

# Mpox Virtual Town Hall

Central and Eastern Regions of Virginia June 11, 2024



## **How Q&A Works**

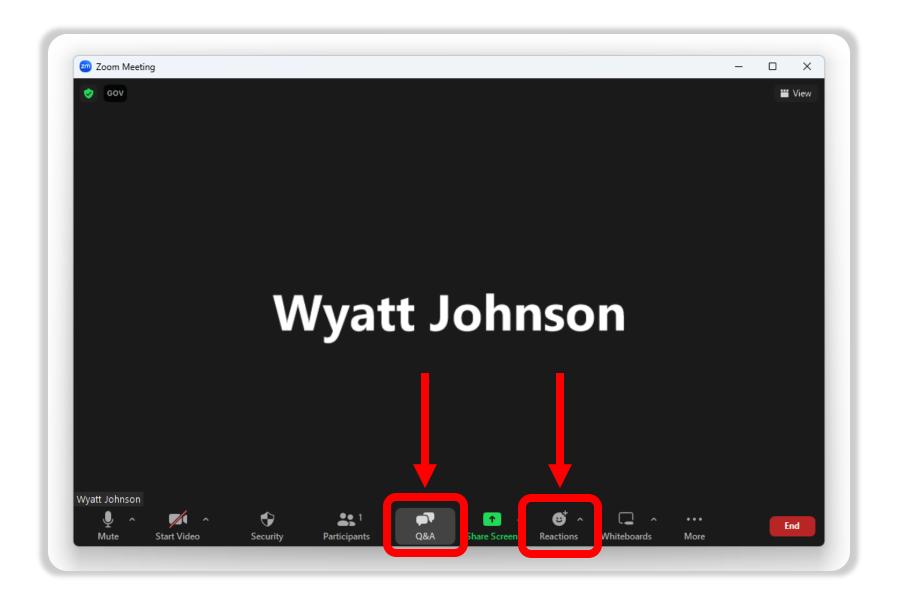
- Use the <u>Q&A button</u>, located on the bottom toolbar.
- Raise your hand and wait for a moderator to call on you.



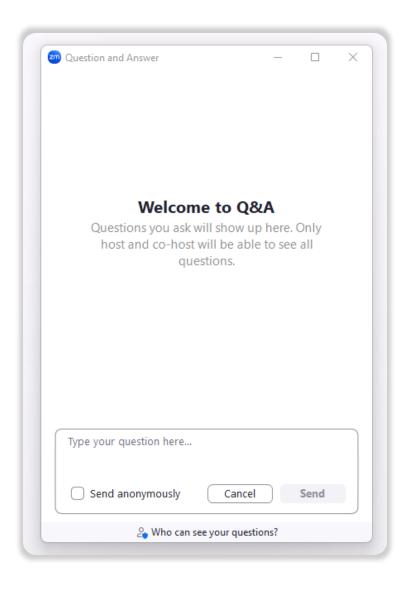
#### **Town Hall Format**

- Panelists will share a <u>brief presentation</u> on the topic.
- You can engage in a <u>Q&A session</u> with panelists.
- We'll share <u>discussion questions</u>, requesting your feedback.
- Slides will be available the day after the presentation on https://www.vdh.virginia.gov/mpox







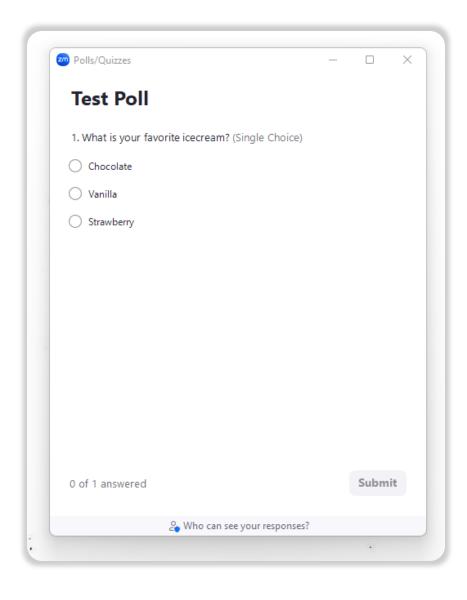




## **How Polls Work**

• When a prompt appears on the screen, select the choice you prefer.







#### Other Items

- Please use <u>appropriate language</u> when asking questions or providing feedback (e.g., no profanity).
- Please <u>remain respectful</u> of other audience members and panelists.



