

### **DECEMBER 8, 2022**



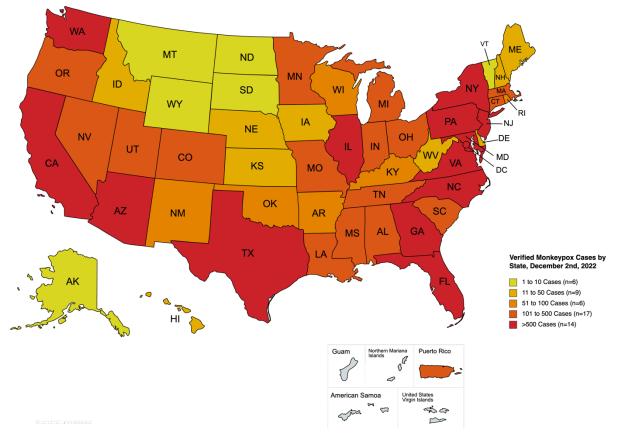


**Introduction:** The Community Access National Network (CANN), with support from Gilead Sciences via its <u>Monkeypox Global Emergency Fund</u>, will present periodic reports regarding the 2022 Monkeypox (MPV) outbreak in the United States, as part of its <u>MPV Response Project for People Living with HIV</u>. 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 December 2<sup>nd</sup>, 2022, there have been a total of 26,253 identified MPV diagnoses, with the highest number of weekly diagnoses being in Week 31 (August 1<sup>st</sup>, 2022 – August 7<sup>th</sup>, 2022), with a weekly total of 3,180 diagnoses (CDC, 2022b)



*Figure 1 – MPV Incidence by State, December 7th, 2022 (Source: CDC, 2022b)* 





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The states with the highest cumulative incidence of MPV as of December 2<sup>nd</sup>, 2022, are:

- 1.) California 5,604
- 2.) New York 4,082
- 3.) Florida 2,697
- 4.) Texas -2,677
- 5.) Georgia 1,899

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(CDC, 2022c)
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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, November 30th, 2022 (MMWR Week 47)

Since the beginning of the MPV outbreak, the majority of MPV cases identified (95.5%) have been diagnosed in men, with the largest number of cases being identified in men aged 31-35. Of the 28,689 cases identified, six age groups of men—21-24, 26-30, 31-35, 36-40, 41-45, and 46-50—have cumulative case counts over 2,000, with men aged 31-35 having 6,386 cases. Just 2.8% of all cases have been identified in women. In trans populations, transgender women are likelier to be diagnosed with MPV (0.8% of MPV diagnoses) than transgender men (0.3% 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 47, 41.4% of MPV diagnoses were in Black Americans and 27.4% in White Americans. Black Americans have represented the highest percentage of patients diagnosed since MMRW Week 29. In parts of the country where Hispanic American populations are higher, such as the American West and Northeast, Hispanic Americans are disproportionately impacted.

Monkeypox Cases by Race (as of November 30, 2022)				
Race	Percent of Total Population			
Am. Indian/Alaska Native	0.0%	-100%	0.7%	
Asian	0.0%	-100%	5.9%	
Black	41.4%	-6.9%	12.6%	
Hispanic/Latino	10.3%	-53.4%	18.9%	
Multiple	6.9%	334.6%	2.3%	
Native Hawaiian/Pacific	0.0%	No Change	0.2%	
Other	10.3%	272.4%	-	
White	31%	13.3%	59.3%	





Monkeypox Cases by Gender (November 30, 2022)				
Gender	Incidence	% Total Reported Cases	% Increase in New Diagnoses	
Man	27,385	95.5%	12.1%	
Transgender Man	72	0.3%	14.3%	
Transgender Woman	220	0.8%	12.2%	
Woman	809	2.8%	-16.8%	
Another Sex/Gender	203	0.7%	17.3%	
TOTAL	28,689	100%	11.1%	

#### Table 2 – Monkeypox Cases by Gender, November 2022

\* (Gender reporting is available in 97.8% of MPV cases)

