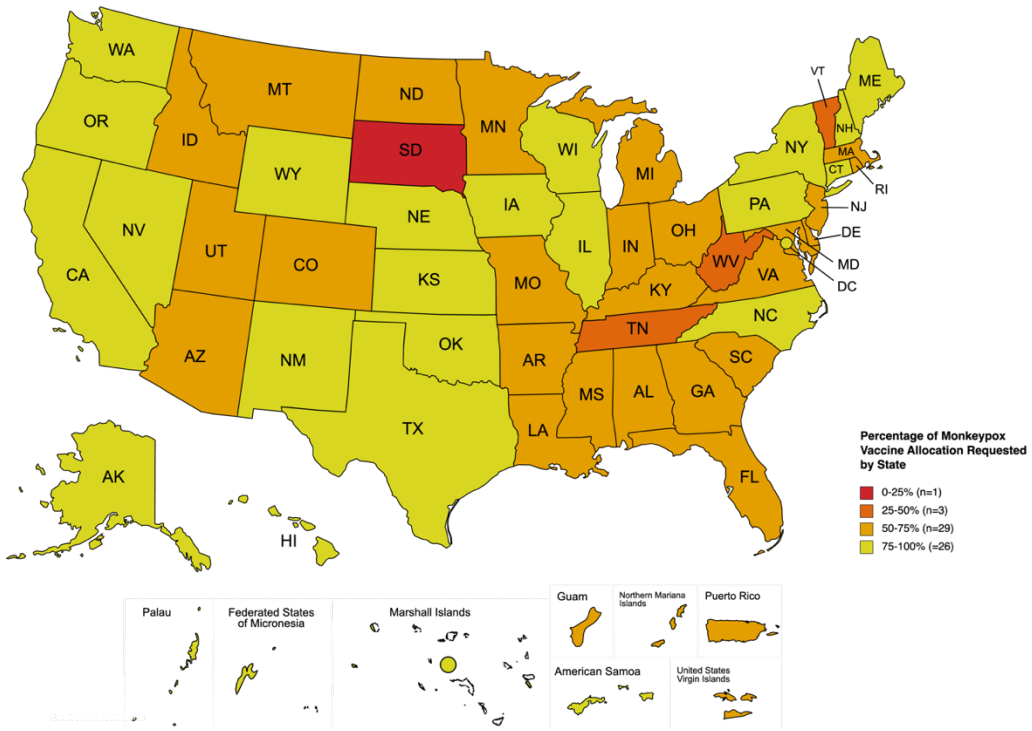

Figure 3 – Percentage of Monkeypox Vaccine Allocations Requested by State, September 2022

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

Monkeypox First-Dose Vaccine Administration by Race in 48 U.S. Jurisdictions *(October 18, 2022)*			
Race	**Number of First Dose**	**% Total First Dose**	**% Increase/Decrease from Previous Report**
White	303,475	46.9%	-0.3%
Hispanic	131,923	20.4%	-2.0%
Black	73,837	11.4%	0.6%
Asian	44,373	6.9%	-4.3%
Other	15,903	2.5%	-1.4%
American Indian/Alaska Native	2,271	0.4%	19.1%
Multiple	15,698	2.4%	6.3%
Native Hawaiian/Pacific Islander	1,524	0.2%	-4.7%
Unknown	58,389	9.0%	7.7%
TOTAL	647,393		

** (Data exclude vaccines delivered in Palau, American Samoa, Federated States of Micronesia, or Marshall Islands)*

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

Monkeypox First-Dose Vaccine Administration by Sex *(October 18, 2022)*			
Sex	**Number of First Dose**	**% Total First Dose**	**% Increase/Decrease from Previous**
Male	583,788	90.2%	-0.7%
Female	52,149	8.1%	7.5%
Unknown	11,456	1.8%	5.3%
TOTAL	647,393		

Table 6 – Monkeypox First-Dose Vaccine Administration by Age, as of October 2022

Monkeypox First-Dose Vaccine Administration by Age *(October 18, 2022)*			
Age	**Number of First Dose**	**% Total First Dose**	**% Increase/Decrease from Previous Report**
0-4	234	0.0%	17.2%
5-11	332	0.0%	15.2%
12-17	432	0.1%	15.1%

