

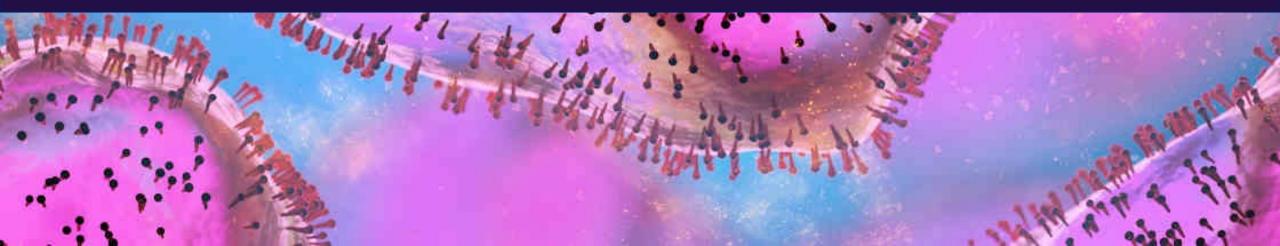
County of San Diego Human Monkeypox (MPOX) Information and Updates

Updated 09/15/2022





OVERVIEW



Recent Events

May 20, 2022

County Public Health Services stood up its Incident Command Structure (ICS) for the MPOX outbreak.

June 15, 2022

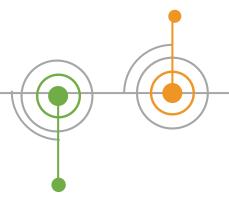
County of San Diego reports two probable cases of MPOX.

August 1, 2022

Governor Newsom declared a state of emergency to respond to MPOX.

August 4, 2022

U.S. Department of Health and Human Services declares the ongoing spread of MPOX virus in the United States a Public Health Emergency.

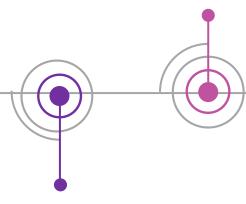


May 17, 2022

First case of MPOX reported in the U.S.

May 27, 2022

First case of MPOX reported in California.



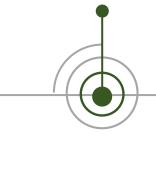
July 23, 2022

The World Health
Organization (WHO)
declared the multi-country
spread of MPOX to be a
Public Health Emergency of
International Concern, which
constitutes its highest alert
level.