# **Moderators**

Wyatt Johnson

Health Promotion Coordinator

Brianna Carey

STD Program Analyst



## **Panelists**

#### Patricia Bair

Regional Epidemiologist, Northwest Virginia

#### Diana Prat

Deputy Director, Division of Disease Prevention

#### Katie Stephens

Lead, Health Information Team



## **Panelists**

#### Angela West

Regional Epidemiologist, Central Virginia

#### Brittany Kendall

Regional Epidemiologist, Eastern Virginia

#### Diana Prat

Deputy Director, Division of Disease Prevention

#### Katie Stephens

Lead, Health Information Team



#### Poll 1

Which of the following best describes who you are?



## Poll 2

How important is mpox to you?



# State of Mpox in the Region



# **About Mpox**

- Previously called monkeypox
- Rash illness caused by Monkeypox virus
- Rarely fatal
- Global outbreak began in 2022
  - Mpox seen in countries that had never reported mpox before
  - Person-to-person spread, mainly through sexual contact
- Outbreak peaked in summer of 2022; cases continue to occur
- Virginia and other jurisdictions in the U.S. have had increases recently in number of cases reported



**AFRICA** 



# **DRC Outbreak and Severe Mpox**

- Largest outbreak in DRC since mpox was discovered in 1958
- Different type of monkeypox virus than cause of 2022-2023 global outbreak
  - More serious disease
  - Spreads more easily
  - Causes more deaths
  - First time this type of virus spread by sexual contact
  - No cases reported in the U.S. so far
  - Risk is considered low in the U.S.
  - It is expected that our available tests, vaccines and treatments will work



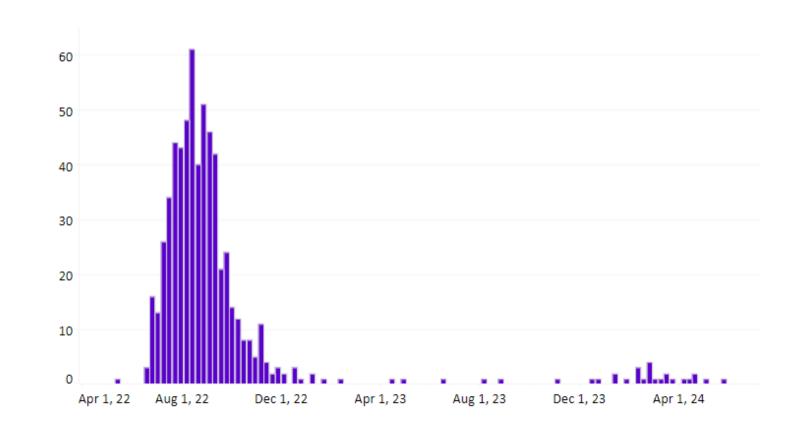
- Most cases of severe mpox resulting in hospitalization and/or death have been in people with uncontrolled HIV who were newly diagnosed or had HIV for some time, but were not in medical care/on HIV medication
- People with well controlled HIV (in care and on medication) typically experience mpox like patients without HIV



# **Mpox Cases in Virginia**

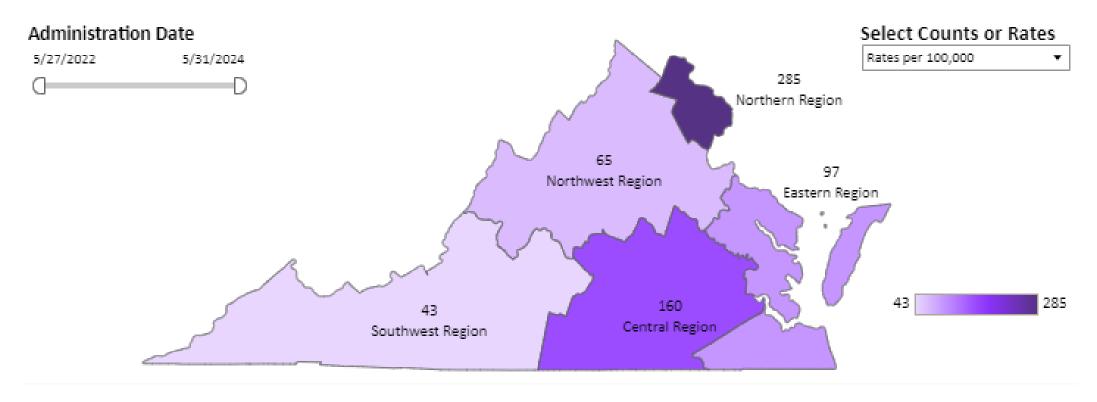
This graph shows the number of mpox cases reported to VDH (usually when the person became ill or was tested for the mpox virus).

We've had a total of 600 cases in Virginia, with 22 cases reported in 2024 (data as of 06/03/2024).