Age	Number of First Dose	% Total First Dose	% Increase/Decrease from Previous Report
18-24	50,562	7.1%	-4.7%
25-39	304,567	43.1%	-10.0%
40-49	177,588	25.1%	37.4%
50-64	137,582	19.4%	-7.0%
65+	36,088	5.1%	-5.1%
Unknown	8	0.0%	19.4%
TOTAL	707,393		

Table 7 – Monkeypox Vaccine Allocation by Jurisdiction, October 2022

Monkeypox Vaccine Allocation by Jurisdiction (JYNNEOS®), *(October 24, 2022)*						
Jurisdiction	**Allocation**	**% Total Supply**	**Requested**	**% Allocation**	**Shipped**	**%Shipped**
Alabama	6,163	0.6%	4,523	73.4%	4,523	100.0%
Alaska	660	0.1%	600	90.9%	600	100.0%
American Samoa	40	0.0%	40	100.0%	40	100.0%
Arizona	16,433	1.5%	12,173	74.1%	12,173	100.0%
Arkansas	3,280	0.3%	2,460	75.0%	2,460	100.0%
California	112,309	10.3%	114,189	101.7%	114,189	100.0%
Los Angeles	73,802	6.8%	65,522	88.8%	65,522	100.0%
Colorado	18,145	1.7%	12,805	70.6%	12,805	100.0%
Connecticut	6,328	0.6%	6,328	100.0%	6,328	100.0%
Delaware	1,895	0.2%	1,415	74.7%	1,415	100.0%
District of Columbia	28,995	2.7%	27,415	94.6%	27,415	100.0%
F. S. Micronesia	20	0.0%	20	100.0%	20	100.0%
Florida	112,680	10.3%	74,720	66.3%	74,720	100.0%
Georgia	54,482	5.0%	33,522	61.5%	33,522	100.0%
Guam	120	0.0%	80	66.7%	80	100.0%
Hawaii	3,852	0.4%	3,232	83.9%	3,232	100.0%
Idaho	2,000	0.2%	1,360	68.0%	1,360	100.0%
Illinois	19,198	1.8%	15,298	79.7%	15,298	100.0%
Chicago	50,469	4.6%	40,629	80.5%	40,629	100.0%
Indiana	11,872	1.1%	7,812	65.8%	7,812	100.0%
Iowa	2,441	0.2%	1,901	77.9%	1,901	100.0%
Kansas	2,156	0.2%	1,916	88.9%	1,916	100.0%
Kentucky	6,140	0.6%	4,020	65.5%	4,000	99.5%
Louisiana	11,882	1.1%	8,862	74.6%	8,862	100.0%
Maine	1,411	0.1%	1,251	88.7%	1,231	98.4%
Marshall Islands	20	0.0%	20	100.0%	20	100.0%
Maryland	23,299	2.1%	14,539	62.4%	14,539	100.0%