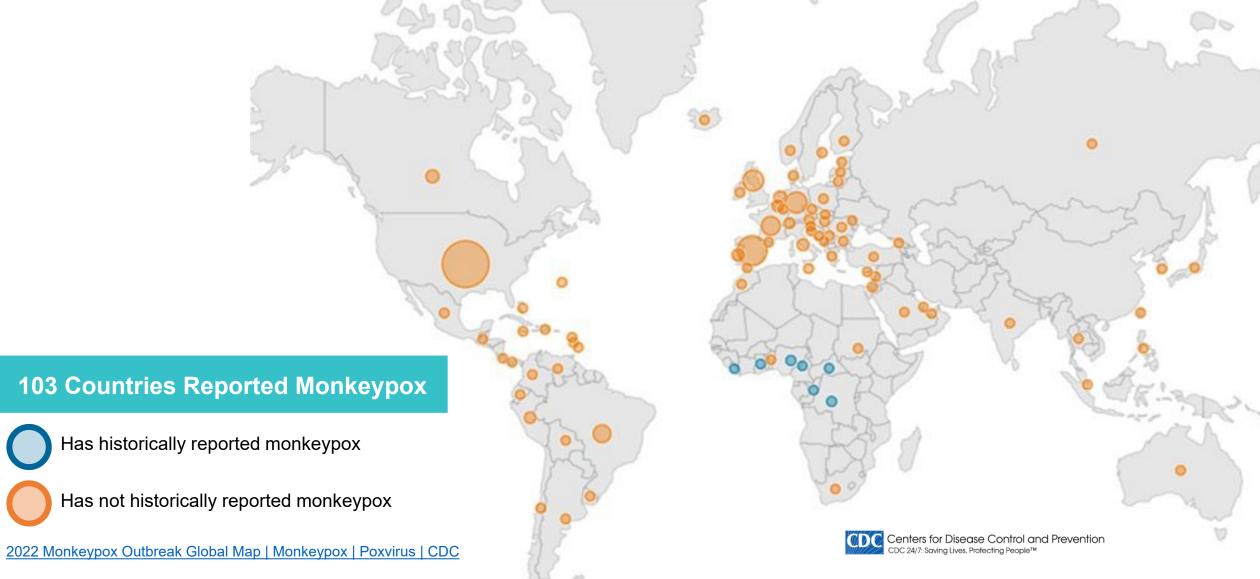


August 2, 2022

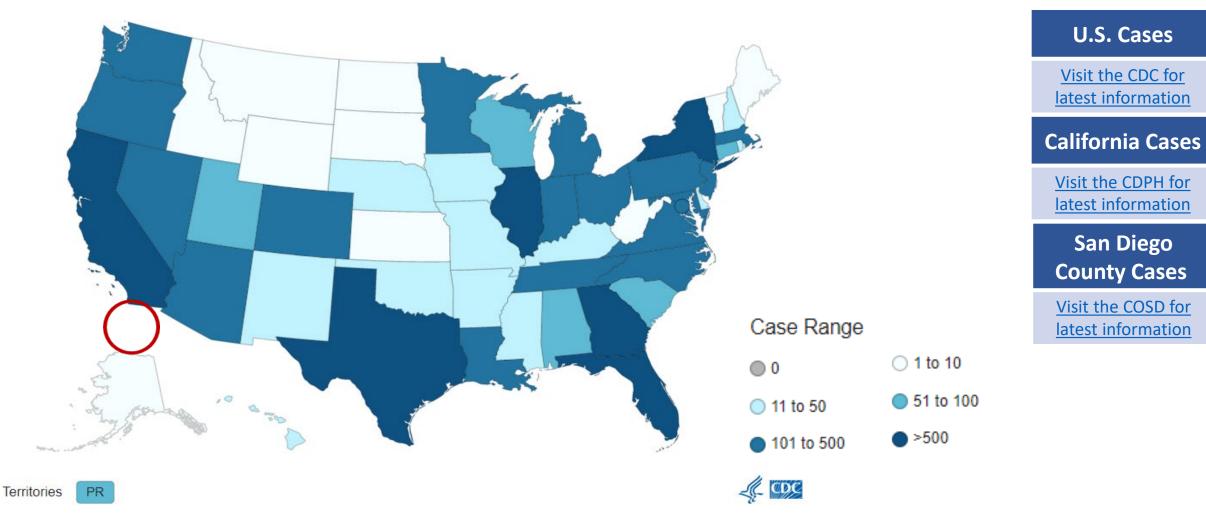
County of San Diego declares a local health emergency to respond to MPOX.



2022 Monkeypox Outbreak Global Map



2022 U.S. & California Cases



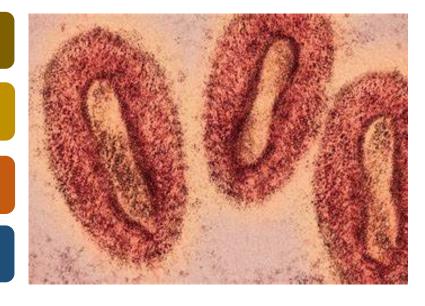
MPOX Virus Overview

Rare zoonotic infection

Caused by MPOX virus (which is an orthopoxvirus)

Endemic in West and Central Africa

Can spread from infected animals to humans and person-to-person



Mode of Transmission

Skin-to-skin contact with rash, sores, scabs, infected body fluids and mucosal lesions.

Large droplet secretions during close face-to-face contact.

Fomites (e.g., sharing contaminated towels, bedding).