# Regional Vaccination Data





# Cases in the Central/Eastern Regions

Data 04/01/2022 through 06/03/2024

Region	District Name	Case Counts
Central	Chesterfield	17
	Chickahominy	*
	Crater	15
	Henrico	24
	Piedmont	*
	Richmond	39
	Southside	0

Data 04/01/2022 through 06/03/2024

Region	District Name	<b>Case Counts</b>
Eastern	Chesapeake	11
	Eastern Shore	*
	Hampton	27
	Norfolk	39
	Peninsula	30
	Portsmouth	10
	Three Rivers	*
	Virginia Beach	42
	Western Tidewater	9

Data through 06/03/2024 available on the VDH Mpox Dashboard

<sup>\*</sup> To help protect patient confidentiality, small numbers (between 1 and 4) at the health district level are shown by an asterisk.

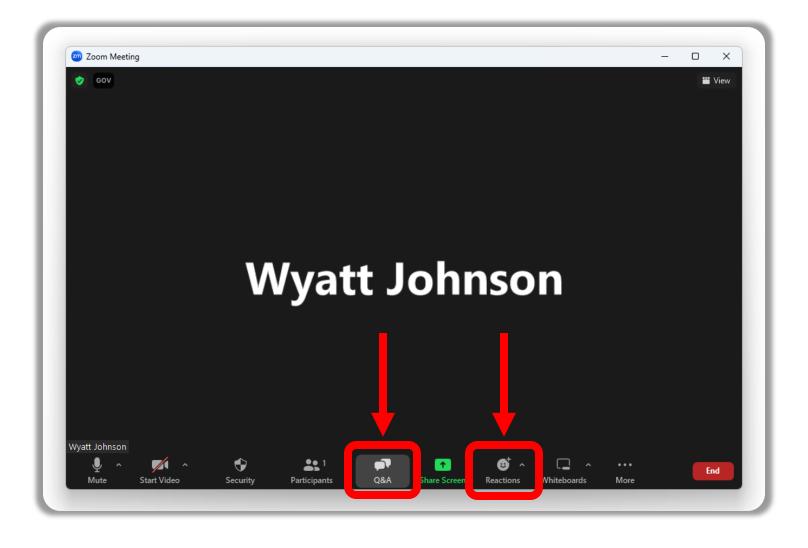


# **Ongoing Vaccination Efforts**

- Participating Local Health Departments offer vaccines to eligible persons
  - You can receive the vaccine if you have been exposed to Mpox or are at risk of being exposed
  - Reach out to your <u>Local Health Department</u> to see if the vaccine is available and schedule an appointment
  - The CDC's Mpox Vaccine Locator Tool is available to find locations where the vaccine is offered
- Richmond Henrico Health District collaborates with community partners for vaccine outreach:
  - Health Brigade
  - Nationz Foundation
  - Minority Health Consortium
  - Greater Richmond Street Sheet



# Q&A





What would prevent a person from getting tested, vaccinated, or treated for mpox?



What if the vaccine is not available free of charge after the Fall of 2024? Would this be a barrier for you, and why?



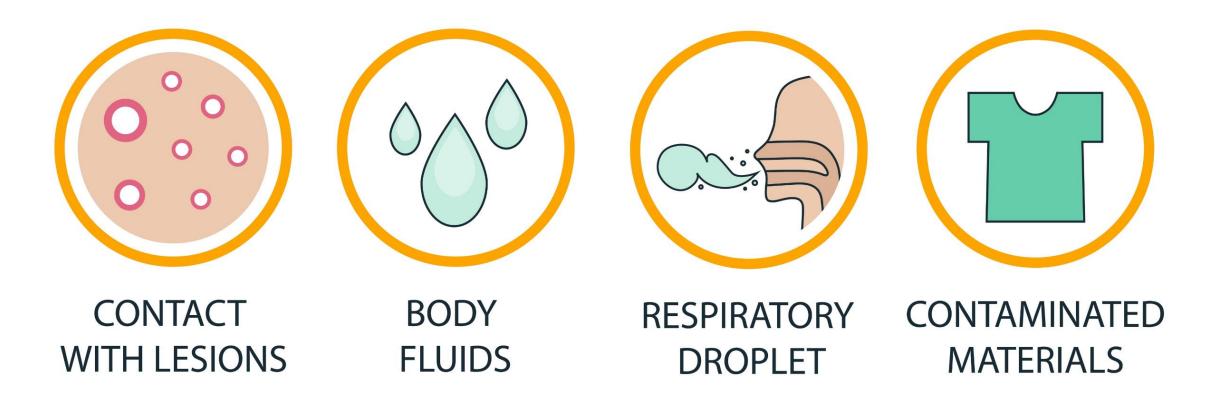
What works or does not work with current vaccination efforts?