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Allocation	% Total Supply	Requested	% Allocation	Shipped	%Shipped
Massachusetts	24,451	2.2%	18,311	74.9%	18,311	100.0%
Michigan	14,318	1.3%	9,518	66.5%	9,518	100.0%
Minnesota	10,658	1.0%	7,158	67.2%	7,158	100.0%
Mississippi	3,241	0.3%	1,821	56.2%	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%	1,421	86.6%	1,421	100.0%
Nevada	8,642	0.8%	7,362	85.2%	7,362	100.0%
New Hampshire	1,467	0.1%	1,147	78.2%	1,147	100.0%
New Jersey	22,269	2.0%	16,149	72.5%	16,149	100.0%
New Mexico	3,436	0.3%	2,996	87.2%	2,996	100.0%
New York	43,375	4.0%	34,695	80.0%	34,695	100.0%
New York City	118,444	10.9%	103,104	87.0%	103,104	100.0%
North Carolina	20,288	1.9%	16,548	81.6%	16,528	99.9%
North Dakota	555	0.1%	415	74.8%	415	100.0%
No. Mariana Islands	60	0.0%	40	66.7%	40	100.0%
Ohio	18,713	1.7%	12,573	67.2%	12,573	100.0%
Oklahoma	5,316	0.5%	4,756	89.5%	4,756	100.0%
Oregon	11,498	1.1%	10,198	88.7%	10,098	99.0%
Palau	20	0.0%	20	100.0%	20	100.0%
Pennsylvania	16,747	1.5%	13,491	80.6%	13,491	100.0%
Philadelphia	10,638	1.0%	6,630	62.3%	6,630	100.0%
Puerto Rico	5,367	0.5%	3,267	60.9%	3,267	100.0%
Rhode Island	4,014	0.4%	2,774	69.1%	2,774	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	50,814	4.7%	43,314	85.2%	43,314	100.0%
Houston	27,026	2.5%	14,146	52.3%	14,146	100.0%
Tribal Entities	93	0.0%	0	0.0%	0	-
U.S. Virgin Islands	240	0.0%	180	75.0%	180	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%	15,439	69.4%	15,399	99.7%
Washington	23,930	2.2%	18,450	77.1%	18,450	100.0%
West Virginia	2,277	0.2%	1,057	46.4%	1,057	100.0%
Wisconsin	5,614	0.5%	4,534	80.8%	4,454	98.2%
Wyoming	321	0.0%	281	87.5%	281	100.0%
TOTAL	1,091,550		851,613	78.0%	851,333	100.0%

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.

Vaccine and TPOXX Access by Jurisdiction Table

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Alabama	• Vaccines available through local Health Department. • Information about TPOXX is limited but indicates that TPOXX may be obtained. The Alabama Department of Public Health issued the following guidance: https://www.alabamapublichealth.gov/bcd/assets/adph_han_mpx_update080222.pdf	No
Alaska	• Vaccines available through select community partners and Local Health Department (limited online vaccination booking available) • TPOXX information is limited. Physicians may request TPOXX using the following form: https://health.alaska.gov/dph/Epi/id/Documents/Monkeypox/TPOXX-Checklist.pdf	No
Arizona	• Vaccines available through County health Departments. • TPOXX is distributed through the Northern, Central, and Southern Arizona regional hubs, but information about the medication is provided primarily to healthcare providers (Link). Patients must provide informed consent to receive medication.	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. The Arkansas Department of Health has released the following guidance: https://www.healthy.arkansas.gov/images/uploads/pdf/HAN_TPOXX.pdf	No

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
California	• Vaccines available through provider referral coordinated by County Health Departments. • Information about TPOXX is limited but is available through provider request. Providers are instructed to contact their LHD for prescribing or accessing TPOXX for patients.	No
Colorado	• Vaccines available through select community partners, pharmacies, and County Health Department (including mobile clinics, schedule and booking on webpage). • Information about TPOXX is available on the following website: https://cdphe.colorado.gov/diseases-a-to-z/if-you-have-monkeypox	No
Connecticut	• Vaccinations available through select community partners and Local Health Departments • Information about TPOXX is limited and largely geared toward providers. The Connecticut Department of Public Health has released the following guidance: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/Monkeypox/TPOXX-Treatment-Request-Communication.pdf	No
Delaware	• Vaccine available at Newark Urgent Care, Beebe Healthcare, and State Health Department clinics • Information about TPOXX is limited and geared primarily toward providers. The Delaware Division of Public Health has released the following guidance: https://dhss.delaware.gov/dph/epi/files/troxxrderingprocess.pdf	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 Department. Vaccine information is available on each county's website. Patients may find their LHD using the following search portal: https://www.floridahealth.gov/all-county-locations.html?utm_source=floridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-department/index • No in-state specific TPOXX information is available.	No
Georgia	• Vaccines available through State and County Health Departments • Centralized vaccine appointment book is available at the following link: https://gta-vras.powerappsportals.us/en-US/ • No in-state specific TPOXX information is available.	Yes