Addressing Stigma

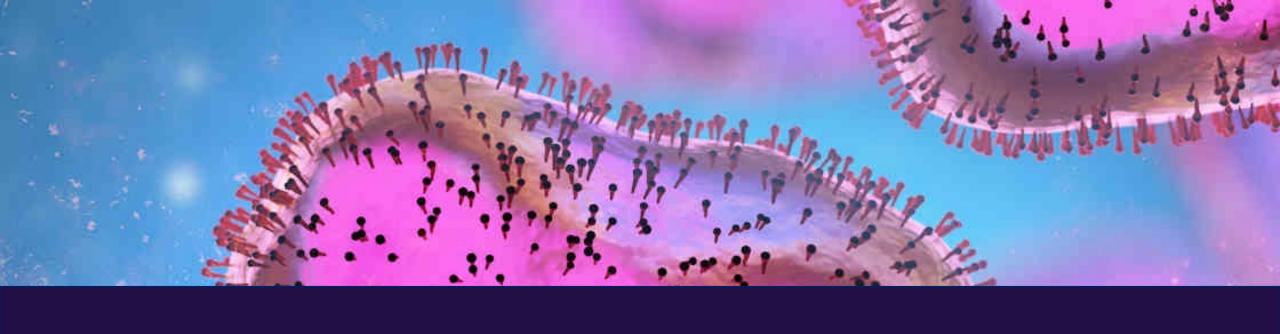


ANYONE CAN GET MONKEYPOX

Blaming any one community may harm public health efforts and cause providers to miss monkeypox in other people.

Get the latest updates & downloadable files from Gay Sexuality & Social Policy Initiative @ UCLA Luskin gaysexresearch.com





SIGNS & SYMPTOMS



MPOX Risk, Transmission, and Signs/Symptoms

- Risk to the general population is low but precaution should still be taken especially for children, pregnant women, and the immunocompromised.
- MPOX virus is harder to transmit than other infections like COVID-19.
- The time from infection to symptoms (incubation period) is typically 7 to 14 days but can range from 5 to 21 days.
- Illness typically lasts 2 to 4 weeks.

KNOW THE SIGNS OF MONKEYPOX (MPX)

Early signs of MPX may include swollen lymph nodes, headache, and fever/chills. Other symptoms may include muscle or backaches, exhaustion, followed by a rash that typically begins on the face and spreads to other parts of the body.



Rashes or sores



Swollen lymph nodes



Headache



Fever/chills



Muscle or backaches

MPOX Signs

- MPOX typically involves a characteristic rash that starts on the face and spreads to other parts of the body. Rash has appeared in the anogenital area first.
- The rash progresses through specific stages from flatten rash, to bumps, to blisters. Palms and soles are often involved.
- The MPOX rash may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster).

KNOW THE SIGNS OF MONKEYPOX

Rashes, bumps, or blisters may appear in different forms.













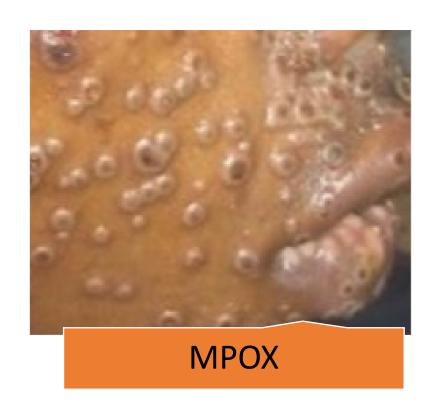








MPOX Rash







MPOX Rash









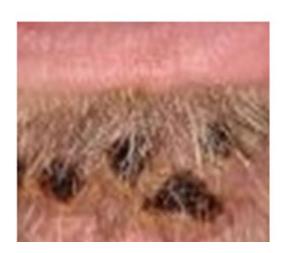
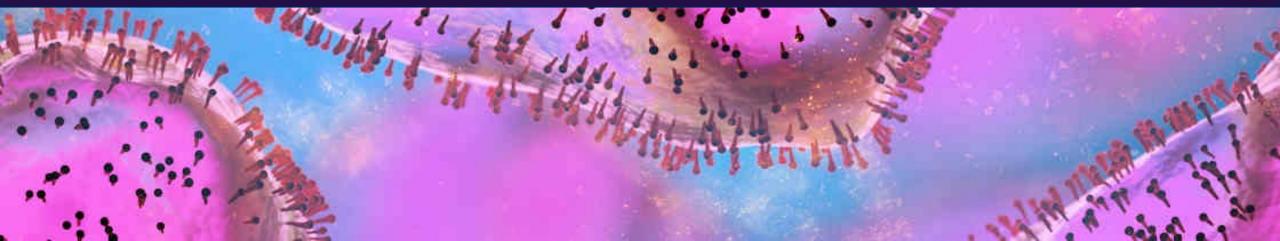