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

IMRW Week	Number of Tests	<b>Test Positivity</b>	<b>Percent Positive</b>	
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	3,869	1,975	51.0%	
Week 29	4,478	2,124	47.4%	
Week 30	5,568	2,202	39.5%	
Week 31	13,080	4,111	31.4%	
Week 32	16,739	3,829	22.9%	
Week 33	18,627	4,126	22.2%	
Week 34	15,282	3,328	21.8%	
Week 35	11,880	2,455	20.7%	
Week 36	7,830	1,533	19.6%	
Week 37	6,556	1,367	20.9%	
Week 38	5,628	1,128	20.0%	
Week 39	3,133	621	19.8%	





Monkeypox Te	Monkeypox Test Administration and Positivity Rate by MMWR Week, December 3, 2022				
MMRW Week	Number of Tests	Test Positivity	Percent Positive		
Week 40	2,362	507	21.5%		
Week 41	2,110	433	20.5%		
Week 42	1,630	338	20.7%		
Week 43	1,303	238	18.3%		
Week 44	1,306	199	15.2%		
Week 45	1,047	164	15.7%		
Week 46	863	131	15.2%		
Week 47	631	134	21.2%		
Week 48	283	70	24.7%		

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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.

As of November 29, 2022, there were 701,542 first doses of the vaccine and 413,257 second doses administered in the United States. Of the first-dose vaccines administered, 328,492 (46.8%) have been administered to White Americans, 144,328 (20.6%) to Hispanic Americans, 79,771 (11.4%) to Black Americans, and 47,866 (6.8%) to Asian Americans. 63,879 (9.1%) 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.





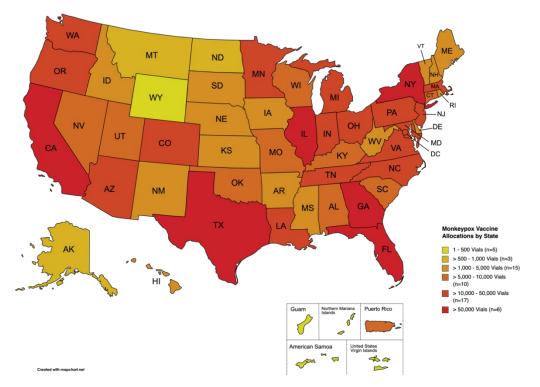


Figure 2 – Monkeypox Vaccine Allocations by State, December 2022

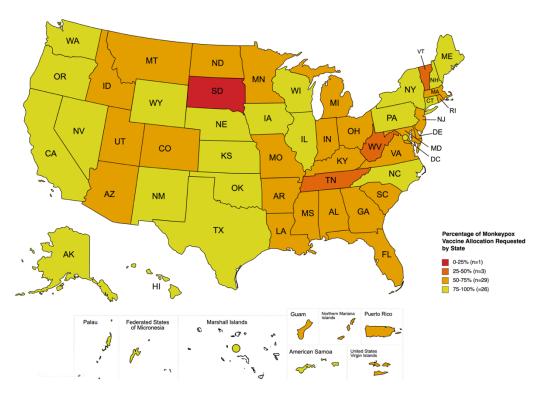


Figure 3 – Percentage of Monkeypox Vaccine Allocations Requested by State, December 2022





Table 4 – Monkeypox First-Dose Vaccine Administration by Race in 57 U.S. Jurisdictions, as of
November 2022

Monkeypox First-Dose Vaccine Administration by Race in 57 U.S. Jurisdictions (November 29, 2022)					
Race	Number of First Dose	% Total First Dose	% Increase/Decrease from Previous Report		
White	328,492	46.7%	-0.4%		
Hispanic	144,328	20.5%	0.7%		
Black	79,771	11.3%	-0.6%		
Asian	47,866	6.8%	-0.8%		
Other	17,411	2.5%	0.7%		
American Indian/Alaska Native	2,594	0.4%	5.1%		
Multiple	17,695	2.5%	3.7%		
Native Hawaiian/Pacific Islander	1,658	0.2%	0.1%		
Unknown	63,879	9.1%	0.6%		
TOTAL	703,694				

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

Table 5 – Monkeypox First-Dose Vaccine Administratio	on by Sex, as of November 2022
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Monkeypox First-Dose Vaccine Administration by Sex (November 29, 2022)					
SexNumber of First Dose% Total First Dose% Increase/De from Previo					
Male	632,904	89.9%	-0.3%		
Female	58,553	8.3%	3.3%		
Unknown	12,237	1.7%	-1.7%		
TOTAL	703,694				