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Hawaii	• Vaccines available through select community partners, FQHCs, and Local Health Departments. The Hawaii Department of Health lists those locations at the following link: https://health.hawaii.gov/docd/disease_listing/monkeypox/#section2 • TPOXX available through provider referral coordinated by State Health Department.	No
Idaho	• Vaccines available through select community partners and Local Health Department clinics. Idaho Public Health District contacts may be found here: https://healthandwelfare.idaho.gov/health-wellness/community-health/public-health-districts • The state refers patients to the national Building Healthy Online Communities vaccine finder database: https://mpoxvaxmap.org/ • No in-state specific TPOXX information available.	No
Illinois	• Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments • The state refers patients to the national Building Healthy Online Communities vaccine locator database: https://mpoxvaxmap.org/ • TPOXX available through provider referral coordinated by County Health Department or directly through County Health Department clinics.	No
Indiana	• Vaccines available through providers and County health Departments (including mobile unit outreach). • Vaccine clinics are highly restricted and located primarily in Indianapolis at the Indiana University Methodist Hospital (by registration) and Public University of Indianapolis (IUPUI). • Interested patients should refer to the following site for updated clinic information: https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/monkeypox/vaccine-clinics/ • TPOXX available through provider referral coordinated by State Health Department. Providers must complete the following form for each patient: https://redcap.isdh.in.gov/surveys/?s=3REN7J3XRDE3FTTJ	No
Iowa	• Vaccines available through County Health Departments and select community providers. • Interested patients may find vaccine locations using the following site: https://idph.iowa.gov/ehi/monkeypox/vaccine • No in-state specific TPOXX information available	No

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Kansas	• Vaccines available through select community partners and Local Health Departments • Interested patients may find vaccine providers using the following site: https://www.kdhe.ks.gov/1952/Monkeypox-Vaccine • TPOXX available through provider referral coordinated by State Health Department.	No
Kentucky	• Vaccine available through select community partners and County Health Departments • Interested patients may find vaccine providers using the following document: https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/MPXVaxLocations.pdf • TPOXX available through provider referral and coordinated by State Health Department.	No
Louisiana	• Vaccines available through select community partners and Parish/local Health Departments • Interested patients may find vaccine providers using the following document: https://ldh.la.gov/assets/oph/monkeypox/vaccine-locations/MonkeypoxVaccineLocations.pdf • 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. • Interested patients may find vaccine providers using the following site: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/zoonotic/monkeypox.shtml#vaccine • Interested patients may find TPOXX providers using the following site: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/zoonotic/monkeypox.shtml#treatment	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 • Interested patients may find vaccine providers using the following site: https://www.mass.gov/info-details/monkeypox-vaccination#how-to-obtain-vaccine- • Provider referral coordinated through State Health Department for TPOXX.	No

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Michigan	• Vaccines are available through County health Departments and provider referral • Information about TPOXX is limited and geared toward providers. Michigan has released the following guidance for ordering TPOXX: https://www.michigan.gov/mdhhs/-/media/Project/Websites/coronavirus/Michigan-Data/08-23-2022/TPOXX-Request-Procedure.pdf?hash=3635ADFC78814C5BB9FB7DE299185F06&rev=8e1a12f157044222ab28829eaea9962f&utm_campaign=&utm_medium=email&utm_source=govdelivery	No
Minnesota	• Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments • The state refers patients to the national Building Healthy Online Communities vaccine finder database: https://mpoxvaxmap.org/ • No in-state specific TPOXX information is available.	No
Mississippi	• Vaccines are available through select community providers and County health Departments • Interested patients may find vaccine providers using the following site: https://msdh.ms.gov/msdhsite/_static/resources/19327.pdf • TPOXX available through provider referral/request coordinated by State Health Department. • The state has released the following guidance about TPOXX: https://msdh.ms.gov/page/resources/19266.pdf • Providers may access the TPOXX request form using the following site: https://apps.msdh.ms.gov/redcap/surveys/?s=JKE7D38YEADAENFT	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 • The state refers patients to the national Building Healthy Online Communities vaccine finder database: https://mpoxvaxmap.org/ • 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

