NEW YORK STATE AND NEW YORK CITY HEALTH DEPARTMENTS
HEALTH CARE PROVIDER WEBINAR
MONKEYPOX UPDATES
August 25, 2022

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The information presented is based on our knowledge as of 8/24/22 and is subject to change
Agenda

• Updates on the current monkeypox virus (MPV) outbreak
• Journal articles of interest
• Pediatric considerations
• EUA to expand access to JYNNEOS vaccine
• Resources
Updates on the current outbreak
MONKEYPOX
SITUATION REPORT IN NEW YORK STATE
As of August 23, 2022

NEW YORK STATE – 3,073 CASES

- 2,885 in New York City
- 4 in Albany County
- 1 in Broome County
- 1 in Chemung County
- 2 in Columbia County
- 1 in Delaware County
- 9 in Dutchess County
- 11 in Erie County
- 1 in Greene County
- 7 in Monroe County
- 36 in Nassau County
- 2 in Niagara County

U.S. – 16,603 CASES

- 1 in Onondaga County
- 8 in Orange County
- 2 in Putnam County
- 7 in Rockland County
- 1 in Schenectady County
- 1 in St Lawrence County
- 43 in Suffolk County
- 3 in Sullivan County
- 1 in Tioga County
- 3 in Tompkins County
- 2 in Ulster County
- 41 in Westchester County

U.S. Monkeypox Case Trends Reported to CDC | Monkeypox | Poxvirus | CDC
https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page
https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/
NYS and NYC Monkeypox Data Page Summary

• Continues to primarily be reported among MSM between the ages 18 to 44 years
  – Smaller numbers among persons 45 years and older
  – Two pediatric cases
• For race and ethnicity
  – NYS has higher proportion of cases among people who are White and Latino compared to people who are Black
  – NYC has higher proportion of cases among people who are Latino compared to people who are White or Black
• Few reports of cases requiring hospitalization
• No healthcare-associated cases among health care workers

Monkeypox Data - NYC Health
https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/
New York City Monkeypox Vaccination Data

Monkeypox Data page

- MSM/TGNCNB who report 2 or more sexual partners in the past 12 months (%)
- Doses Administered (%)
- Race/ethnicity
  - ** Asian or Pacific Islander: 7.0%
  - ** Black: 12.0%
  - Hispanic: 16.0%
  - ** Other/non-Latino: 2.0%
  - White: 45.0%
New York State Monkeypox Vaccination Data

Monkeypox (ny.gov)
Ensuring Equitable Access to Vaccine

- Additional doses administered to people referred by community partner organizations and health care providers serving New Yorkers within prioritized populations at elevated risk of infection, and through direct enrollment at community events.

- Scheduled appointments available at:
  - The Livonia and The Jefferson (Brooklyn), Long Island City (Queens), NYC Health + Hospitals: Kings (Brooklyn) and Gotham Health, Gouverneur (Manhattan)
  - AIDS Institute community outreach (Supported by New York State) Expanded vaccine outreach
    - Working with six AIDS Institute providers focusing on equity lens, with direct patient outreach
    - Focused Vaccine clinics Communities: 3 in Southern tier, Finger Lakes, Mohawk Valley, and Long Island (All outside of New York City)

- NYC granting $5mil funding for CBOs to promote vaccination equity
NEW - CDC Monkeypox Data Pages

Non-Variola Orthopoxvirus and Monkeypox Virus Laboratory Testing Data
Data as of 17 Aug 2022 2:00 PM EDT

- Total Specimens Tested: 57,804
- Cumulative Positivity Rate: 35.0%
- Capacity Available: 79.3%

Non-variola orthopoxvirus/Monkeypox testing from public health and select commercial laboratories

Graph showing the number of specimens tested over time with a positivity rate chart.
NEW - CDC Monkeypox Data Pages

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
- 49% reported reducing sex with partners met on dating apps or at sex venues
Children and Adolescents