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

Monkeypox First-Dose Vaccine Administration by Age (November 2 <sup>h</sup> , 2022)				
AgeNumber of First Dose% Total First Dose% Increase/De from Previous				
0-4	267	0.0%	14.7%	
5-11	373	0.1%	12.9%	
12-17	515	0.1%	19.8%	







Age	Number of First Dose	% Total First Dose	% Increase/Decrease from Previous Report
18-24	55,277	7.9%	9.9%
25-39	326,170	46.4%	7.7%
40-49	127,472	18.1%	-27.8%
50-64	152,476	21.7%	11.4%
65+	41,135	5.8%	14.6%
Unknown	9	0.0%	13.1%
TOTAL	703,694		

### Table 7 – Monkeypox Vaccine Allocation by Jurisdiction, December 2022

Monkeypox Vaccine Allocation by Jurisdiction (JYNNEOS®), (December 2, 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	3,872	0.4%	3,272	84.5%	3,272	100.0%
Idaho	2,000	0.2%	1,380	69.0%	1,380	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%	1,941	79.5%	1,941	100.0%
Kansas	2,156	0.2%	2,156	100.0%	1,916	88.9%
Kentucky	6,140	0.6%	4,100	66.8%	4,100	100.0%
Louisiana	11,882	1.1%	8,862	74.6%	8,862	100.0%
Maine	1,411	0.1%	1,331	94.3%	1,331	100.0%
Marshall Islands	20	0.0%	20	100.0%	20	100.0%
Maryland	23,299	2.1%	14,539	62.4%	14,539	100.0%
Massachusetts	24,451	2.2%	18,751	76.7%	18,631	99.4%





Jurisdiction	Allocation	%Total Supply	Requested	%Allocation	Shipped	%Shipped
Michigan	14,318	1.3%	9,818	68.6%	9,818	100.0%
Minnesota	10,658	1.0%	8,138	76.4%	8,118	99.8%
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	8,682	0.8%	7,402	85.3%	7,402	100.0%
New Hampshire	1,467	0.1%	1,187	80.9%	1,187	100.0%
New Jersey	22,269	2.0%	16,149	72.5%	16,149	100.0%
New Mexico	3,436	0.3%	3,056	88.9%	3,056	100.0%
New York	43,375	4.0%	34,695	80.0%	34,695	100.0%
New York City	118,444	10.9%	103,124	87.1%	103,124	100.0%
North Carolina	20,288	1.9%	16,688	82.3%	16,688	100.0%
North Dakota	555	0.1%	435	78.4%	435	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%	10,838	94.3%	10,838	100.0%
Palau	20	0.0%	20	100.0%	20	100.0%
Pennsylvania	16,747	1.5%	13,831	82.6%	13,831	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	#DIV/0!
U.S. Virgin Islands	240	0.0%	180	75.0%	180	100.0%
Utah	6,169	0.6%	4,709	76.3%	4,709	100.0%
Vermont	2,006	0.2%	1,146	57.1%	1146	100.0%
Virginia	22,259	2.0%	15,459	69.5%	15,459	100.0%
Washington	23,930	2.2%	19,210	80.3%	19,090	99.4%
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	1,091,610		856,473	78.5%	855,893	99.9%







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#### **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 U.S. Centers for Disease Control and Prevention currently maintains a <u>Patient's Guide to Monkeypox</u> <u>Treatment with TPOXX</u>, 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.