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Nevada	• Vaccines and TPOXX available through select County Health Departments and their partners. • Interested patients may find vaccine providers using the following site: https://dpbh.nv.gov/Programs/Immunization/Monkeypox/MPX-Vaccination/	No
New Hampshire	• Vaccines and TPOXX coordinated by select providers and through County Health Departments. • Interested patients may find vaccine providers using the following site: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/monkeypox-vaccine-locations.pdf	No
New Jersey	• Vaccines and TPOXX available through County Health Departments, select FQHCs, and other community partners. • Interested patients may find vaccine providers using the following site: https://www.nj.gov/health/monkeypox/vaccines/index.shtml	No
New Mexico	• Vaccines coordinated via State Health Department screening site • Interested patients may register to receive the MPV vaccine using the following site: https://monkeypoxnm.org/ • 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. • Interested patients may schedule an appointment for the MPV vaccination using the following site: https://vaccinefinder.nyc.gov/ • 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) • Interested patients may find vaccine providers using the following site: https://www.ncdhhs.gov/divisions/public-health/monkeypox/monkeypox-vaccine-locations/additional-monkeypox-vaccine-locations • TPOXX is available through selected community providers. • Interested patients may find TPOXX providers using the following document: https://www.ncdhhs.gov/media/17917/download?attachment	No

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
North Dakota	• Vaccines available through select County health Departments and select community partners • Interested patients may find vaccine providers using the following site: https://www.health.nd.gov/monkeypoxvaccinelocator • 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 • Interested patients may use the following website to find a vaccination event: https://www.oregon.gov/oha/PH/Monkeypox/Pages/vaccine.aspx • The state refers patients to the national Building Healthy Online Communities vaccine finder database: https://mpoxvaxmap.org/	No
Pennsylvania	• Vaccines and TPOXX available through provider referral coordinated through County or State Health Department. Centralized information phone number. • Interested patients may call the following number for MPV vaccine information: 877-PA-HEALTH	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. • Interested patients may use the following spreadsheet to view provider locations and register for vaccination: https://docs.google.com/spreadsheets/d/1hMD7R36nI6e1T0BFYG0i-l2ewaMS-WTmokpZ1cjBqyo/edit - gid=0	Yes
South Carolina	• Vaccines available through select community partners and State Health Department • Interested patients may located vaccine providers here: https://sc-dhec.maps.arcgis.com/apps/instant/nearby/index.html?appid=5be0e6ed97eb4f2a874fe9c7bdd577e2 • Patients may also use the Public Health Clinics Web Chat at the following site: https://scdhec.gov/health/health-public-health-clinics/clinics-notice-privacy-practices • TPOXX available through provider referral or local health department.	No

Community Access National Network Monkeypox (MPV) Monitoring Project

– MPV Response Project for People Living with HIV –

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
South Dakota	• Vaccines available through community partners, TPOXX available through provider referral, coordinated with State Health Department. • Interested patients may find a vaccine provided using the embedded vaccine locator map in the "Your Health" tab at the following site: https://doh.sd.gov/diseases/infectious/diseasefacts/monkeypox.aspx	No
Tennessee	• Vaccines available through County Health departments • Interested patients may contact their local health departments to inquire about vaccine availability using the following site: https://www.tn.gov/health/health-program-areas/localdepartments.html • Providers may directly request TPOXX for patients using the following form: https://redcap.health.tn.gov/redcap/surveys/?s=N7NLA4KFK77FLKJH	No
Texas	• Vaccines and TPOXX available through County Health departments and private provider referrals. • Interested patients may contact their local health department to inquire about vaccine availability using the following site: https://dshs.state.tx.us/regions/lhds.shtm	No
Utah	• Vaccines available through County health Departments and select community partners • Interested patients may contact the providers listed on the following site under the "Vaccine Information" tab to inquire about vaccine availability: https://epi.health.utah.gov/monkeypox/ • 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. • The state refers patients to the national Building Healthy Online Communities vaccine finder database: https://mpoxvaxmap.org/	No
Virginia	• Vaccines available through select community partners, FQHCs, STI Clinics, and County Health Departments • Interested patients may contact their local health departments to inquire about vaccine availability using the following site: https://www.vdh.virginia.gov/health-department-locator/ • No in-state specific TPOXX information is available.	No