# Mpox Education and Prevention Measures

# **Mpox Transmission**

**INCUBATION PERIOD IS 3-17 DAYS** 



# Who is at Risk for Mpox?

- Most infections spread through male-to-male sexual contact
  - Close, personal contact with rash and scabs of a person with mpox, or contact with their saliva, upper respiratory secretions (mucus), and areas around the anus, rectum, or vagina
  - Anyone can get and spread mpox if they come into close contact with someone who has mpox
- Small number of infections reported as possibly caused from sharps injuries when scraping a rash sample on a patient (CDC recommends against this), skin piercing, or tattooing
- Some people can spread mpox to others 1-4 days before their symptoms appear
- Outbreak has especially affected Black and Hispanic populations, people with HIV

## **Prevention Measures**

- Getting both vaccine doses is the best way to prevent mpox
- Learn how to lower your risk during sex or at a social gathering
- Avoid close skin-to-skin contact with people who have a rash that looks like mpox
- Avoid contact with objects and materials that a person with mpox has used
  - Don't share cups, eating utensils, towels, or clothing
- Wash your hands often, or use an alcohol-based hand sanitizer

## **Vaccinations**

- JYNNEOS is a two-dose vaccine series
- Second dose is recommended 28 days after first dose
- Getting both vaccine doses is the best way to prevent mpox
- You have the most protection 14 days after your second dose
- Vaccination makes it less likely that mpox will make you very severely sick
- It is never too late to get the second dose of vaccine or start the vaccine series
- At this time, booster doses are not recommended



# **Mpox Vaccine Eligibility**

#### The vaccine is recommended if you

- Are a gay, bisexual, or other same-gender loving man who has sex with men; or are transgender, gender non-binary, or gender-diverse AND in the last 6 months you have had, or expect to have
  - o More than one sexual partner, or anonymous sexual or intimate contact
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
  - One or more sexually transmitted infections

#### Get the vaccine if you

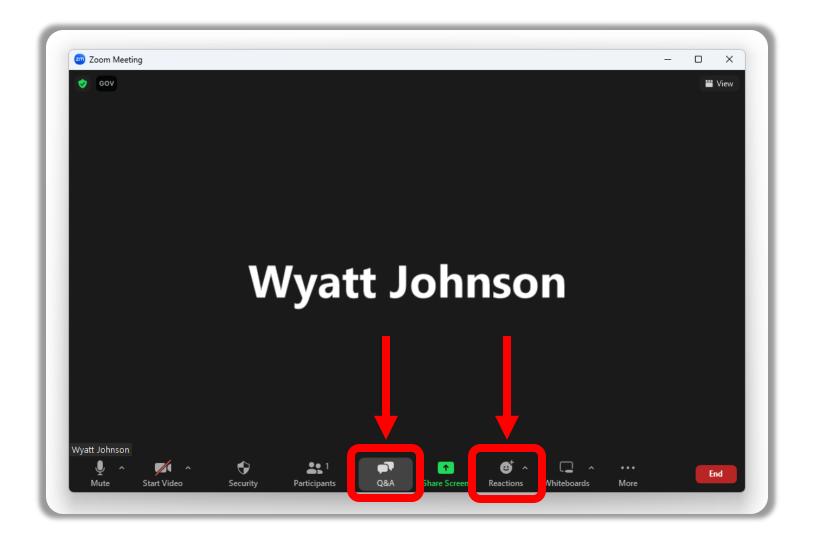
- Have had sexual or intimate contact with a person who is at risk of mpox as described above
- Have had sexual or intimate contact with someone who may have mpox. Get vaccinated as soon as
  possible after exposure, regardless of your sexual or gender identity.

#### Get both doses of the vaccine

Unless there is a medical reason you cannot get the vaccine, like a severe allergic reaction (such as anaphylaxis) after a previous dose or a severe allergic reaction to a vaccine component.



# Q&A





What do you think about current methods of mpox prevention, such as vaccination campaigns and outreach programs?

What improvements would you suggest?



## Poll 3

How related do you think STI education is to mpox education?



VDH has staff who contact people's sex/needle sharing partners anonymously and confidentially to offer testing. Do you have suggestions on how VDH can encourage more people to accept this service to stop the spread of disease?



