NEW YORK STATE AND NEW YORK CITY HEALTH DEPARTMENTS

HEALTH CARE PROVIDER WEBINAR

MONKEYPOX UPDATES

August 4, 2022

The information presented is based on our knowledge as of 7/20/22 and is subject to change
Agenda

• Updates on the current outbreak
• Clinical guidance
• Vaccination
• Resources
Updates on the current outbreak
Monkeypox Declared a Public Health Emergency

- The number of people diagnosed with monkeypox continues to rise in New York City (NYC), New York State, the US and other countries.

- On July 23, 2022, the World Health Organization declared MPX a Public Health Emergency of International Concern

- On July 28, the New York State Department of Health declared monkeypox an Imminent Threat to Public Health and, on July 29, the State declared a State Disaster Emergency

- On July 30, the NYC Department of Health and Mental Hygiene declared monkeypox a Public Health Emergency, and on August 1, the City declared a State of Emergency
MONKEYPOX
SITUATION REPORT IN NEW YORK STATE
As of August 3, 2022

NEW YORK STATE – 1666 CASES
• 1,558 in New York City
• 2 in Albany County
• 1 in Broome County
• 1 in Chemung County
• 1 in Columbia County
• 5 in Dutchess County
• 4 in Erie County
• 1 in Greene County
• 6 in Monroe County

U.S. – 6617 CASES
• 11 in Nassau County
• 1 in Niagra County
• 3 in Orange County
• 4 in Rockland County
• 1 in St Lawrence County
• 22 in Suffolk County
• 2 in Sullivan County
• 2 in Tompkins County
• 41 in Westchester County

https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html
https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page
https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/
New Monkeypox Data Pages

Up-to-date data about cases can be found online for NYC Monkeypox Data page and NYS Monkeypox (ny.gov)

Monkeypox Data - NYC Health
Monkeys (ny.gov)
Public Health Response

- Ample testing capacity at 5 commercial labs that can test >50,000 specimens weekly
  - LabCorp, Mayo, Aegis Science, Sonic Healthcare and Quest

- Testing for Orthopoxvirus at Wadsworth Center (and NYC PHL)
  - Positive results = probable cases presumed to be monkeypox
  - Then may be confirmed monkeypox by CDC testing
  - Rapid review of additional tests to expand provider testing capacity
  - Wadsworth has additional capacity as well with prior DOH approval

- Supporting local health departments with tools and consultation for case investigation and contact tracing/monitoring

https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html
Updates on Testing – NYC Public Health Laboratory

• Submit specimens through commercial laboratories when possible
• Continues to offer testing for NYC residents
• Soon will be accepting swabs stored in viral transport media (VTM) in addition to dry swabs. An announcement will be sent via the eOrder application
• Courier services will not be available starting August 19. Providers and facilities will need to arrange their own transportation of specimens for monkeypox testing to PHL

https://www.wadsworth.org/regulatory/clep
Summary of 528 Monkeypox Patients From 16 Countries

- 98% gay or bisexual men, median age 38 years, 75% White, 41% with HIV
- Sexual activity presumed route of transmission for most (95%)
- Rash in 95%
  - 64% <10 lesions, 73% anogenital lesions, 41% mucosal lesions, 54 (%) single genital lesion
- Systemic features preceding rash included
  - Fever (62%), lethargy (41%), myalgia (31%), headache (27%) and lymphadenopathy (56%)
- Concomitant sexually transmitted infections for 29%
- Among 23 patients with clear exposure history, median incubation of 7 days (range 3 to 20 days)

Summary of 528 Monkeypox Patients From 16 Countries

- Antiviral treatment given to 5% of patients
- Hospitalization for 70 (13%) for
  - Pain management mostly for severe anorectal pain (21 persons); soft-tissue superinfection (18); pharyngitis limiting oral intake (5); eye lesions (2); acute kidney injury (2); myocarditis (2); and infection-control purposes (13).
- Monkeypox viral DNA detected in semen of 29 of 32 patients

