

Monkeypox Update

Demetre C. Daskalakis, MD, MPH
Deputy Coordinator
National Monkeypox Response

September 19, 2022

Agenda

- Monkeypox Situation Update
- Updates and Response Pillars

Monkeypox Situation Update

Situation Update- September 16, 2022

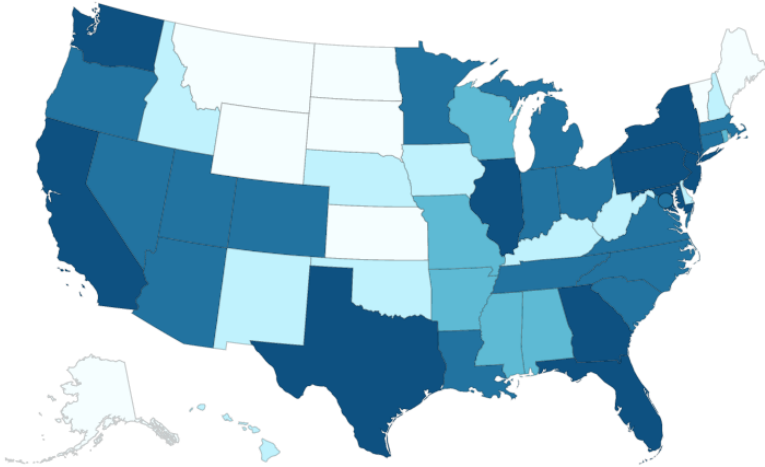
2022 U.S. Map & Case Count

Data as of September 16 2022 at 2:00 pm EDT

[Español](#) [Print](#)

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.



Territories

PR



2022 Monkeypox Outbreak Global Map

Data as of 16 Sep 2022 5:00 PM EDT

Legend: ● CASES ○ DEATHS

[2022 U.S. Monkeypox Outbreak](#)