# Ongoing Mpox Communication Efforts in Virginia

# **How is VDH Reaching Communities?**

- Statewide communications in various formats
- Resources (print and digital) available in multiple languages
- Collaborations between local health departments and community-based organizations



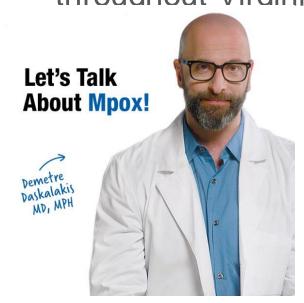
### **Statewide Mpox Communication Efforts**

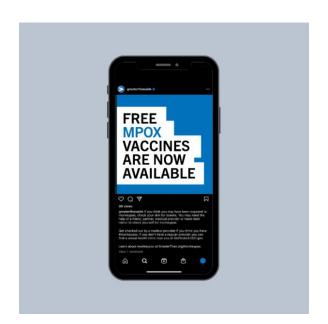
- Press Releases
  - March 25, 2024 <u>Virginia Department of Health is Seeing an Increase in Reported Mpox Cases</u>
- Clinician Letters
  - February 13, 2024 Mpox, Measles, and Sexually Transmitted Infection Prevention Updates
  - December 11, 2023 Mpox Updates for Virginia
- Social Media Posts (X, Facebook, Instagram)
  - March 2024 Black History Month
  - April 2024 STI Awareness Month
  - May 2024- Stop Mpox Before It Starts / Summer Prep
  - Summer 2024 Vaccination



### Statewide KFF Ad Campaign

- VDH has been working with KFF to reach those in Virginia most at-risk for mpox with messaging on mpox awareness and vaccination
- Digital advertising ongoing since 2023 with videos from healthcare providers who work in sexual health and simple banner ads (in English and Spanish) throughout Virginia









### **VDH Mpox Communication Resources**

- VDH's <u>mpox webpage for public</u> and <u>mpox webpage for healthcare</u> <u>professionals</u>
- Resources for the public, community-based partners, and healthcare professionals
- Print materials available in multiple languages
  - Request printed materials/assistance using this REDCap survey: <u>Mpox Central Office Printed</u>
     <u>Materials for Non-LHDs</u>
  - REDCap Link available on <u>VDH mpox communications webpage</u>
- Social media graphics
- Videos
- Resources can be found on VDH Mpox Webpage
  - vdh.virginia.gov/monkeypox/communications-resources/



### Handouts – Mpox Fact Sheet & What to Know About Mpox



### What is mpox?

Mpox is a contagious rash illness caused by the mpox virus. Mpox can cause a range of symptoms. Some people have mild symptoms, while others can develop serious symptoms and need care in a healthcare facility. Those at higher risk for severe disease or complications include people who are pregnant, children, and people with weakened immune systems

In the 2022 outbreak, cases have occurred in many countries or areas where this infection was not usually found, including in the U.S. and Virginia. The number of cases has declined since August 2022, but cases continue to occur in the U.S. The mpox outbreak is not over yet. Most, but not all, cases have been in gay, bisexual, or other men who have sex with men. This group, particularly those with multiple sex partners, is currently at greatest risk.

### How is mpox spread?

In this outbreak, most people have become infected with moox when they come into close contact with an infected person. Spread can occur from touching skin lesions, bodily fluids, or clothing or linens that have been in contact with an infected person. Spread can also occur during prolonged, face-to-face contact. Some people can spread mpox to others from one to four days before their symptoms start.

Mpox can spread from person to person through:

- Sexual or intimate contact (including oral, anal, and vaginal sex)
- Hugging, kissing, cuddling, and massage . Sharing a bed, towel, or clothes that have not been washed
- Mpox does not spread from person to person through
- Casual conversation with someone who is infected · Walking by someone who is infected



Swollen lymph nodes

· Respiratory symptoms (nasal

congestion, cough, or sore throat)

Feeling tired

Photo credit: UK Health Security Agency

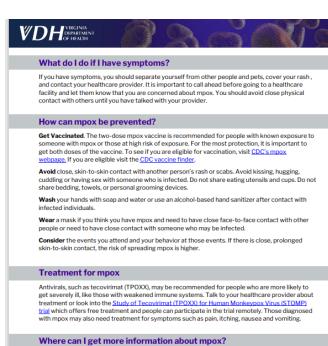
### What are symptoms of mpox?

Skin rash on any part of your body (even if it is only 1 or 2 spots); for some people, this rash may be their only symptom

- Fever
- Chills
- Muscle aches and back aches

You may experience all or only a few symptoms.