Photo credit: UK Health Security Agency



TREATMENT



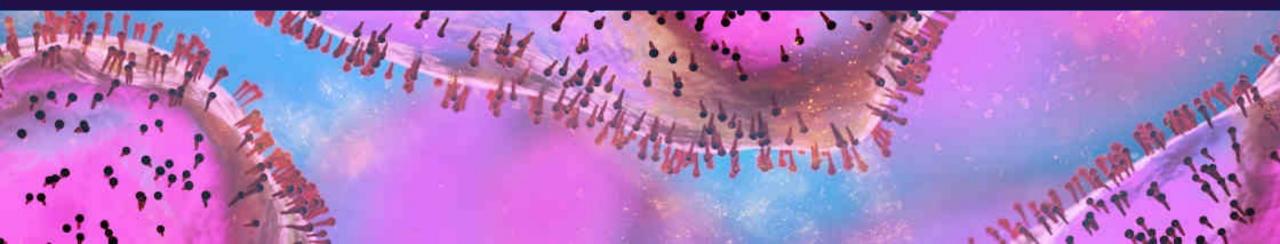
Antiviral Medication: Tecovirimat



- Tecovirimat is an antiviral medication developed to treat smallpox but CDC has expanded use for MPOX.
 - Also known as TPOXX or ST-246.
- Oral capsule and IV formulations were approved by FDA in July 2018 and May 2022, respectively.
- Indication
 - Tecovirimat is indicated for severe disease and those who are at risk of developing severe disease.



GUIDANCE



If You Are Sick



ISOLATE, stay at home and monitor your symptoms.

contact your healthcare provider to get tested, if you have a rash.

GET TREATMENT, if needed.

INFORM CLOSE
CONTACT(S)
Visit
www.tellyourpartner.org
for anonymous partner









notification.

If You Are Sick

Persons with MPOX who live with other people should:

- Isolate outside the home if an uninfected person in your household is at high risk of severe disease.
- Avoid close contact with other people and animals or pets in the home.
 - Avoid kissing, hugging, cuddling, sleeping in the same bed, or having sex or other close skin-to-skin contact with other people.
 - Stay in a separate room and use a separate bathroom, if possible.
 - Avoid sharing bedding, towels, utensils or cups, and electronics.
- Wear a respirator or a well-fitting mask when in close contact for more than a brief encounter.
- Keep skin lesions covered.
- <u>Clean and disinfect</u> frequently touched items, following <u>CDC guidance</u>.
 - Avoid activities that may put viral particles in the air, like dry dusting, sweeping, and vacuuming.
- Wash hands frequently with soap and water or use an alcohol-based hand sanitizer.
- Avoid use of contact lenses to prevent inadvertent infection of the eye.
- Avoid shaving lesion-covered areas of the body as this can lead to spread of the virus.

Discontinuation of Isolation

Resume limited activities outside the home when:

- Any fever or respiratory symptoms have been resolved for at least 48 hours; AND
- No new lesions have appeared for at least 48 hours; AND
- Any lesions that cannot be covered, such as those on the face, are fully healed (scabs have fallen off and a fresh layer of skin has formed at the lesion sites).

Precautions for Resuming Limited Activities

Cover any unhealed lesions with clothing or bandages.

Wear a wellfitting <u>respirator</u> or mask at all times when in contact with other people.

Wash hands frequently with soap and water or an alcohol-based hand sanitizer and avoid direct contact with lesions.

Do not share towels or other personal objects with others.

Avoid crowded settings such as bars, clubs, parties, saunas, and bath houses.

Avoid direct skin-to-skin contact or intimate physical contact with others including kissing, cuddling, and sexual contact.