Confirmed Cases

61,282

Total Cases

60,703

in locations that have not historically reported monkeypox

579

in locations that have historically reported monkeypox

Locations with cases

104

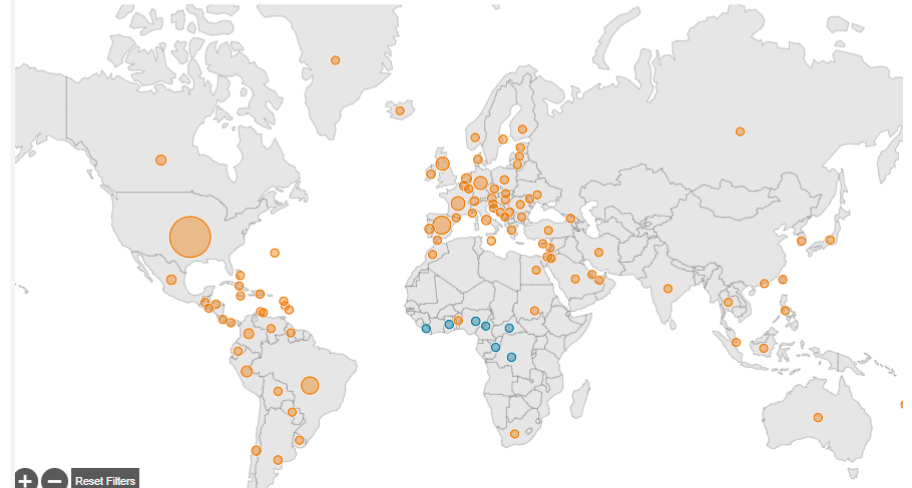
Total

97

Has not historically reported monkeypox

7

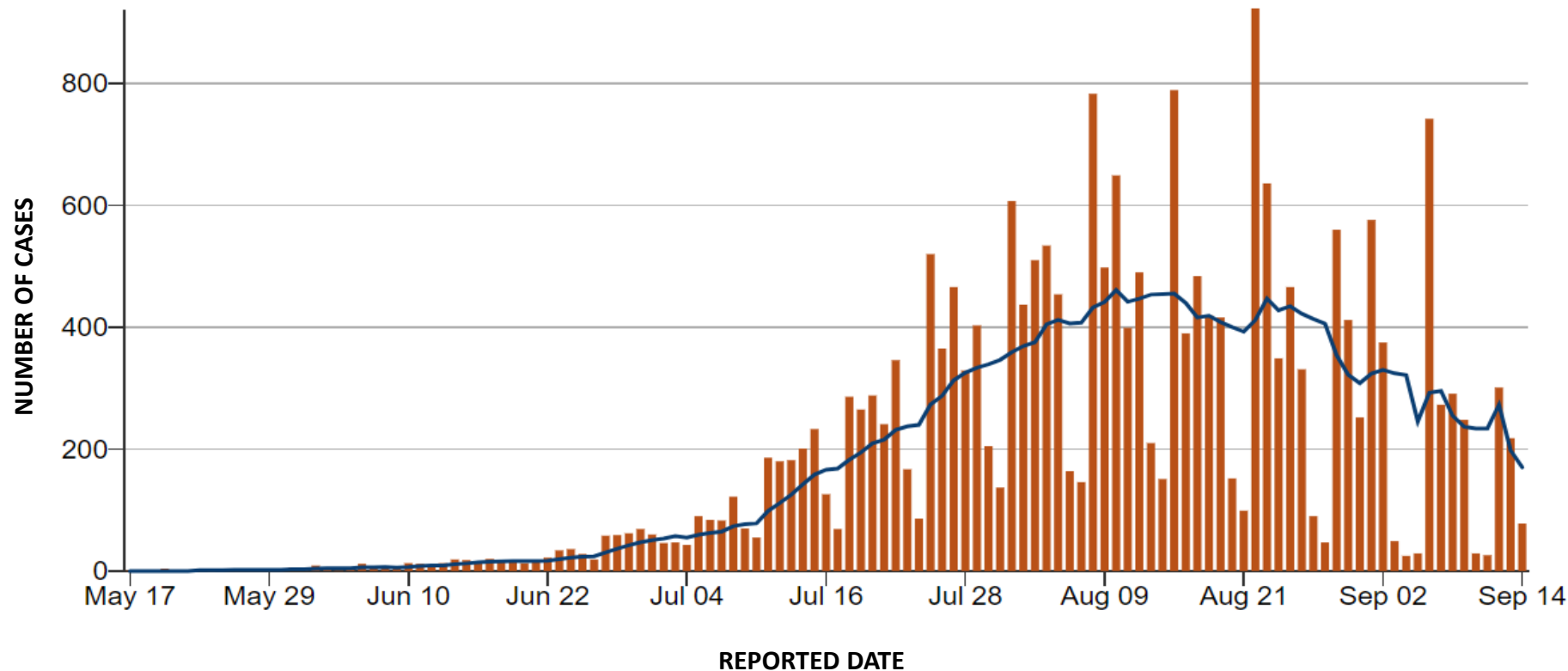
Has historically reported monkeypox



*For recent monkeypox case numbers see CDC Situation Summary:

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>

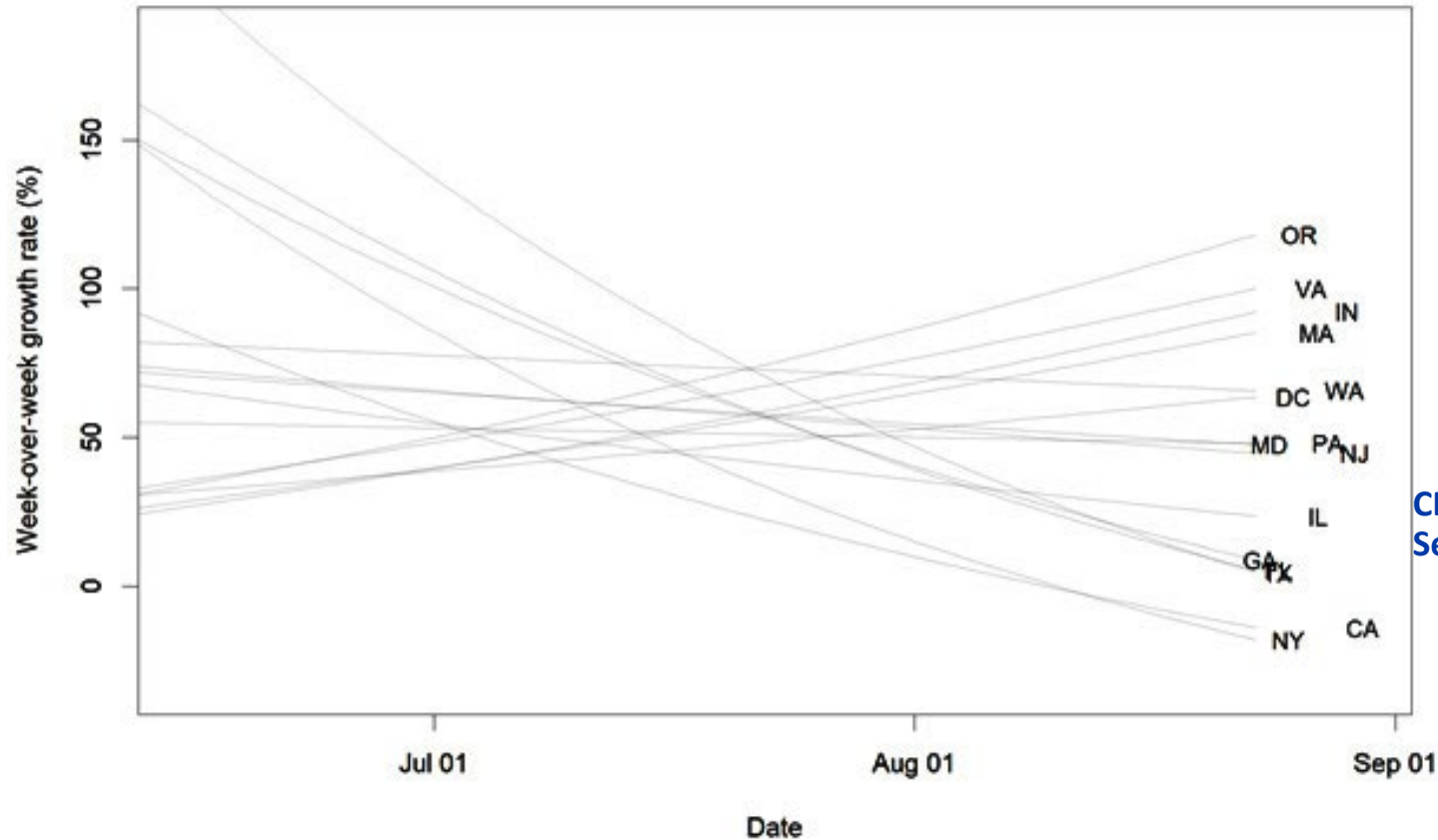
Daily Monkeypox Cases Reported* and 7 Day Daily Average



Reported through September 14, 2022

Modelled Week-Over-Week Growth Rates for States

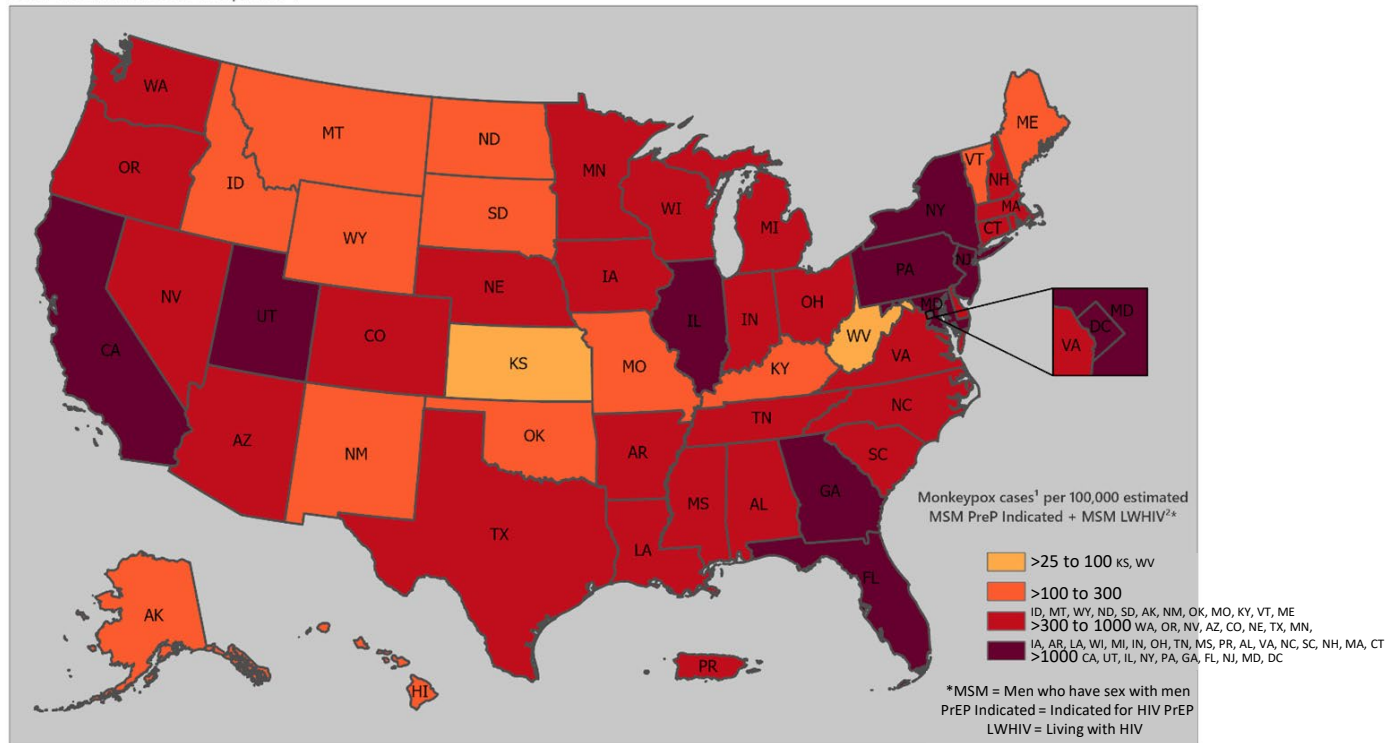
(excluding states with fewer than 100 diagnoses by August 16, 2022)



