Agenda

- Monkeypox Situation Update
- Updates and Response Pillars
Monkeypox Situation Update
23,499 Total confirmed monkeypox/orthopoxvirus cases

*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.

For recent monkeypox case numbers see CDC Situation Summary: https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html
Daily Monkeypox Cases Reported* and 7 Day Daily Average

Reported through September 14, 2022
Modelled Week-Over-Week Growth Rates for States (excluding states with fewer than 100 diagnoses by August 16, 2022)
United States Reported Monkeypox Cases per 100,000 Estimated MSM PrEP Indicated + MSM LWHIV*

Data as of 8/26/2022 at 2pm EDT

>1000 CA, UT, IL, NY, PA, GA, FL, NJ, MD, DC
>300 to 1000 WA, OR, NV, AZ, CO, NE, TX, MN, IA, AR, LA, WI, MI, IN, OH, TN, MS, PR, AL, VA, NC, SC, NH, MA, CT
>100 to 300 ID, MT, WY, ND, AK, NM, OK, KY, VT, ME
>25 to 100 KS, WV

*MSM = Men who have sex with men
PrEP Indicated = Indicated for HIV PrEP
LWHIV = Living with HIV
Monkepox cases reported to CDC: Race/Ethnicity by Week

Reported through September 14, 2022
Updates and Response Pillars
In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

Among nearly 2,000 people with monkeypox:

- 38% had HIV
- 41% had an STI in the past year
- 61% had either HIV or an STI

It is important to

- Prioritize people with HIV and STIs for monkeypox vaccination
- Offer HIV and STI screening for people evaluated for monkeypox

*Diagnosed with an STI other than HIV in the past year
†People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

bit.ly/mm7136a1

SEPTMBER 9, 2022
Dear Colleague:

The United States is currently experiencing a nationwide monkeypox outbreak. Most monkeypox transmission is occurring through sexual transmission in the same populations who experience the highest risk for HIV and other STDs. The purpose of this message is to provide additional guidance to NCHSTP partners about the appropriate use of current award resources based on NCHSTP’s syndemic approach to HIV, STD, and monkeypox prevention. This guidance builds on CDC.gov information linked here (Flexibilities Guidance for Applicants and Recipients of Federal Financial Assistance (cdc.gov) / Temporary Reassignment of Personnel (COVID-19) / Grants (CDC)).

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

- PS19-1901, “Strengthening STD Prevention and Control for Health Departments”
- PS18-1802, “Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments”
- PS18-1801 Accelerating the Prevention and Control of HIV, Viral Hepatitis, STDs and TB in the U.S.-Affiliated Pacific Islands
- PS20-2010, “Ending the HIV Epidemic”
- PS22-2203 “Comprehensive High Impact HIV Prevention Programs for Young Men of Color Who Have Sex With Men and Young Transgender Persons of Color”
- PS21-2102 “Comprehensive High Impact HIV Prevention Program for Community Based Organizations”

In addition to these NOFOs, CDC awarded supplemental funds under CDC-RFA-PS19-1901, “Strengthening STD Prevention and Control for Health Departments,” to 59 state, local and territorial Health Department STD Prevention Programs to support Disease Intervention Specialists (DIS) and strengthen the capacity of state, tribal, local and territorial (STLT) public health departments to mitigate the spread of COVID-19 and other infections. Grantees may use their grant resources, including funds or staff, for monkeypox activities that are conducted in conjunction with other activities permitted through this supplement. Examples would include DIS conducting monkeypox contact tracing to further develop and strengthen contact tracing skills needed for COVID-19, establishing a testing or vaccination site for disproportionately affected populations that also support similar activities for COVID-19, or conducting community mobilization and education events activities for monkeypox and COVID-19.

If a grantee is interested in having resources redirected and/or staff reassigned to monkeypox activities that are not conducted in conjunction with the core work of existing NOFOs, then CDC prior approval of a reassignment or fiscal redirection request is required. Assignment of staff paid from STD resources toengage in monkeypox related activities does not represent a reassignment.

Reassignment Requests:
The Department of Health and Human Services (HHS) Secretary’s Public Health Emergency declaration permits CDC through Administration for Strategic Preparedness and Response (ASPR) to approve re-assignments of Health Department staff to support monkeypox activities in 30-day increments. CDC will review and approve 30-day re-assignment requests. Recipients must submit additional requests for subsequent 30-day periods. Information is available here.

Redirection Requests:
Recipients may request that funds be re-directed to support monkeypox activities. Requests to redirect funds for monkeypox activities must receive prior approval by CDC. Requests must include a description of the nexus between monkeypox and activities within the scope of the grant to be approved.

Recipients under PS19-1901, “Strengthening STD Prevention and Control for Health Departments” wishing to redirect STD funds to support monkeypox activities can do so without prior approval if the proposed changes do not represent a significant redirection of funds (i.e. cumulative changes of 25% of the last approved award budget period). Please review the terms and conditions of your award for more information.

Please direct questions about the submission requirement and process to your Grants Management Specialist.