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

#### Vaccine and TPOXX Access by Jurisdiction Table





Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>California</u>	<ul> <li>Vaccines available through provider referral coordinated by County Health Departments.</li> <li>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.</li> </ul>	No
<u>Colorado</u>	<ul> <li>Vaccines available through select community partners, pharmacies, and County Health Department (including mobile clinics, schedule and booking on webpage).</li> <li>Information about TPOXX is available on the following website: <u>https://cdphe.colorado.gov/diseases-a-to-z/if-you-have- monkeypox</u></li> </ul>	No
<u>Connecticut</u>	<ul> <li>Vaccinations available through select community partners and Local Health Departments</li> <li>Information about TPOXX is limited and largely geared toward providers. The Connecticut Department of Public Health has released the following guidance: <u>https://portal.ct.gov/- /media/Departments-and-</u> <u>Agencies/DPH/dph/infectious_diseases/Monkeypox/TPOXX- Treatment-Request-Communication.pdf</u></li> </ul>	No
<u>Delaware</u>	<ul> <li>Vaccine available at <u>Newark Urgent Care</u>, <u>Beebe Healthcare</u>, and State Health Department clinics</li> <li>Information about TPOXX is limited and geared primarily toward providers. The Delaware Division of Public Health has released the following guidance: <u>https://dhss.delaware.gov/dph/epi/files/troxxrderingprocess.pdf</u></li> </ul>	No
<u>District of</u> <u>Columbia</u>	<ul> <li>Vaccines available through District Health Department walk-up clinic.</li> <li>No in-territory specific TPOXX information is available.</li> </ul>	No
<u>Florida</u>	<ul> <li>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: <u>https://www.floridahealth.gov/all-county-locations.html?utm_source=floridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-department/index</u></li> <li>No in-state specific TPOXX information is available.</li> </ul>	No







Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>Georgia</u>	<ul> <li>Vaccines available through State and County Health Departments</li> <li>Centralized vaccine appointment book is available at the following link: <u>https://gta-vras.powerappsportals.us/en-US/</u></li> <li>No in-state specific TPOXX information is available.</li> </ul>	Yes
<u>Hawaii</u>	<ul> <li>Vaccines available through select community partners, FQHCs, and Local Health Departments. The Hawaii Department of Health lists those locations at the following link: <u>https://health.hawaii.gov/docd/disease_listing/monkeypox/#section2</u></li> <li>TPOXX available through provider referral coordinated by State Health Department.</li> </ul>	No
<u>Idaho</u>	<ul> <li>Vaccines available through select community partners and Local Health Department clinics. Idaho Public Health District contacts may be found here: <u>https://healthandwelfare.idaho.gov/health- wellness/community-health/public-health-districts</u></li> <li>The state refers patients to the national Building Healthy Online Communities vaccine finder database: <u>https://MPVvaxmap.org/</u></li> <li>No in-state specific TPOXX information available.</li> </ul>	No
<u>Illinois</u>	<ul> <li>Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments</li> <li>The state refers patients to the national Building Healthy Online Communities vaccine locator database: <u>https://MPVvaxmap.org/</u></li> <li>TPOXX available through provider referral coordinated by County Health Department or directly through County Health Department clinics.</li> </ul>	No
<u>Indiana</u>	<ul> <li>Vaccines available through providers and County health Departments (including mobile unit outreach).</li> <li>Vaccine clinics are highly restricted and located primarily in Indianapolis at the Indiana University Methodist Hospital (by registration) and Public University of Indianapolis (IUPUI).</li> <li>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/</li> <li>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</li> </ul>	No







Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>lowa</u>	<ul> <li>Vaccines available through County Health Departments and select community providers.</li> <li>Interested patients may find vaccine locations using the following site: <u>https://idph.iowa.gov/ehi/monkeypox/vaccine</u></li> <li>No in-state specific TPOXX information available</li> </ul>	No
<u>Kansas</u>	<ul> <li>Vaccines available through select community partners and Local Health Departments</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.kdhe.ks.gov/1952/Monkeypox- Vaccine</u></li> <li>TPOXX available through provider referral coordinated by State Health Department.</li> </ul>	No
<u>Kentucky</u>	<ul> <li>Vaccine available through select community partners and County Health Departments</li> <li>Interested patients may find vaccine providers using the following document: <u>https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/MPXVaxL</u> <u>ocations.pdf</u></li> <li>TPOXX available through provider referral and coordinated by State Health Department.</li> </ul>	No
<u>Louisiana</u>	<ul> <li>Vaccines available through select <u>community partners</u> and Parish/local Health Departments</li> <li>Interested patients may find vaccine providers using the following document: <u>https://ldh.la.gov/assets/oph/monkeypox/vaccine- locations/MonkeypoxVaccineLocations.pdf</u></li> <li>TPOXX available through select community partners and coordinated through State Health Department.</li> </ul>	No
<u>Maine</u>	<ul> <li>Vaccines and TPOXX available through select community partners listed on webpage.</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/zoonotic/monkeypox.shtml#vaccine</u></li> <li>Interested patients may find TPOXX providers using the following site: <u>https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/zoonotic/monkeypox.shtml#treatment</u></li> </ul>	No
<u>Maryland</u>	<ul> <li>Vaccines are available through County Health Department with pre-registration</li> <li>Provider referral coordinated through State Health Department for TPOXX.</li> </ul>	No





Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>Massachusetts</u>	<ul> <li>Vaccines are available through select community partners, STI clinics, and FQHCs</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.mass.gov/info-details/monkeypox-vaccination#how-to-obtain-vaccine-</u></li> <li>Provider referral coordinated through State Health Department for TPOXX.</li> </ul>	No
<u>Michigan</u>	<ul> <li>Vaccines are available through County health Departments and provider referral</li> <li>Information about TPOXX is limited and geared toward providers. Michigan has released the following guidance for ordering TPOXX: <u>https://www.michigan.gov/mdhhs/-/media/Project/Websites/coronavirus/Michigan-Data/08-23-2022/TPOXX-Request-Procedure.pdf?hash=3635ADFC78814C5BB9FB7DE299185F06 &amp;rev=8e1a12f157044222ab28829eaea9962f&amp;utm_campaign=&amp;u tm_medium=email&amp;utm_source=govdelivery</u></li> </ul>	No
<u>Minnesota</u>	<ul> <li>Vaccines are available through select community partners, FQHCs, STI clinics, and County Health Departments</li> <li>The state refers patients to the national Building Healthy Online Communities vaccine finder database: <u>https://MPVvaxmap.org/</u></li> <li>No in-state specific TPOXX information is available.</li> </ul>	No
<u>Mississippi</u>	<ul> <li>Vaccines are available through select community providers and County health Departments</li> <li>Interested patients may find vaccine providers using the following site: <u>https://msdh.ms.gov/msdhsite/_static/resources/19327.pdf</u></li> <li>TPOXX available through provider referral/request coordinated by State Health Department.</li> <li>The state has released the following guidance about TPOXX: <u>https://msdh.ms.gov/page/resources/19266.pdf</u></li> <li>Providers may access the TPOXX request form using the following site: <u>https://apps.msdh.ms.gov/redcap/surveys/?s=JKE7D38YEADAE</u> NFT</li> </ul>	No
<u>Missouri</u>	<ul> <li>Vaccines are available through provider referral and Local Health Departments</li> <li>No in-state specific TPOXX information is available.</li> </ul>	No
<u>Montana</u>	<ul> <li>Vaccines available through select County Health Departments</li> <li>The state refers patients to the national Building Healthy Online Communities vaccine finder database: <u>https://MPVvaxmap.org/</u></li> <li>Required state approval for TPOXX.</li> </ul>	No





Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>Nebraska</u>	<ul> <li>Vaccines available after state notification via local Health department</li> <li>TPOXX information refers to Strategic National Stockpile (no specific information on in-state access).</li> </ul>	No
<u>Nevada</u>	<ul> <li>Vaccines and TPOXX available through select County Health Departments and their partners.</li> <li>Interested patients may find vaccine providers using the following site: <u>https://dpbh.nv.gov/Programs/Immunization/Monkeypox/MPX-Vaccination/</u></li> </ul>	No
<u>New Hampshire</u>	<ul> <li>Vaccines and TPOXX coordinated by select providers and through County Health Departments.</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents</u> <u>2/monkeypox-vaccine-locations.pdf</u></li> </ul>	No
Jurisdiction	<b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>New Jersey</u>	<ul> <li>Vaccines and TPOXX available through County Health Departments, select FQHCs, and other community partners.</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.nj.gov/health/monkeypox/vaccines/index.shtml</u></li> </ul>	No
<u>New Mexico</u>	<ul> <li>Vaccines coordinated via State Health Department screening site</li> <li>Interested patients may register to receive the MPV vaccine using the following site: <u>https://monkeypoxnm.org/</u></li> <li>No specific TPOXX information available.</li> </ul>	Yes
<u>New York</u> (state)	<ul> <li>Vaccines available through select County Health Departments</li> <li>TPOXX available through <u>select community partners</u>.</li> </ul>	No
<u>New York City</u>	<ul> <li>Vaccines available through City Health Department sites.</li> <li>Interested patients may schedule an appointment for the MPV vaccination using the following site: <u>https://vaccinefinder.nyc.gov/</u></li> <li>TPOXX available through <u>provider referral</u> coordinated with City Health Department.</li> <li>For those without a provider, visit <u>ExpressCare</u>.</li> </ul>	Yes





Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>North Carolina</u>	<ul> <li>Vaccines available through County Health Departments (CHDs may coordinate with community partners)</li> <li>Interested patients may find vaccine providers using the following site: <u>https://www.ncdhhs.gov/divisions/public-health/monkeypox-vaccine-locations/additional-monkeypox-vaccine-locations</u></li> <li>TPOXX is available through selected community providers.</li> <li>Interested patients may find TPOXX providers using the following document: https://www.ncdhhs.gov/media/17917/download?attachment</li> </ul>	No
<u>North Dakota</u>	<ul> <li>Vaccines available through select County health Departments and select community partners</li> <li>Interested patients may find vaccine providers using the following site:         <ul> <li><u>https://www.health.nd.gov/monkeypoxvaccinelocator</u></li> <li>No specific information on in-state access to TPOXX.</li> </ul> </li> </ul>	No
<u>Ohio</u>	• Vaccines are available to limited geographies and require a provider referral, coordinated through local health departments.	No
<u>Oklahoma</u>	• Vaccines available through provider referral coordinated through Local health Departments or through County Health Department Clinics. Central information phone number.	No
<u>Oregon</u>	<ul> <li>Vaccines and TPOXX available through select community partners and County Health Departments</li> <li>Interested patients may use the following website to find a vaccination event: <u>https://www.oregon.gov/oha/PH/Monkeypox/Pages/vaccine.aspx</u></li> <li>The state refers patients to the national Building Healthy Online Communities vaccine finder database: <u>https://MPVvaxmap.org/</u></li> </ul>	No
<u>Pennsylvania</u>	<ul> <li>Vaccines and TPOXX available through provider referral coordinated through County or State Health Department. Centralized information phone number.</li> <li>Interested patients may call the following number for MPV vaccine information: <u>877-PA-HEALTH</u></li> </ul>	No
<u>Puerto Rico</u>	• Vaccines available through <u>select community partners</u> , no in- territory specific information available for TPOXX.	No
<u>Rhode Island</u>	<ul> <li>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.</li> <li>Interested patients may use the following spreadsheet to view provider locations and register for vaccination: https://docs.google.com/spreadsheets/d/1hMD7R36nI6e1T0BFY G0i-12ewaMS-WTmokpZ1cjBqyo/edit - gid=0</li> </ul>	Yes





Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>South Carolina</u>	<ul> <li>Vaccines available through select community partners and State Health Department</li> <li>Interested patients may located vaccine providers using the following site: <u>https://sc-</u><u>dhec.maps.arcgis.com/apps/instant/nearby/index.html?appid=5be</u><u>0e6ed97eb4f2a874fe9c7bdd577e2</u></li> <li>Patients may also use the Public Health Clinics Web Chat at the following site: <u>https://scdhec.gov/health/health-public-health- clinics/clinics-notice-privacy-practices</u></li> <li>TPOXX available through provider referral or local health department.</li> </ul>	No
<u>South Dakota</u>	<ul> <li>Vaccines available through community partners, TPOXX available through provider referral, coordinated with State Health Department.</li> <li>Interested patients may find a vaccine provided using the embedded vaccine locator map in the "Your Health" tab at the following site:         <u>https://doh.sd.gov/diseases/infectious/diseasefacts/monkeypox.as px</u> </li> </ul>	No
<u>Tennessee</u>	<ul> <li>Vaccines available through County Health departments</li> <li>Interested patients may contact their local health departments to inquire about vaccine availability using the following site: <u>https://www.tn.gov/health/health-program-areas/localdepartments.html</u></li> <li>Providers may directly request TPOXX for patients using the following form: <u>https://redcap.health.tn.gov/redcap/surveys/?s=N7NLA4KFK77FLKJH</u></li> </ul>	No
<u>Texas</u>	<ul> <li>Vaccines and TPOXX available through County Health departments and private provider referrals.</li> <li>Interested patients may contact their local health department to inquire about vaccine availability using the following site: <u>https://dshs.state.tx.us/regions/lhds.shtm</u></li> </ul>	No
<u>Utah</u>	<ul> <li>Vaccines available through County health Departments and select community partners</li> <li>Interested patients may contact the providers listed on the following site under the "Vaccine Information" tab to inquire about vaccine availability: <u>https://epi.health.utah.gov/monkeypox/</u></li> <li>TPOXX available through private provider referral coordinated through State Health Department.</li> </ul>	No