Jurisdiction	Distributing Entity Type *HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other*	Centralized Appointment
Washington	• Vaccines are available through select community partners and County Health departments • (locator tool for *some* partners is available) • Interested patients may inquire about vaccines by calling the following number: 1-833-829-HELP • 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 • Interested patients may contact the providers listed on the following site to inquire about vaccine availability: https://www.dhs.wisconsin.gov/lh-depts/counties.htm • No in-state specific TPOXX information is available	No
Wyoming	• Vaccines are available through Local Health Offices • Interested patients may inquire about vaccines from the providers listed on the following site: https://health.wyo.gov/publichealth/nursing/phn-co-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).

A recent report released by the CDC that observed a small sample of 57 patients found HIV co-infection in over 80% of cases (Miller, et al., 2022).

To date, only 3 jurisdictions track HIV/MPV co-infection, including:

- Michigan – 54% of persons diagnosed with MPV were also positive for HIV
- North Carolina – 51% of persons diagnosed with MPV were also positive for HIV
- Rhode Island – 26.6% of persons diagnosed with MPV were also positive for HIV

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.

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.

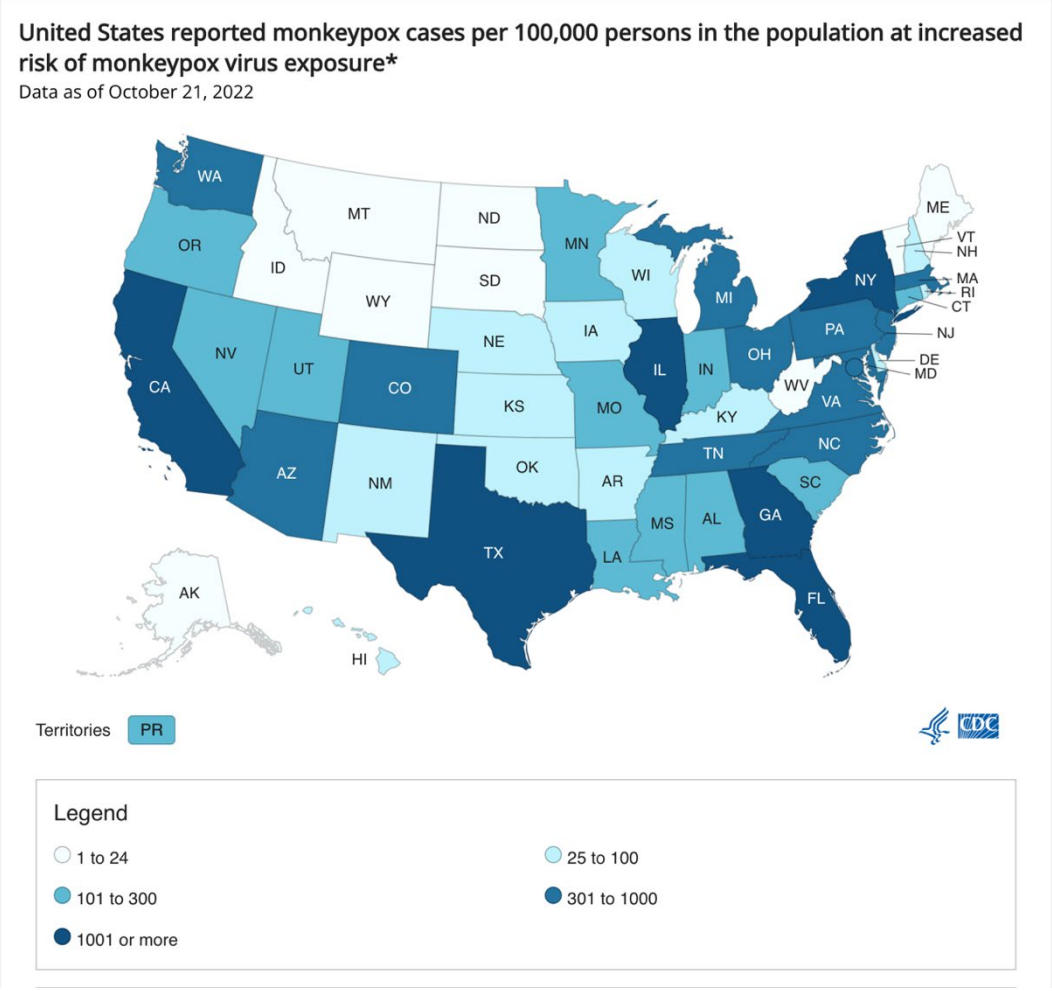

*Figure 4 – **United States reported monkeypox cases per 100,000 persons in the population at increased risk of monkeypox virus exposure*** Data as of October 21, 2022*

** Jurisdictional Information currently only available via CDC reference page; ** Jurisdictional Information Not Publicly Available*

SECTION 5. Current News

- **CDC: HIV Coinfection in Over 80% of Hospitalized Monkeypox Cases** – ***MedPage Today, October 27th, 2022 (Registration Required)***

In a cohort of patients hospitalized for monkeypox, four out of five had HIV and one in five died, CDC researchers said.

Of the 57 adults hospitalized due to serious complications from monkeypox, 82.5% had HIV and 8.5% were receiving antiretroviral therapy, reported Maureen Miller, MD, of the CDC's Monkeypox Emergency Response Team, and colleagues.

Altogether, 30% of patients received intensive care unit (ICU)-level care, and 12 patients died. Monkeypox was either a cause of death or a contributing factor in five of the deaths, while most of the other deaths are still under investigation, they noted in the *Morbidity and Mortality Weekly Report*.