Summary of 528 Monkeypox Patients From 16 Countries

Evolution of Cutaneous Lesions

Day 0: Single genital lesion treated with IM penicillin as suspected syphilis
Day 11: Confirmed monkeypox: facial and genital lesions PCR positive
Day 21: Follow-up 1: facial lesions PCR negative, genital lesions PCR positive
Day 28: Follow-up 2: genital lesions PCR negative

Day -4: Condomless sexual contact in MSM
Days 4-6: Feeling unwell; additional lesions develop

Summary of 528 Monkeypox Patients From 16 Countries

Perianal, Anal, and Rectal Lesions

Clinical Guidance
Clinical Considerations for Treatment and Prophylaxis in People with HIV

- Unknown if people with HIV have different incubation or prodromal phase of illness
  - Two historical case series found no difference in patients with HIV compared to those without HIV
- European countries where most patients are on ART have noted no deaths or excess in hospitalizations thus far among monkeypox patients with HIV
- Patients with advance or uncontrolled HIV may have a higher risk for more severe or prolonged disease
- Vaccination, medical treatment and close monitoring are a priority for this population
  - Patients taking ART should continue treatment; if not they may start ART
  - Patients can receive TPOXX, though some interactions with ART may occur
  - Patients can receive JYNNEOS vaccine
Clinical Considerations for People Who are Pregnant or Breastfeeding

- It is unknown if pregnant people are more susceptible to Monkeypox virus or if infection is more severe in pregnancy. However, smallpox, also an orthopoxvirus, was associated with more severe illness during pregnancy, including hemorrhagic complications and death.
- Adverse pregnancy outcomes, including spontaneous pregnancy loss and stillbirth, have been reported in cases of confirmed monkeypox infection during pregnancy.
- Monkeypox virus can be transmitted to the fetus during pregnancy or to the newborn by close contact during and after birth.
- Must separate baby from parent to prevent transmission.
- Breast feeding may be delayed – unknown if virus is present in breast milk.
Clinical Considerations for People Who are Pregnant or Breastfeeding

- Can treat with TPOXX – though with limited data in pregnancy
  - Reach out to LHD if encounter a case in pregnancy
  - No fetal effects seen at high doses in animal studies
  - Seen in breast milk at high doses in animal studies
    - Levels in breast milk may not treat infant for monkeypox

- Can receive vaccine
  - Animal studies show no effects on pregnancy no human data
Clinical Considerations for Monkeypox in Children and Adolescents

- Disease is usually mild and self limited but can be severe
  - Especially in those with history of dermatitis or exfoliative skin conditions
  - Under the age of 8 years
  - Immunocompromised
- Keep skin lesions covered and prevent children from scratching lesions or touching their eyes - may result in auto-inoculation
  - Optimal fluid intake should be encouraged, particularly with extensive skin involvement causing additional fluid losses
- Can treat with TPOXX – though should monitor kidney function
- Vaccine is not licensed for use in children – single dose can be given with IND approval from FDA
Updated Interim NYC Guidance for Treatment of Monkeypox

• Released August 2, 2022, with additional updates as new information available
• Provides instruction on supportive care and symptom treatment for providers
• Elaborates on clinical indications in which treatment with tecovirimat might be considered
• Revised overview and step by step instructions for prescribing or obtaining tecovirimat for patients in NYC
Interim New York State guidance for Monkeypox

- Released on July 8 with updates to be updated as new information becomes available
  - [NYSDOH Health Alert Notice for providers in New York State - July 8, 2022 (PDF)]

- Elaborates on clinical indications in which treatment with tecovirimat might be considered
Tecovirimat – NYC Experience

Experience in NYC to date:

• About 30% meet criteria for tecovirimat
• Most common indication is severe proctitis
  – Other indications include painful anal or penile lesions, bacterial superinfection, painful oral lesions
• Prescribed for over 500 patients
• Significant improvement reported after just a few days of starting treatment
• No significant adverse events reported
  – Some reports of headache and nausea

Health Advisory #16: Accessing Tecovirimat for People with Monkeypox NYSDOH Health Alert Notice for providers in New York State - July 8, 2022 (PDF)
Tecovirimat – How to obtain Treatment

• The CDC’s IND protocol was recently simplified to make it easier for any provider to prescribe TPOXX
  • Allows the use of telemedicine for all patient encounters (initial and follow-up visits) as long as the patient can submit the signed consent form electronically
  • Treatment with TPOXX can begin upon receipt of the medication and after obtaining informed consent. No pre-registration is required for clinicians or facilities.
  • Fewer forms are required under the IND, and they can all be returned to CDC after treatment begins.
Prescribing Tecovirimat

• Revised overview and step by step instructions for prescribing or obtaining tecovirimat for patients in NYC
  • Health Advisory #16: Accessing Tecovirimat for People with Monkeypox

• Obtaining tecovirimat for patients in NYS
  • Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox | Monkeypox | Poxvirus | CDC
Tecovirimat – Prescribing in NYC

- In NYC, to prescribe TPOXX
  - First obtain the Informed Consent Form
  - Then email the NYC Health Department at MPXtherapeutics@health.nyc.gov to receive an automated reply with instructions including how to arrange to have individual prescriptions delivered to the patient by the NYC pharmacy courier service.
  - Complete and submit to CDC the required Patient Intake Form and FDA Form 1572 Enrollment Form
  - Conduct two follow-up visits and submit the required Clinical Outcome Forms to CDC
  - Report life-threatening or serious adverse events associated with tecovirimat

Tecovirimat – Prescribing in NYS

- In NYS, to prescribe TPOXX
  - First obtain and complete the FDA Form 1572 (only done once for each Facility)
  - Then email the NYS Health Department at mpxtreatment@health.ny.gov to receive further instructions
  - Every patient requires a complete Informed Consent Form prior to receiving Tecovirimat
  - Complete and submit to CDC the required Patient Intake Form and Enrollment Form
  - Conduct two follow-up visits and submit the required Clinical Outcome Forms to CDC
  - Report life-threatening or serious adverse events associated with tecovirimat

Vaccination
Ensuring supply of JYNNEOS vaccine for post-exposure prophylaxis

As of July 28, New York State had received 60,000 doses
- Distributions are made to local health departments who decide how to distribute among local populations

Announced July 28, 110,000 additional doses will arrive in next four to six weeks
- 80,000 New York City; allocation will not arrive in one lump sum
- 30,000 rest of state
Health Department Vaccine Clinics – PEP++

- People aged 18 or older who meet all of the following criteria are eligible to get vaccinated at a Health Department clinic
  - Gay, bisexual, or other man who has sex with men, and/or transgender, gender non-conforming, or gender non-binary
  - Have had multiple or anonymous sex partners in the last 14 days
  - Do not have symptoms of monkeypox, or diagnosed with monkeypox

- NYC prioritizing first doses for PEP++ so more people can get first doses and have some protection

- The JYNNEOS vaccine is a two-dose vaccine, with the second dose administered at least four weeks after the first dose.

- Antibody protection begins in the days and weeks after their first dose and full immunity is expected two weeks after the second dose. It is OK to wait longer than four weeks for the second dose. The Health Department will contact people when second doses are available.