CDC Technical Report 2-
September 1, 2022

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

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



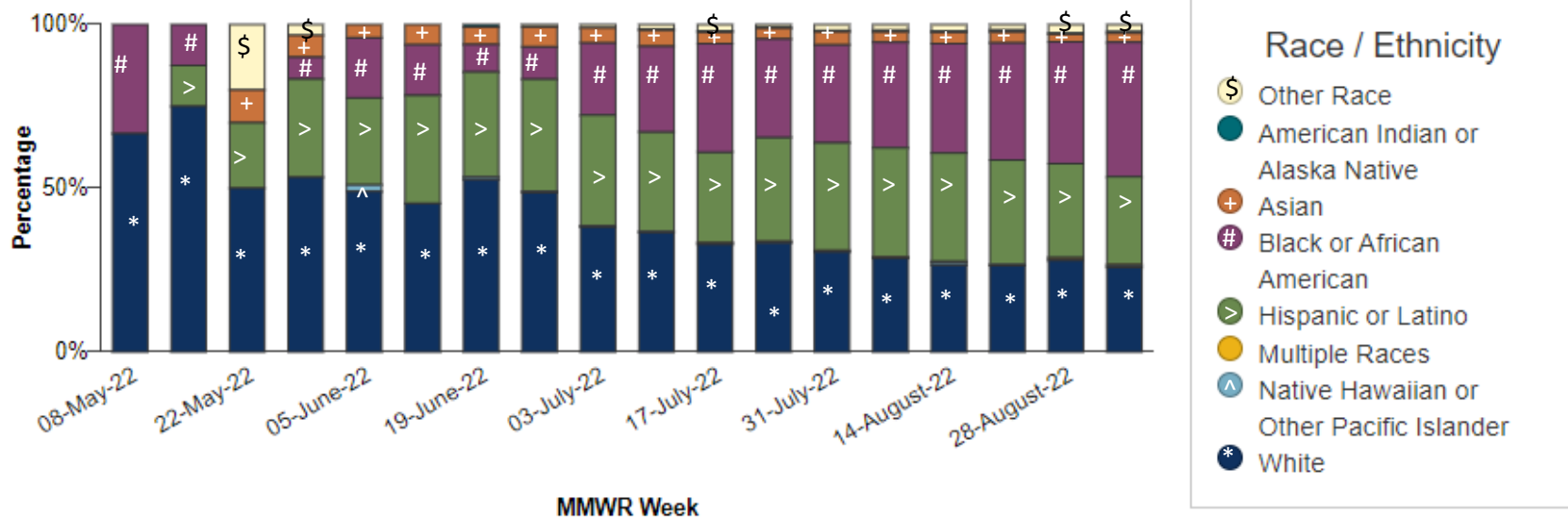
ATSDR

Center for Disease Control and Prevention
Agency for Toxic Substances
And Disease Registry