- Small number of pediatric patients with MPV infection
- Be judicious when considering MPV testing for pediatric patients
- Many causes of rash in pediatric patients
- Avoid testing when there is no plausible risk of exposure and there is a low suspicion for MPV disease – unless there is a characteristic lesion present
- The decision to test can have a broad impact on children, adolescents and their families
  - Results may take several days possibly resulting in missed school, work, or other activities
  - Stigmatization may affect mental health

What You Need to Know about Monkeypox if You are a Teen or Young Adult (cdc.gov)
Testing Guidance

• Anecdotal reports of increasing number of false positive test results
  – All lab types (state and local public health laboratories, commercial and academic)
  – Pre-test probability low if testing people unlikely to have disease resulting in more false positive results
  – Cross contamination possible, check PCR CT values

Testing Patients for Monkeypox (cdc.gov)
Journal Articles of Interest
Asymptomatic MPV Infections Among Men in Belgium and Paris

- Anorectal swabs collected as part of sexually transmitted infection screening among MSM
- Identified MPV PCR positive anorectal swabs from men who were asymptomatic at the time of collection
  - Belgium study identified 3 of 224 men tested
    - All denied having symptoms in the weeks before and after the sample was taken
    - None reported exposure to a monkeypox case, nor did their contacts develop monkeypox
    - Follow-up samples taken 21 to 37 days later, were negative by PCR
  - Paris study identified 13 of 200 men tested
    - None reported symptoms before or at the time of swab collection, or when test results were reported, but 2 subsequently presented to the clinic with symptoms
- Findings suggest possibility monkeypox virus might be transmitted to close contacts in the absence of symptoms

Ferre 2022, Ann Int Med; https://doi.org/10.7326/M22-2183
Non-viable MPV DNA detected in Case Home

- Study to assess MPV presence, and degree of surface contamination in home shared by two MPV cases, both had lesions in multiple anatomic areas
- Sampling done on day 20 of their isolation
- Among 30 specimens, 21 (70%) yielded a positive rt-PCR result, however none yielded a positive culture result
  - 3 porous items (i.e., cloth furniture and blankets)
  - 17 of 25 nonporous surfaces (e.g., handles and switches)
  - 1 chair
- *Monkeypox virus* DNA was detected from many objects and surfaces indicating some level of contamination. However, the inability to detect viable virus suggests virus viability decayed over time or through chemical or environmental inactivation
- Patients showered daily, performed regular hand hygiene, laundered bedding and clothing weekly, and did routine household cleaning

Pfeiffer JA, et al. High-Contact Object and Surface Contamination in a Household of Persons with *Monkeypox Virus* Infection — Utah, June 2022. MMWR. ePub: 19 August 2022. DOI: [http://dx.doi.org/10.15585/mmwr.mm7134e1](http://dx.doi.org/10.15585/mmwr.mm7134e1)
Vaccination Updates
Intradermal JYNNEOS Vaccine

- Federal government has mandated intradermal (ID) administration as part of its National Monkeypox Vaccination Strategy
- Limited supply and high demand of vaccine led to Emergency Use Authorization (EUA) to allow for ID administration using smaller dose volume (0.1mL) in persons aged 18 years and older
  - EUA also allows for subcutaneous (SC) administration for persons under the age of 18 years
- ID administration can yield roughly four to five times more doses of vaccine per vial than SC and deliver the same immune response, based on the data available
- For more information on the vaccine, please refer to the FDA EUA fact sheet for providers

Public Health Emergency (PHE)
Intradermal JYNNEOS Vaccine

- Results from a clinical study showed that the lower intradermal dose was immunologically non-inferior to the standard subcutaneous dose.
- When comparing ID and SC vaccine recipients who developed a local injection site reaction, moderate to severe redness and induration (firmness) was more common after ID dosing (95% vs SC 58%) and ~1/3rd of people who got ID dose had mild discoloration at injection site that lasted 6+ months.
- History of keloid scar formation is contraindication to ID administration.