Symptoms usually appear within 3 weeks after exposure



VDH website www.vdh.virginia.gov/mpox

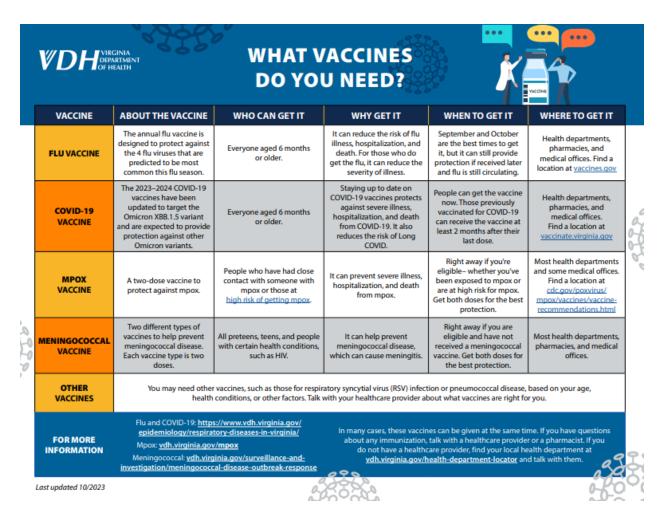




Both available in English, Amharic, Arabic, Chinese, Korean, Spanish, Tagalog, Ukranian, Vietnamese



### **Handout – What Vaccines Do You need?**





### **Handout - Get Prepped for Pride**

# GET PREPPED FOR PRIDE!

- Get the mpox vaccine
- Get tested for STIs (including HIV)
- Learn about PrEP for HIV and DoxyPEP for STIs





Find services here https://bit.ly/20E8EaC

- Recently updated to include DoxyPEP
- All versions available in English and Spanish
- Versions with no VDH Logo also available





### Social Media Graphics – Mpox Basics

- (Updated) <u>Mpox spreads through close contact</u>
- (Updated) <u>Mpox Symptoms</u>
- (Updated) If you have mpox
- (New) If you were exposed to mpox
- (New) <u>Mpox vaccination</u>

Available in English and Spanish



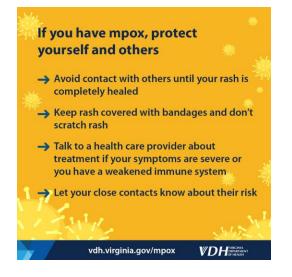
If you think you were exposed to mpox, get vaccinated right away and watch for mpox symptoms for 21 days.

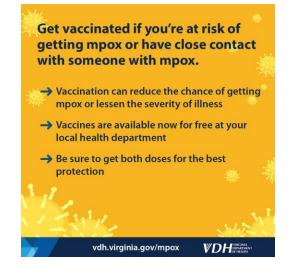
→ Vaccination can reduce the chance of getting mpox or lessen the severity of illness

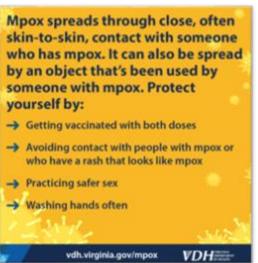
→ Vaccines are available now for free at your local health department

→ Be sure to get both doses for the best protection

→ Symptoms can include a rash, flu-like symptoms, and more









### **New Vaccine Social Media Graphics**

### Stop mpox before it starts.

### Don't let mpox spoil your summer plans.

- Available in English and Spanish
- Versions with no VDH logo and post copy provided on mpox webpage













### **New Mpox Vaccine Flyer and Social Media Graphics**









Available in English and Spanish



### **Videos**

- Max Your Vax (CDC)
- Mpox is Now (CDC Foundation)
- Mpox Videos (CDC)
- The Realization (CDC Foundation)
- We Are Greater Than Mpox FAQ Videos







### Resources for Healthcare Providers

Find the latest information, tools, and resources on mpox vaccination, testing, and treatment at VDH's Mpox for Healthcare Providers website.

### VDH VIRGINIA DEPARTMENT

### How Do I Know If My Facility's Disinfectant Will Kill Mpox Virus?

Follow these simple instructions to check if the disinfectant product that your facility uses will kill mpox virus.