GRASP

Geospatial Research, Analysis and
Service Program

Monkeypox cases reported to CDC: Race/Ethnicity by Week

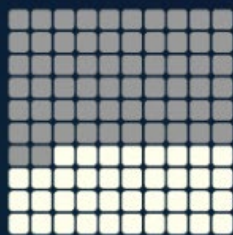


Reported through September 14, 2022

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

SEPTEMBER 9, 2022

MMWR



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

September 7, 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 NCHHSTP partners about the appropriate use of current award resources based on NCHHSTP'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 to engage 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,

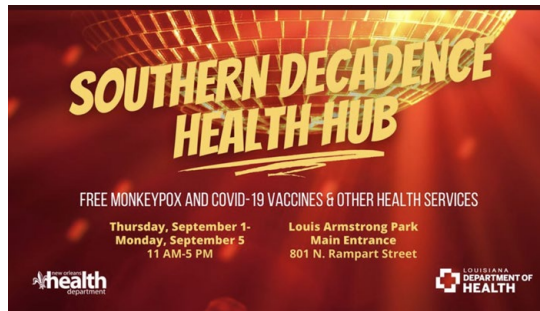
//Jonathan Mermin//

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



Monkeypox

[CDC](#) > [Poxvirus](#) > [Monkeypox](#) > [Health Departments](#)



Monkeypox Vaccine Equity Pilot Program

Updated September 15, 2022 [Print](#)

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

On This Page

[Who Can Apply?](#)

[What Must Be Included in the Proposal?](#)

20,000 vials allocated to pilots
11,000 doses administered to date

Testing

Total Specimens Tested

99,783

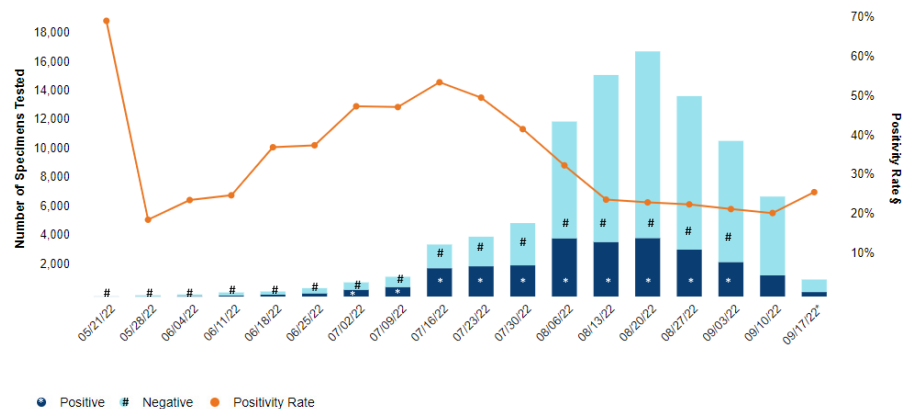
Cumulative Positivity Rate

28.9%

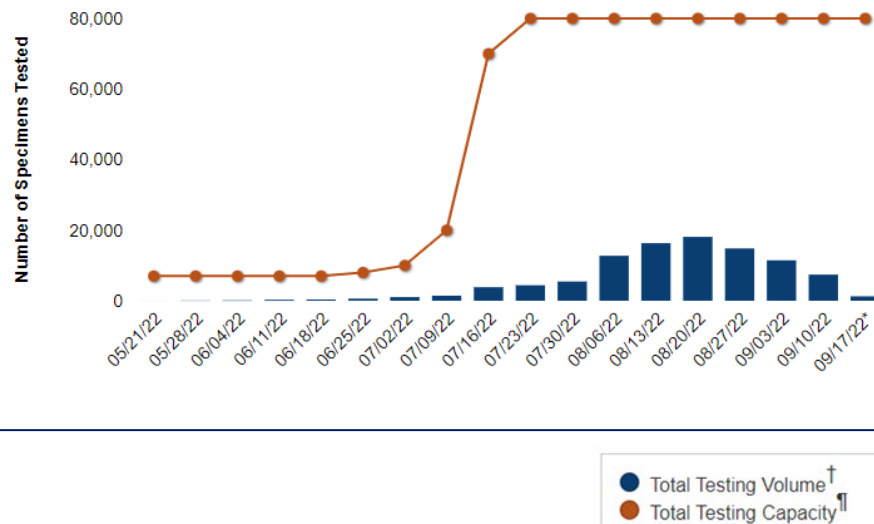
Capacity[†] Available

92.6%

Non-variola orthopox/Monkeypox testing from public health and select commercial laboratories [†]