- **Monkeypox study spotlights role of sexual transmission** – ***Center for Infectious Disease Research and Policy, October 10th, 2022***

A new study of GeoSentinel Network data involving 226 monkeypox cases from 15 countries shows that, of 219 patients for whom data were available, 216 (99%) reported sexual or close intimate contact in the 21 days before symptom onset.

The study is published in *The Lancet Infectious Diseases* and adds to a growing body of literature that shows the monkeypox outbreak is primarily fueled by sexual contact.

- **Monkeypox vaccine 79% effective, according to Israeli preprint study** – ***Center for Infectious Disease Research and Policy, September 26th, 2022***

According to a new non-peer reviewed study out of Israel, the Jynneos vaccine is 79% effective against monkeypox infection.

The study was based on patients eligible for monkeypox vaccine seen in the Clalit Health Services system between Jul 31 and Sep 12, 2022. Of 1,970 subjects eligible for the study, 873 (44%) were vaccinated with Jynneos and completed at least 25 days of follow-up.

- **Monkeypox vaccines still aren't reaching Black Americans** – ***The 19th, October 17th, 2022***

Monkeypox virus (MPV) cases are continuing to trend down overall across the United States, but queer Black Americans are still being disproportionately affected, data from the Centers for Disease Control and Prevention (CDC) show.

Black Americans are still not receiving as many MPV vaccine doses as White Americans. That disparity leaves them more vulnerable to the spread of a virus that is rarely lethal but can cause severe pain. This disparity is an inevitable outcome of a broken health care system, experts say — and it could have been avoided if queer people of color were prioritized first in MPV vaccination efforts, and if lessons learned from the COVID-19 were applied.

- **Six people who tested positive for monkeypox have died, health departments confirm – *CNN Health, October 23rd, 2022***

Six people who tested positive for monkeypox – two in New York City, two in Chicago, one in Nevada and one in Maryland – have died, local health departments have confirmed.

The New York City Department of Health and Mental Hygiene said it was "deeply saddened by the two reported deaths, and our hearts go out to the individuals' loved ones and community."

"Every effort will be made to prevent additional suffering from this virus through continued community engagement, information-sharing and vaccination," the NYC DOH said.