CDC. Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Monkeypox. Available at: https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html
Immunogenicity and Reactogenicity

Intradermal JYNNEOS Vaccine

- New York City and New York State have adopted the ID strategy and are training vaccinators in preparation for broader-scale ID administration.
- During the transition to ID administration, the Health Departments will continue to work with providers and community partners to route those who are eligible to vaccine appointments, and provide guidance on the best methods of administration for each person.
- Some of the vaccine appointments will continue to be for doses administered SC for the next several weeks.
- With more doses available, information about second dose availability will be shared within the next week.
Intradermal JYNNEOS Vaccine

- 0.1 mL of vaccine given ID on the same schedule produces similar efficacy to SC, though with more local redness.
- A person aged 18 years or older who received one JYNNEOS dose SC may receive a second dose ID to complete the vaccination series.
  - For example, a person who received only one dose SC before August 9 may receive second dose ID to complete the two-dose series.
CDC SC and ID Videos and Guidance

- Subcutaneous injection video:  
  [https://www.youtube.com/watch?v=R5jd4SDEcsA](https://www.youtube.com/watch?v=R5jd4SDEcsA)

- Intradermal injection video:  
  [CDC video: How to administer a JYNNEOS vaccine intradermally](https://www.youtube.com/watch?v=R5jd4SDEcsA)

- Intradermal Vaccine Preparation and Administration Summary Alternative Dosing Regimen:  
  [CDC’s JYNNEOS Intradermal Vaccine Preparation and Administration Summary](https://www.youtube.com/watch?v=R5jd4SDEcsA)

- [Vaccine Administration Errors and Deviations | Monkeypox | Poxvirus | CDC](https://www.youtube.com/watch?v=R5jd4SDEcsA)
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](http://nyc.gov/monkeypox) for information including on how to make an appointment in NYC

- For information on the NYS vaccine program
  - Visit [Monkeypox Vaccination (ny.gov)](http://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](http://Albany County), [Erie County](http://Erie County), [Monroe County](http://Monroe County), [Nassau County](http://Nassau County), [Rockland County](http://Rockland County), [Saratoga County](http://Saratoga County), [Sullivan County](http://Sullivan County), [Suffolk County](http://Suffolk County), [Westchester County](http://Westchester County), Columbia, Dutchess, Onondaga, Orange, and Ulster
Clinical Guidance
The CDC’s IND protocol was recently revised to make it even easier for any provider to prescribe TPOXX

- Fill out FDA form 1572 only once
  - update only when adding sub investigators/new information
- Consent form streamlined
  - Spanish translated version now available
- Patient intake form streamlined to two pages
- Follow up visits highly recommended but no longer required
- Up to 7 days to submit paperwork after initiating treatment
Prescribing Tecovirimat

- 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
  - Providers can contact one of the institutions in the MPV provider treatment network

Health Advisory #16: Accessing Tecovirimat for People with Monkeypox
NYSDOH Health Alert Notice for providers in New York State - July 8, 2022 (PDF)
# Outside NYC MPV Provider Treatment Network

<table>
<thead>
<tr>
<th>Institution</th>
<th>Region</th>
<th>Contact information for MPV Provider Treatment Network For providers to contact on behalf of their patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMC</td>
<td>Capital</td>
<td>518-264-4769 (518-{264-4POX})</td>
</tr>
<tr>
<td>SUNY Upstate</td>
<td>Central</td>
<td>315-464-3979</td>
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<tr>
<td>Northwell</td>
<td>Long Island</td>
<td><a href="mailto:monkeypoxinfo@northwell.edu">monkeypoxinfo@northwell.edu</a></td>
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<tr>
<td>SUNY Stonybrook</td>
<td>Long Island</td>
<td><a href="http://www.stonybrookmedicine.edu">www.stonybrookmedicine.edu</a></td>
</tr>
<tr>
<td>Mount Sinai South Nassau</td>
<td>Long Island</td>
<td>516-255-8410 website is: <a href="http://www.southnassau.org/sn">www.southnassau.org/sn</a></td>
</tr>
<tr>
<td>WMC</td>
<td>Mid Hudson</td>
<td>(914)326-2060; website is: <a href="http://www.wmchealth.org/">www.wmchealth.org/</a></td>
</tr>
<tr>
<td>MVHS</td>
<td>Mohawk Valley</td>
<td><a href="mailto:Khall3@mvhealthsystem.org">Khall3@mvhealthsystem.org</a></td>
</tr>
<tr>
<td>CVPH</td>
<td>North Country</td>
<td>CVPH @ 518-561-2000</td>
</tr>
<tr>
<td>Canton-Potsdam Hospital</td>
<td>North Country</td>
<td></td>
</tr>
<tr>
<td>UHS</td>
<td>Southern Tier</td>
<td>607-763-5991</td>
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<tr>
<td>ECMC</td>
<td>Western</td>
<td><a href="http://www.ecmc.edu/health-services-and-doctors/monkeypox-resources/">www.ecmc.edu/health-services-and-doctors/monkeypox-resources/</a></td>
</tr>
<tr>
<td>VA Western New York Healthcare System</td>
<td>Western</td>
<td>only for enrolled veterans</td>
</tr>
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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
- Monkeypox Information for Providers - NYC Health