Non-variola orthopox/Monkeypox testing: Volume[†] versus Capacity[‡]



Treatment

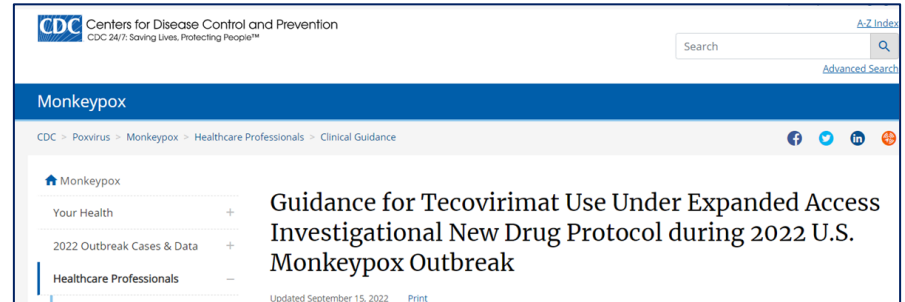
Risk of Viral Resistance to TPOXX:

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

[Print](#)

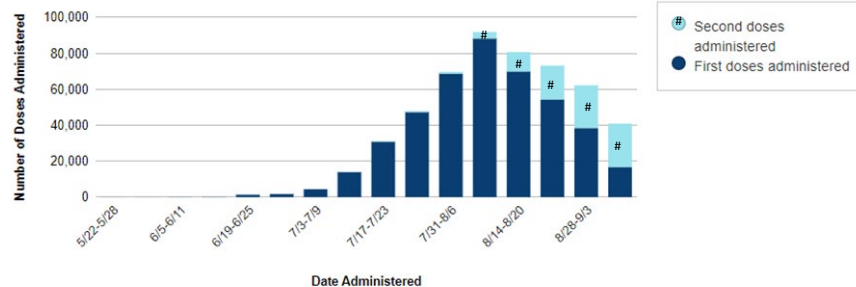
Total Vaccine Doses Administered

540,150

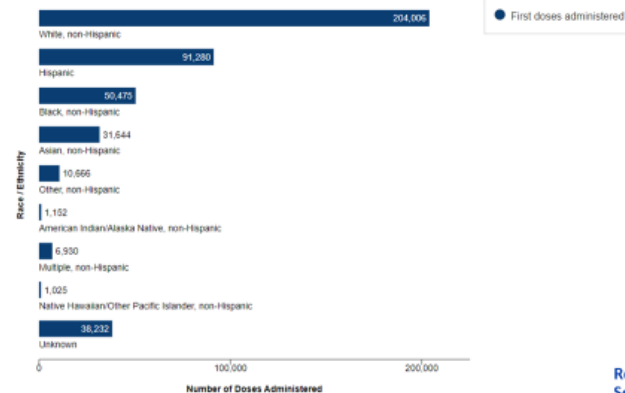
Doses Administered in the 39 U.S. Jurisdictions Reporting Data as of September 13, 2022.

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>, and is updated every Monday, Wednesday, and Friday.

Total JYNNEOS Vaccine Doses Administered and Reported to CDC



JYNNEOS Vaccine Doses Administered, by Race/Ethnicity



Reported through
September 13, 2022

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

Updated August 22, 2022 [Print](#)

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

[Arch Sex Behav.](#) 2022 Sep 14;1-6. doi: 10.1007/s10508-022-02423-3. Online ahead of print.

Findings on the Monkeypox Exposure Mitigation Strategies Employed by Men Who Have Sex with Men and Transgender Women in the United States

Randolph D Hubach ¹, Christopher Owens ²

Affiliations [+ expand](#)

PMID: 36103027 PMCID: [PMC9472716](#) DOI: [10.1007/s10508-022-02423-3](#)

Table 2 Monkeypox exposure mitigation (N = 703)

From: *Findings on the Monkeypox Exposure Mitigation Strategies Employed by Men Who Have Sex with Men and Transgender Women in the United States*

	N	%	M	SD	Range
Has the monkeypox outbreak changed your sexual behaviors or activities?					
Yes	393	55.9			
No	310	44.1			



Annenberg
PUBLIC POLICY CENTER
UNIVERSITY of PENNSYLVANIA

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 (63%) 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 (73%) 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.