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Jurisdiction	• <b>Distributing Entity Type</b> HD, HIV/STI clinics, FQHCs, hospitals, pharmacies, other	Centralized Appointment
<u>Vermont</u>	<ul> <li>Vaccines and TPOXX available through select community partners, FQHCs, and County health Departments.</li> <li>The state refers patients to the national Building Healthy Online Communities vaccine finder database: <u>https://MPVvaxmap.org/</u></li> </ul>	No
<u>Virginia</u>	<ul> <li>Vaccines available through select community partners, FQHCs, STI Clinics, and County Health Departments</li> <li>Interested patients may contact their local health departments to inquire about vaccine availability using the following site: <a href="https://www.vdh.virginia.gov/health-department-locator/">https://www.vdh.virginia.gov/health-department-locator/</a></li> <li>No in-state specific TPOXX information is available.</li> </ul>	No
<u>Washington</u>	<ul> <li>Vaccines are available through select community partners and County Health departments</li> <li>(<u>locator</u> tool for *some* partners is available)</li> <li>Interested patients may inquire about vaccines by calling the following number: <u>1-833-829-HELP</u></li> <li>TPOXX is available through provider referral and coordinated through County health Departments.</li> </ul>	No
<u>West Virginia</u>	<ul> <li>Vaccines available through County health Departments</li> <li>No in-state specific TPOXX information is available.</li> </ul>	No
<u>Wisconsin</u>	<ul> <li>Vaccines are available through select community partners, certain FQHCs, and County Health Department clinics</li> <li>Interested patients may contact the providers listed on the following site to inquire about vaccine availability: <a href="https://www.dhs.wisconsin.gov/lh-depts/counties.htm">https://www.dhs.wisconsin.gov/lh-depts/counties.htm</a></li> <li>No in-state specific TPOXX information is available</li> </ul>	No
Wyoming	<ul> <li>Vaccines are available through Local Health Offices</li> <li>Interested patients may inquire about vaccines from the providers listed on the following site: <u>https://health.wyo.gov/publichealth/nursing/phn-co-offices/</u></li> <li>No in-state specific TPOXX information</li> </ul>	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).





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

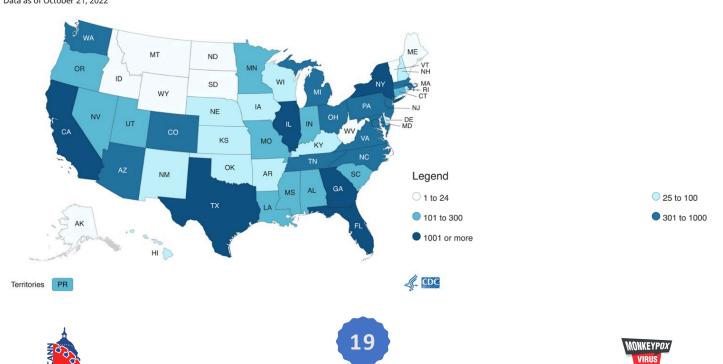
- Michigan 48.6% of persons diagnosed with MPV were also positive for HIV
- North Carolina 51.6% of persons diagnosed with MPV were also positive for HIV
- Rhode Island 27.7% of persons diagnosed with MPV were also positive for HIV

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.



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

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#### **SECTION 5. Current News**

• <u>WHO recommends new name for monkeypox disease</u> – World Health Organization, November 28<sup>th</sup>, 2022

Following a series of consultations with global experts, WHO will begin using a new preferred term "mpox" as a synonym for monkeypox. Both names will be used simultaneously for one year while "monkeypox" is phased out.