- **Few children affected by monkeypox so far – but risks are higher in children 8 or younger – *News Medical, October 28th, 2022***

Children aged 8 years or younger should be considered a group at high risk for more severe monkeypox disease, reports *The Pediatric Infectious Disease Journal,* the official journal of The European Society for Paediatric Infectious Diseases. The journal is published in the Lippincott portfolio by Wolters Kluwer.

Young children would be a key target group for smallpox vaccination and other urgent measures if the outbreak widens, according to the review by Petra Zimmermann, MD, PhD, of University of Fribourg, Switzerland, and Nigel Curtis, PhD, of The University of Melbourne and Murdoch Children's Research Institute, Australia. They provide an expert perspective on "What pediatricians need to know" about monkeypox in children.

SECTION 6: State Surveillance Highlights

As of October 28th, 2022:

- 28 states (AL, AR, CA, CO, CT, DE, FL, GA, IL, IN, KY, LA, MD, MA, MI, MN, MS, NJ, NM, NY, NC, RI, SC, TX, VA, WA, & WI) and the District of Columbia provide detailed demographic reporting on Monkeypox virus incidence on state-run websites. Both DE and FL omit race demographics from their reporting.

- 13 states (HI, ID, IA, KS, ME, MT, ND, OH, OR, SD, TN, UT, & WY) provide case counts, but no demographic breakdowns on state-run websites.

- 9 states (AK, AZ, MO, NE, NH, OK, PA, VT, & WV) and Puerto Rico report data directly to the CDC with no reporting on state-run websites.

- 1 state (NV) currently has a reporting dashboard under construction

While demographic reporting exists in a majority of states, reporting standards vary widely from state to state. An example of this occurs in the classification of "Hispanic" individuals. While some states classify "Hispanic" or "Latino" as a race category, others classify it as an ethnic category. This means that, while race categories such as "Black" and "Asian" have specific case counts, "Hispanic" case counts are counted entirely separately from race, making it difficult to compare state-by-state incidence demographics.

Other issues exist when states do not provide comprehensive racial demographic reporting. An example of this is the state of Alabama where race demographics are broken down into four categories: White, Black, Other, and Unknown. Nearly 10% of Alabama's population falls into the "Other" category, which again makes identifying disparities in other demographic groups difficult to measure.

As noted in Section 1, Black Americans account for 44% of all MPV diagnoses across the U.S. since the beginning of the outbreak. In the states with state-level demographic reporting, Black Americans account for a majority of new MPV diagnoses in eleven states (AL, AR, GA, LA, MD, MI, MS, NC, SC, TN, & VA). Of those states, nine are located in the American South, all which rank in the top ten states with the highest number of Black residents as a percentage of their states' populations.

As an example, in Alabama, Black Americans constitute 26.5% of the state's population but account for 71% of MPV diagnoses (Alabama NEDSS Base System, 2022). Similarly, in Georgia, Black Americans constitute 32% of the state's population but account for 77% of MPV diagnoses (Georgia Department of Public Health, 2022).

This is not the case, however, in every jurisdiction. In California, New Jersey, and New York state, Hispanic Americans represent the majority of new MPV diagnoses, as well as in New York City, which is counted as a separate jurisdiction from New York state. Additionally, in Colorado and Massachusetts, while Hispanic Americans do not account for the majority of new diagnoses, they do account for a significantly greater percentage of diagnoses than Black Americans living in those states.

In Colorado, Hispanic Americans constitute for 22% of the state's population but account for 34.8% of MPV diagnoses (Colorado Department of Public Health, 2022). Similarly, in Massachusetts, Hispanic Americans constitute 12.8% of the state's population but account for 31% of MPV diagnoses (Massachusetts Department of Public Health, 2022).

The lack of public-facing demographic reporting in Alaska, Arizona, Florida, Hawaii, Kansas, Missouri, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Texas, Utah, and Wyoming is considerably troubling, as each of those states have minority populations that account for more than 10% of their jurisdictions. While these data may be being reported to the CDC, without state-specific demographic breakdowns, it is difficult for local and state-level providers and advocates to direct and provide appropriate resources to populations who are disproportionately impacted.

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