Return to Work

Workers may return to non-high-risk workplaces when certain criteria AND all of the following conditions are met:

- Employment does not involve direct physical care or contact with others (e.g., massage therapy, estheticians, sex work);
- Employment is not in a high-risk setting;* AND
- Virtual work is not possible.

If these conditions for return to work are not met or work in a high-risk setting, persons with MPOX should not return to work until their skin lesions are fully healed and other symptoms have been resolved for at least 48 hours.

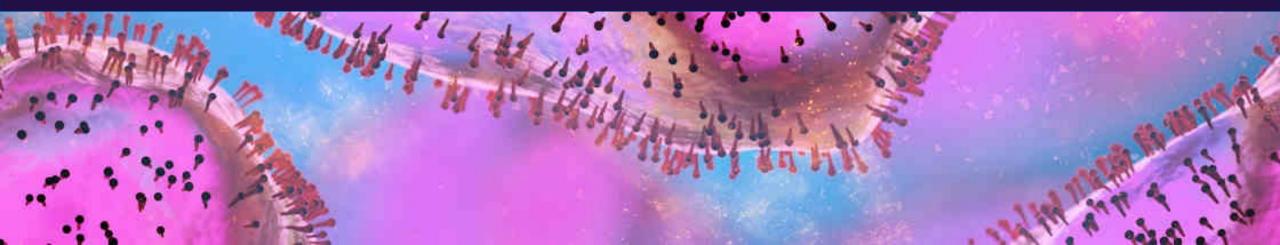
Resume Normal Activities

Once all skin lesions have healed (i.e., scabs have fallen off and a fresh layer of skin has formed at the lesion sites), and any other symptoms have been resolved for at least 48 hours.

Evidence on MPOX transmission via genital excretions is lacking, and a precautionary approach for the use of condoms during sexual activities for 12 weeks after infection is recommended, even after skin lesions are healed.



VACCINE



If You Have Been Exposed



GET VACCINATED (postexposure prophylaxis). If you have been exposed, get vaccinated within the first 14 days after exposure. MONITOR for signs and symptoms for 21 days. If you are symptom free, you can continue daily routine activities (e.g., work, school).

IF SYMPTOMS DEVELOP,

immediately isolate, contact your healthcare provider, and inform close contact(s).







Who Should Get Vaccinated?

Due to the limited supply, vaccines are prioritized to two categories based on risk:

- Post-exposure Prophylaxis (PEP)
- Post-exposure Prophylaxis (PEP++)

Who Should Get Vaccinated?

Populations currently eligible for PEP include:

 People who have been identified as <u>exposed or potentially exposed to</u> <u>close contacts</u> of confirmed or probable MPOX cases during the case investigation process.

Who Should Get Vaccinated?

Populations currently eligible for PEP++ include:

Tier I Priority Groups:

- Gay, bisexual, and other men (including cisgender and transgender men) who have sex with men (MSM) or transgender women who meet at least one of the following criteria:
- Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) in the past 3 months, OR
- Have engaged in chemsex or group sex with other men, OR
- Have had sex recently with anonymous male partners, OR
- Have attended sex-on-premises venues (e.g., saunas, bathhouses, sex clubs), OR
- Have engaged in survival and/or transactional sex, OR
- Are part of other populations who are at highest risk of MPOX exposure, as identified through local epidemiological investigations.
- Among this group, individuals who are living with HIV (particularly those with CD4 count <200/mm3 or an opportunistic infection) or other conditions that cause immunocompromise should be prioritized for vaccination, including second doses.

• Tier II Priority Groups:

- Gay, bisexual, and other men (including cisgender and transgender men) who have sex with men (MSM) or transgender women who do not meet Tier I criteria but meet one of the following criteria:
- Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) between the past 4- 12 months, OR
- Use or are recommended to use HIV PrEP, OR
- Are living with HIV and are considered at risk for MPOX exposure.

MPOX (JYNNEOS) Vaccine: Administration

The JYNNEOS vaccine is given through a shot (injection). The JYNNEOS vaccine can be given in two methods.