Monkeypox is an unprecedented challenge for the nation, and many of you have struggled with addressing it while continuing to prevent and control HIV, STDs, TB, and viral hepatitis in a substantially changed environment. I appreciate your dedication and that of all the public health and medical professionals working on the frontlines.

Sincerely,

/Jonathan Mermin/

Jonathan Mermin, MD, MPH (RADM, USPHS)
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
CR Supplemental Request to Congress- $4.5B

- We are requesting a $4.5 billion package to address critical needs and support our effort to combat Monkeypox. This funding includes:
  - **$1.6 billion** to procure additional vaccines and therapeutics and to expand domestic vaccine manufacturing capacity.
  - **$2.1 billion** to expand testing capacity and to provide testing and vaccination services—includes HRSA BPHC and HAB as well as CDC.
  - **$600 million** to support global efforts to combat the virus.
  - **$180 million** for high-impact research efforts including vaccine testing and rapid-test development.
Equity Pilots

20,000 vials allocated to pilots
11,000 doses administered to date
Non-variola orthopox/monkeypox testing from public health and selected commercial laboratories

- Total Specimens Tested: 99,783
- Cumulative Positivity Rate: 28.9%
- Capacity Available: 92.6%

Graphs showing the number of specimens tested over time, with blue bars indicating positive results, green bars indicating negative results, and orange line indicating positivity rate.
Treatment

Risk of Viral Resistance to TPOXX:
Viruses can change over time. Sometimes these changes make antiviral drugs less effective at combating the virus they are targeting, meaning those drugs won’t work as well or might not work at all.

TPOXX works by inhibiting a viral protein, called VP37, that all orthopoxviruses (e.g., smallpox virus, monkeypox virus, vaccinia virus) share. However, as noted in the drug label, TPOXX has a low barrier to viral resistance. This means small changes to the VP37 protein could have a large impact on the antiviral activity of TPOXX.

CDC scientists are actively monitoring for changes in the monkeypox virus that could make the virus less susceptible to TPOXX. Because of the potential for the virus to become resistant to TPOXX, it is important the drug be used in a judicious manner.

Patients should enroll in NIAID’s randomized, controlled clinical trial when feasible to facilitate assessment of the safety, efficacy, and resistance profile of TPOXX. For patients for whom enrollment in a randomized clinical trial is not feasible (e.g., a clinical trial site is not geographically accessible), use of TPOXX under CDC’s expanded access protocol should be consistent with applicable guidelines for TPOXX use.

Based on EA-IND data from 2,643 people treated
64% of people treated with TPOXX identify as non-white

https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics-TPOXX.html
Vaccines

Monkeypox Vaccine Administration in the U.S.
Data as of September 13, 2022 4:00 AM EDT

Total Vaccine Doses Administered

**540,150**
Doses Administered in the 39 U.S. Jurisdictions Reporting Data as of September 13, 2022.

Total vaccine doses administered data are updated every Wednesday as soon as they are reviewed and verified. Information about the number of vials shipped is posted on [https://aspr.hhs.gov/SNS/Pages/JYNNEOS-Distribution.aspx](https://aspr.hhs.gov/SNS/Pages/JYNNEOS-Distribution.aspx) and is updated every Monday, Wednesday, and Friday.

Total JYNNEOS Vaccine Doses Administered and Reported to CDC

NEWS RELEASES

Thursday, September 8, 2022

Clinical Trial Evaluating Monkeypox Vaccine Begins

NIH Trial Is Evaluating Intradermal Delivery to Expand the Vaccine Supply.

- A clinical trial evaluating alternative strategies for administering the JYNNEOS monkeypox vaccine to increase the number of available doses
- 200 adults aged 18 to 50 years across eight U.S. research sites will be enrolled
- All participants will receive the JYNNEOS vaccine administered intradermally
  - One arm will receive the standard regimen
  - Another arm will receive one-fifth of the standard regimen, the regimen recently authorized by the FDA
  - A third arm will receive one-tenth of the standard regimen
Communications

Impact of Monkeypox Outbreak on Select Behaviors

Gay, bisexual, and other men who have sex with men are taking steps to protect themselves and their partners from monkeypox.

- 48% reduced number of sex partners
- 50% reduced one-time sexual encounters
- 50% reported reducing sex with partners met on dating apps or at sex venues

Table 2 Monkeypox exposure mitigation (N = 703)

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<th></th>
<th>N</th>
<th>%</th>
<th>M</th>
<th>SD</th>
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The survey found increases in knowledge over a month since APPC's last survey:

- Over half (61%) know that a vaccine against monkeypox exists, up from 34% in July.
- The vast majority (84%) know monkeypox usually spreads by close contact with an infected person, compared with 69% in July.
- Nearly two-thirds (65%) know that men who have sex with men are at a higher risk of infection with monkeypox – up from one-third (33%) in July.
- If exposed to the monkeypox virus, most Americans (75%) say they would be likely to get vaccinated – though over a quarter (27%) say they are "not too likely" or "not at all likely" to get the vaccine.