When the outbreak of monkeypox expanded earlier this year, racist and stigmatizing language online, in other settings and in some communities was observed and reported to WHO. In several meetings, public and private, a number of individuals and countries raised concerns and asked WHO to propose a way forward to change the name.

• <u>The Monkeypox Cases That Might Have Been Missed</u> – New York Times, November 21<sup>st</sup>, 2022 (Subscription may be required)

In the monkeypox outbreak that unspooled this summer in the United States and dozens of other countries, men who have sex with men were the most at risk. But thousands of women were also infected, and many more cases were probably missed, according to the first ever study of women and nonbinary people who had contracted the disease.

• Where Did All the Monkeypox Go? — Mpox questions answered by Demetre "Doctor D" Daskalakis – MedPage Today, December 5<sup>th</sup>, 2022

Within months of first hearing about monkeypox spreading outside of endemic areas, Demetre Daskalakis, MD, MPH, was <u>appointed</u> deputy coordinator of the White House Monkeypox Response Team.

*MedPage Today* sat down with Daskalakis to discuss the transformation the epidemic has been through, from a rocky start with fear and few answers to now just a trickle of cases of what was recently <u>renamed "mpox"</u> in order to reduce stigma and racism.

### • <u>U.S. to End Monkeypox Emergency Declaration</u> – *WebMD*, *December* 5<sup>th</sup>, 2022

Federal officials plan to let the monkeypox emergency declaration expire at the end of January as cases continue to decrease.

"But we won't take our foot off the gas – we will continue to monitor the case trends closely and encourage all at-risk individuals to get a free vaccine," U.S. Department of Health and Human Services Secretary Xavier Becerra said in a <u>statement</u>.

#### • <u>The Future of Monkeypox</u> – *The Atlantic, November 28<sup>th</sup>, 2022*

The World Health Organization has <u>recommended a new name</u> for monkeypox, asking countries to forget the original term in favor of a new one, "mpox," that scientists hope will help destignatize the disease. But in the United States, the request seems to be arriving late. The outbreak here has been in slow retreat for months—and has already left many Americans' minds.







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About 15 cases are now being recorded among Americans each day, less than 4 percent of the tally <u>when the</u> <u>surge was at its worst</u>. After a sluggish and bungled early rollout, tests and treatments for the virus are more available; <u>more than a million doses</u> of the two-shot Jynneos smallpox vaccine have found their way into arms. <u>San Francisco</u> and <u>New York</u>—two of the nation's first cities to declare mpox a public-health emergency this past summer—have since <u>allowed those orders to expire</u>; so have the states of New York and Illinois. "I think this is the endgame," says Caitlin Rivers, an infectious-disease epidemiologist at the Johns Hopkins Center for Health Security.

#### **SECTION 6: State Surveillance Highlights**

As of December 7<sup>th</sup>, 2022:

- 28 states (AL, AR, CA, CO, CT, DE, FL, GA, IL, IN, KY, LA, MD, MA, MI, MN, MS, NV, NJ, NM, NY, NC, RI, SC, 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. Since the last report, Nevada has added detailed reporting and the state of Texas has ceased reporting.
- 14 states (<u>AZ</u>, <u>HI</u>, <u>ID</u>, <u>IA</u>, <u>KS</u>, <u>ME</u>, <u>MT</u>, <u>ND</u>, <u>OH</u>, <u>OR</u>, <u>SD</u>, <u>TN</u>, <u>UT</u>, & <u>WY</u>) provide case counts, but no demographic breakdowns on state-run websites. Since the last report, Arizona has added case counts.
- 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.

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.

Further issues exist related to the reporting of sex and/or gender identity. As of December 7<sup>th</sup>, 2022:

- 7 states (CA, CO, DC, KY, MN, SC, and WI) provide broad gender-based reporting that includes the following categories: Women, Transgender Women, Men, Transgender Men, and Other.
- 7 states (CT, LA, MA, NY, NC, OH, and TN) provide some gender-based reporting but combine all non-cisgender categories into an "Other" category, rather than breaking them out into detailed demographics.
- 13 states (AL, AR, DE, GA, IN, MD, MI, MS, NV, NJ, NM, VA, and WA) provide gender-based reporting that does not include non-cisgender categories.







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