- NYS continues to follow the CDC two dose regimen
Health Department Vaccine Clinics – PEP++

- Vaccination is free and available regardless of immigration status
  - Appointments being released on a rolling basis based on vaccine supply with some appointments reserved for patients and clients of clinical and non-clinical partners

- For information on the NYC vaccine program
  - Visit nyc.gov/monkeypox for information including on how to make an appointment in NYC

- For information on the NYS vaccine program, please visit
  - Visit Monkeypox Vaccination (ny.gov) for information on where vaccine is available in NYS.
    - Local county health departments that have received a supply will administer the vaccine directly and are establishing their own appointment processes. Please refer to county webpages for more information. (Current counties outside of New York City: Albany County, Erie County, Monroe County, Nassau County, Rockland County, Saratoga County, Sullivan County, Suffolk County, Westchester County
NYC Health Department Vaccine Clinics – PEP++

In NYC, 23,000 new first dose appointments will go online on the City’s vaccine portal today, Thursday, August 4 at 6pm.

To ensure equitable access to vaccine

- An additional doses will be administered to people referred by community partner organizations, health care providers and close contacts
- Five new vaccine clinics have opened at:
  - The Livonia (Brooklyn)
  - The Jefferson (Brooklyn)
  - Long Island City (Queens)
  - NYC Health + Hospitals/Kings (Brooklyn)
  - NYC Health + Hospitals/Gotham Health, Gouverneur (Manhattan)

NYCity’s vaccine portal
Resources
Resources

- **NYSDOH: Monkeypox (ny.gov)**
- **Palm Card**
- **Information Card**
- **SMS text notification to 81336:**
  - English – MONKEYPOX
  - Spanish - MONKEYPOXESP
- **NYC:** nyc.gov/monkeypox
- **Text**MONKEYPOX” to 692-692 or, for Spanish, text "MONKEYPOXESP
- **CDC**
  - CDC HAN 472: Update for Clinicians on Monkeypox in People with HIV, Children and Adolescents, and People who are Pregnant or Breastfeeding
  - CDC HAN 471: Update for Clinicians on Testing and Treatment for Monkeypox
  - Monkeypox and Sexual Health
  - Isolation & Prevention Practices
  - Information for Providers on Obtaining and Using TPOXX for treatment of monkeypox
THANK YOU
Additional slides providing detail for reference
Cases of Monkeypox by Date of Diagnosis, NYC

Daily diagnosed cases

05/22 05/29 06/05 06/12 06/19 06/26 07/03 07/10 07/17 07/24 07/3

0 10 20 30 40 50 60 70 80 90

Monkeypox Data - NYC Health
NYC Demographic Data
As of July 29, 2022 (N=1,092 cases)

<table>
<thead>
<tr>
<th>Borough</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>146</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>251</td>
</tr>
<tr>
<td>Manhattan</td>
<td>562</td>
</tr>
<tr>
<td>Queens</td>
<td>129</td>
</tr>
<tr>
<td>Staten Island</td>
<td>4</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
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<tbody>
<tr>
<td>0-19</td>
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<tr>
<td>20-29</td>
<td>197</td>
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<td>30-39</td>
<td>546</td>
</tr>
<tr>
<td>40-49</td>
<td>243</td>
</tr>
<tr>
<td>50 plus</td>
<td>104</td>
</tr>
</tbody>
</table>
# NYC Demographic Data

As of July 29, 2022 (N= 1,092 cases)

## Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Pacific Islander</td>
<td>46</td>
</tr>
<tr>
<td>Black</td>
<td>219</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>264</td>
</tr>
<tr>
<td>White</td>
<td>311</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>244</td>
</tr>
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</table>

## Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1,068</td>
</tr>
<tr>
<td>Transgender/Non-binary</td>
<td>13</td>
</tr>
<tr>
<td>Women</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
</tbody>
</table>

## Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ+</td>
<td>620</td>
</tr>
<tr>
<td>Straight</td>
<td>21</td>
</tr>
<tr>
<td>Unknown</td>
<td>451</td>
</tr>
</tbody>
</table>
## Confirmed/Probable Monkeypox Cases, in NYS (Excluding NYC)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>80</td>
<td>100%</td>
</tr>
<tr>
<td>Under 18 years</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>25-29 years</td>
<td>17</td>
<td>21%</td>
</tr>
<tr>
<td>30-34 years</td>
<td>18</td>
<td>23%</td>
</tr>
<tr>
<td>35-39 years</td>
<td>16</td>
<td>20%</td>
</tr>
<tr>
<td>40-44 years</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>45-49 years</td>
<td>6</td>
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<tr>
<td>50-54 years</td>
<td>7</td>
<td>9%</td>
</tr>
<tr>
<td>55 years and above</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>78</td>
<td>98%</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TGNCNB</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Lesbian or gay</td>
<td>59</td>
<td>74%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>12</td>
<td>15%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Race and Ethnicity

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>28</td>
<td>35%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>25</td>
<td>31%</td>
</tr>
<tr>
<td>Black/African American, non-Hispanic</td>
<td>13</td>
<td>16%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>
Summary of 197 Monkeypox Patients From London

• Systemic illness reported among 86.3%, most common symptoms were; fever (61.9%), lymphadenopathy (57.9%), and myalgia (31.5%)
  – 61.5% developed systemic features before the onset of mucocutaneous manifestations
  – 38.5% after
  – 13.7% at the same time
• Other complaints included rectal pain (36.0%), sore throat (16.8%), penile edema (15.7%), oral lesions (13.7%) and tonsillar signs (4.6%)
• 31.5% of patients had a concomitant sexually transmitted infection
• Hospitalization for 10.2% of patients, primarily for management of symptoms
  – most commonly rectal pain and penile swelling

https://www.bmj.com/content/378/bmj-2022-072410
NYC Demographic Data
As of July 29, 2022 (N= 1,558 cases)

<table>
<thead>
<tr>
<th>Age</th>
<th>Median Age (range)</th>
<th>Unknown (0.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Men (97.7%)</td>
<td>Women (0.2%)</td>
</tr>
<tr>
<td></td>
<td>TGNCNB (1.4%)</td>
<td>Unknown (0.8%)</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>LGBQ+ (52.4%)</td>
<td>Straight (1.4%)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Hispanic/Latino (21.4%)</td>
<td>Asian/Pacific Islander (3.4%)</td>
</tr>
<tr>
<td>Borough</td>
<td>Bronx (11.4%)</td>
<td>Brooklyn (21.6%)</td>
</tr>
<tr>
<td></td>
<td>Manhattan (54.1%)</td>
<td>Queens (12.4%)</td>
</tr>
<tr>
<td></td>
<td>Staten Island (0.5%)</td>
<td>Unknown (0.0%)</td>
</tr>
<tr>
<td></td>
<td>White (31.0%)</td>
<td>Other (0.3%)</td>
</tr>
<tr>
<td></td>
<td>Other (2.6%)</td>
<td>Unknown (26.6%)</td>
</tr>
</tbody>
</table>

TGNCNB = transgender, gender nonconforming and nonbinary
Unknown = missing or pending case investigation

https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page
Tecovirimat – contacts in NYC

NYC Providers or facilities should email the NYC Health Department at MPXtherapeutics@health.nyc.gov to:

- Order a supply of tecovirimat to maintain at an onsite pharmacy or
- Requesting instruction and assistance with the IND paperwork or other institutional approvals/review board issues or
- Arrange to serve as a referral site to prescribe tecovirimat for patients who do not have a primary care provider
- Get assistance in referring patients to another provider if unable to complete the required IND forms to prescribe tecovirimat

Tecovirimat – How to obtain Treatment

- Any provider or health care facility or system can prescribe tecovirimat under the CDC’s IND protocol
- Tecovirimat is provided at no cost by the federal government and patients should not be charged for the medicine
  - Providers may bill for the encounter
- Providers/investigators can prescribe for individual patients as needed from a dedicated NYC supply managed by a partner pharmacy
- Providers/investigators can also coordinate with the NYC or NYS Health Department to request a supply from the strategic national stockpile to have on site at a facility or health system pharmacy

https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html