CDC
- Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC
Monkeypox and Safer Sex (cdc.gov)

Vaccination is an important tool in preventing the spread of monkeypox. But given the current limited supply of vaccine, consider temporarily changing some behaviors that may increase your risk of being exposed. These temporary changes will help slow the spread of monkeypox until vaccine supply is adequate.

Reducing or avoiding behaviors that increase risk of monkeypox exposure is also important when you are between your first and second shots of vaccine. Your protection will be highest when you are two weeks after your second dose of vaccine.

Make a habit of exchanging contact information with any new partner to allow for sexual health follow-up, if needed.

Talk with your partner about any monkeypox symptoms and be aware of any new or unexplained rash or lesion on either of your bodies, including the mouth, genitals (penis, testicles, vula, or vagina), and/or anus (butthole). If you or your partner have or recently had monkeypox symptoms or have a new or unexplained rash anywhere on your body, do not have sex and see a healthcare provider. In some cases, symptoms may be mild, and some people may not even know they have monkeypox.

If you or a partner has monkeypox or thinks you may have monkeypox, the best way to protect yourself and others is to avoid sex of any kind (oral, anal, vaginal) and kissing or touching each other’s bodies—while you are sick. Especially avoid touching any rash. Do not share things like towels, fetish gear, sex toys, and tampons/condoms.

Even if you feel well, here are some ways to reduce your chances of being exposed to monkeypox if you are sexually active:

- Take a temporary break from activities that increase exposure to monkeypox, until you are two weeks after your second dose. This will greatly reduce your risk.
- Limit your number of sex partners to reduce your likelihood of exposure.
- Spaces like back rooms, saunas, sex clubs, or private and public sex parties where intimate, often anonymous sexual contact with multiple partners occurs are more likely to spread monkeypox.
- Condoms (latex or polyurethane) may protect your anus (butthole), mouth, penis, or vagina from exposure to monkeypox. However, condoms alone may not prevent all exposures to monkeypox, since the rash can occur on other parts of the body.
- Gloves (latex, polyurethane, or nitrile) might also reduce the possibility of exposure if inserting fingers or hands into the vagina or the anus. The gloves must cover all exposed skin and be removed carefully to avoid touching the outer surface.
- Avoid kissing or exchanging spit, since monkeypox can spread this way.
- Masturbate together at a distance, without touching each other and without touching any rash.
- Have virtual sex with no in-person contact.
- Consider having sex with your clothes on or covering areas where rash is present, reducing as much skin-to-skin contact as possible. Leather or latex gear also provides a barrier to skin-to-skin contact, just be sure to change or clean clothes/gear between partners and after use.

Remember to wash your hands, fetish gear, sex toys, and any fabrics (bedding, towels, clothes) after having sex.

What should a person do if they have a new or unexplained rash or other symptoms?

- Avoid sex or being intimate with anyone until you have been checked out by a healthcare provider.
- If you don’t have a provider or health insurance, visit a public health clinic near you.
- When you see a healthcare provider, wear a mask, and remind them that this virus is circulating in the area.
- Avoid gatherings, especially if they involve close, personal, skin-to-skin contact.
Thank You