Step 1: Find the Environmental Protection Agency (EPA) Registration Number. This will be on the product's

Example: Super Sani-Cloth wipes (note: use of this product as an example does not denote VDH endorsement of this specific product)



Step 2: Go to the EPA List Q website (Disinfectants for Viral Emerging Pathogens)

Step 3: Scroll down to the pathogens section of the List Q website. Note that it says that mpox virus is a Tier 1 pathogen. When looking at the table of disinfectants, we will want to make sure that the product says "Yes" in

Step 4: Enter your disinfectant's EPA Registration Number in the corresponding field on the List Q website (in

### List of Disinfectants for Emerging Viral Pathogens (EVPs)

x Information Sheet for Healthcare Provider

Updated 1/29/2024

Situation	The 2022 multi-country outbreak caused by Clade II Monkeypox virus (MPXV) affected all U.S. states.
	U.S. cases have decreased significantly but sporadic cases continue to occur and there is a risk of
	resurgence of cases. Mpox is spreading mostly through close, intimate contact with someone who has
	mpox. While anyone can get mpox, most cases have occurred in gay, bisexual, and other men who have
	sex with men. Providers should be on alert for cases (even in vaccinated persons) and contact their local
	health department (LHD) if they suspect an mpox case. In December 2023, CDC released an alert about
	sexual spread of Clade I MPXV in the Democratic Republic of the Congo (DRC). To date, no cases of Clade
	I virus have been reported in the U.S., but clinicians should alert the LHD to discuss clade testing if a
0	patient presents with mpox symptoms and had recent travel to DRC.  MPXV belongs to genus Orthopoxylrus (Other Orthopoxylruses that can infect humans; variola
Organism	This is being to general or tropositions (other or tropositions that can intect random various
i	[smallpox], vaccinia, cowpox virus)
i	Previously affected areas include parts of west and central Africa
i	Two clades: Clade I and Clade II (milder), with subclades Clade IIa and Clade IIb
ı	Current outbreak is Clade IIb
	Animal reservoir unknown; hosts include African rodents and nonhuman primates
Transmission	Direct contact with sores, scabs, or body fluids from an infected person or animal
	Indirect contact with contaminated items
	Large respiratory droplet transmission during prolonged face-to-face contact
Incubation	3-17 days
Symptoms and	Characterized by a specific type of <u>rash</u> (see photos below)
Signs	<ul> <li>Both mucosal and cutaneous lesions may occur and can begin on the genitals, anorectal</li> </ul>
	areas, or oral cavity.
	<ul> <li>Cutaneous lesions progress through stages→macules→deep-seated, firm, round papules</li> </ul>
	(umbilicate)→ vesicles→pustules→scabs
	<ul> <li>Lesions can be the first or only sign of illness. Presentation can be a few or only a single lesion</li> </ul>
	and may be painful.
	Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been
	frequently reported.
	Some patients have a prodrome, including malaise, fever, lymphadenopathy, and other symptoms.
	Respiratory symptoms (e.g., sore throat, nasal congestion, or cough) can occur
	Illness duration is typically 2-4 weeks
	Co-infection with HIV and other sexually transmitted infections (STIs) are common
Infectious	Some people can spread MPXV to others from one to four days before symptoms of mpox appear.
Period	People with mpox are infectious until lesions scab, fall off, and a new layer of skin forms.
1 01100	No current evidence that people who never develop symptoms have spread mpox to someone else
When to	If the patient has a new characteristic rash or if the patient meets one of the epidemiologic criteria
Suspect Mpox	listed in the next bullet and there is a high clinical suspicion for mpox
Suspect Mpox	Within previous 21 days, patient:
	Reports having contact with a person with a similar appearing rash or who received a
	diagnosis of confirmed or probable mpox OR
	Had close or intimate in-person contact with individuals in a social network experiencing
	mpox activity, this includes men who have sex with men who meet partners through an
	online website, digital application ("app"), or social event (e.g., a bar or party) OR
	Traveled outside the U.S. to a country with confirmed cases of mpox or where Monkeypox
	virus is endemic OR
	<ul> <li>Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)</li> </ul>



### INTEGRATING MPOX VACCINATION, TESTING, AND TREATMENT INTO SEXUAL HEALTH AND HIV CLINICAL CARE

- VACCINATION → VDH Mpox Vaccine Guidance
  - → Questions and Vaccine Requests: mpxquestions@vdh.virginia.gov
  - → CDC Vaccine Considerations



In Virginia, the mpox vaccine JYNNEOS is available to people who are at risk of exposure to mpox or those who have been exposed to mpox. JYNNEOS is available at most local health departments and some private providers. Consider offering mpox vaccine as part of routine care to patients seeking services in STI or HIV clinics or to patients that disclose risk factors for exposure.

JYNNEOS may be administered using the standard FDA-approved regimen (subcutaneous route) or the alternative EUA-authorized regimen (intradermal route) for patients aged 18 and older. Providers should discuss with patients to determine which route of administration each patient prefers.

### TESTING



- → CDC Clinical Recognition → CDC Testing Patients for Mpox

VDH encourages clinicians to have a high level of suspicion for mpox, especially in people with risk factors. Vigorous swabbing of a new rash or lesion is recommended for specimen testing. It is not necessary to unroof or aspirate the lesion. Providers should use commercial laboratories for testing whenever possible.

Public health testing at Virginia state lab (DCLS) is available for uninsured or underinsured people, those at high risk of severe disease, healthcare providers, and those living or working in congregate settings. Contact LHD for more information.

People being tested for mpox who are sexually active should also be tested for HIV and other STIs. If tests are positive, they should be treated.

### TREATMENT

- → CDC Clinical Treatment
- → CDC Pain Management
- → CDC clinical consultation service 770-488-7100 or email eocevent482@cdc.gov



Provide supportive care for all patients with mpox based on their needs, including pain management, skin and wound care, maintenance of fluid balance, and treatment of cooccurring STIs, including HIV, or bacterial superinfections.

Inform patients with mpox about the STOMP Trial, a clinical trial evaluating TPOXX (tecovirimat) effectiveness. Patients do not need to have severe disease or be at high risk of severe illness to enroll in the study. Virginia Commonwealth University is a participating site.

Consider TPOXX treatment in people with severe disease, involvement of anatomic areas which might result in serious complications (e.g., scarring or strictures), or people at high risk for severe disease (e.g., those with poorly controlled HIV, immunocompromised people, people with conditions affecting skin integrity, children <1 year of age, or women who are pregnant or breastfeeding).



Additional Information at CDC's Information for Healthcare Professionals webpage www.cdc.gov/poxvirus/mgox/clinicians/index.html

Adapted from Michigan Department of Health & Human Services



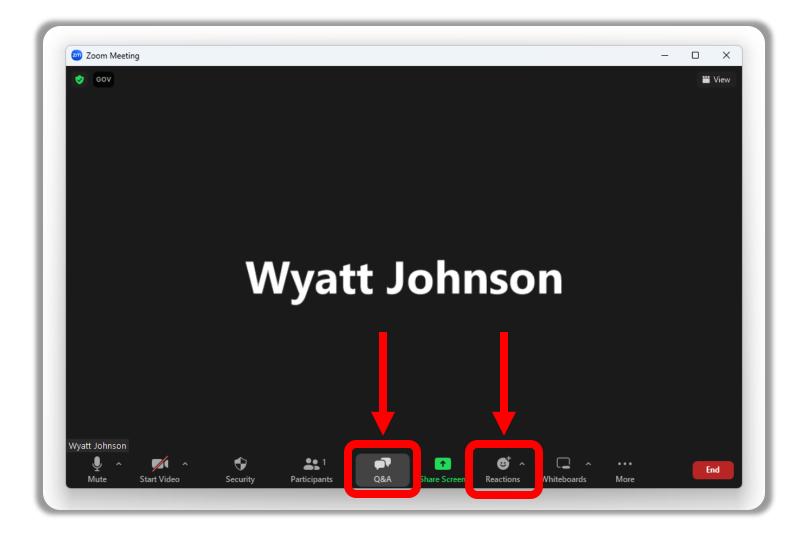


## More Communication Resources Available on our Webpage

- Let's Talk About Mpox Greater Than HIV
- CDC Mpox Communication Resources
- Public Health Communications Collaborative
- National Coalition of STD Directors



### Q&A





### **Discussion Question 1**

When VDH creates messaging about mpox, how important is it to see yourself or groups that you identify with represented in messaging? Or should messaging be more general and shared with the public at large?



### **Discussion Question 2**

VDH ad campaigns about mpox focused on online and internet advertising and less on radio, TV, and other methods.

What methods would be most effective in the future, and why?



### Poll 4

How do you usually find health information that you find trustworthy?



### Poll 5

Do you believe that you encountered any misinformation about mpox? If so, what?



### **Discussion Question 3**

Do you have suggestions on how VDH can better address misinformation or disinformation?



# Thank you for your participation!



### **Questions and Feedback**

If you have questions or comments, please complete an anonymous survey by scanning the QR code to the right.

Note: An email address is not required, but if you choose to enter your email address for us to respond to you, your survey will no longer be anonymous.





What do you think people consider when deciding whether or not to get vaccinated?

How can we get more people to get both doses of the vaccine?



What makes you comfortable discussing your sexual health with a medical provider?

Why?



How do you think people view the relationship between mpox and STIs?



What can help groups and communities change their behaviors to prevent the spread of disease?



In what ways can VDH help community members actively participate in mpox prevention efforts?

What would be most effective?



What role can friends and family play in promoting mpox awareness and prevention?

What might that look like?



What has your experience been with mpox and STI messaging from these trusted sources?