- 1. The standard method is a **subcutaneous injection** which is a shot given beneath the skin in the upper arm. This method has been approved for people 18 years or older and is also authorized under an Emergency Use Authorization (EUA) for people under 18 years.
- 2. Under new guidelines from the FDA and CDC, the vaccine can also be given through **intradermal injection**, or in the skin layer underneath the epidermis (which is the upper skin layer) for people 18 years or older. Intradermal injection is typically given in the forearm and requires a smaller amount of vaccine than the subcutaneous injection to create a similar immune response.

The CDC recommends eligible people get two JYNNEOS doses four weeks apart.

CDC Changes How Vaccine is Administered

FDA NEWS RELEASE

Monkeypox Update: FDA Authorizes Emergency Use of JYNNEOS Vaccine to Increase Vaccine Supply

- 08/09/2022: FDA issued EUA that allows for change in how vaccine is given.
 - Intradermal instead of subcutaneous.
 - Obtain 5 doses from 1-dose vial.
 - Expands national stockpile from 441K to over 2.2M
- Also, EUA approved to vaccinate high-risk individuals under 18 years (subcutaneous).

MPOX (JYNNEOS) Vaccine: Schedule

Two regimens are available for the JYNNEOS vaccine:

- A limited supply of JYNNEOS vaccine, from the strategic national stockpile, was first made available as early as May 25, 2022, for the prevention of MPOX.
- The **standard regimen** involves a subcutaneous (SC) route of administration with an injection volume of 0.5mL. The standard regimen is the FDA-approved dosing regimen. Since August 9, 2022, the standard regimen has been authorized for people aged <18 years under an Emergency Use Authorization.
- In the context of the current national Public Health Emergency (PHE), an **alternative regimen** may be used for people age ≥18 years under an Emergency Use Authorization beginning August 9, 2022. The authorized alternative regimen involves an intradermal (ID) route of administration with an injection volume of 0.1mL.

Vaccination Schedule and Dosing Regimens for JYNNEOS Vaccine

JYNNEOS vaccine regimen	Route of administration	Injection volume	Recommended number of doses	Recommended interval between 1st and 2nd dose
Alternative regimen				
People age ≥18 years	ID	0.1 mL	2	28 days
Standard regimen				
People age <18 years	Subcut	0.5 mL	2	28 days
People of any age who have a history of developing keloid scars	Subcut	0.5 mL	2	28 days

What's In The Vaccine?

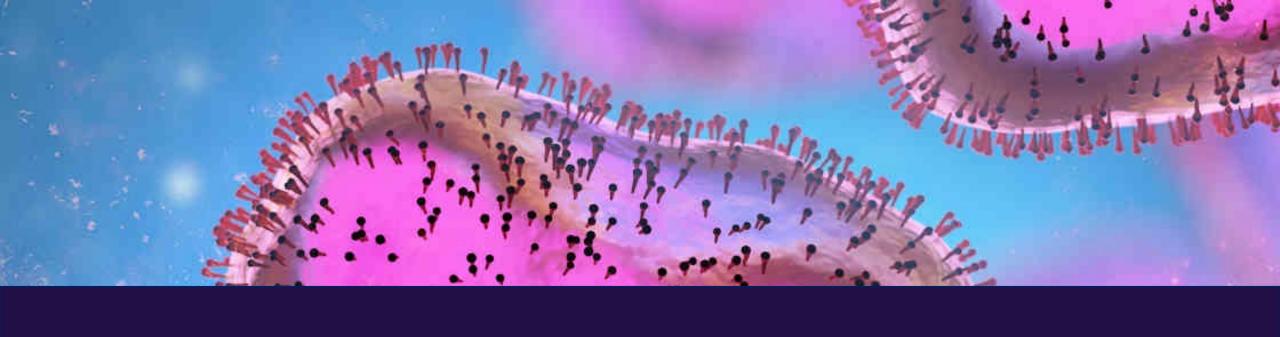
Main Ingredients:

- Non-replicating Orthopoxvirus Weakened live virus from the strain Modified Vaccinia Ankara-Bavarian Nordic
- Salts (Sodium Chloride) Buffers the vaccine to stabilize the pH to match the pH of our bodies

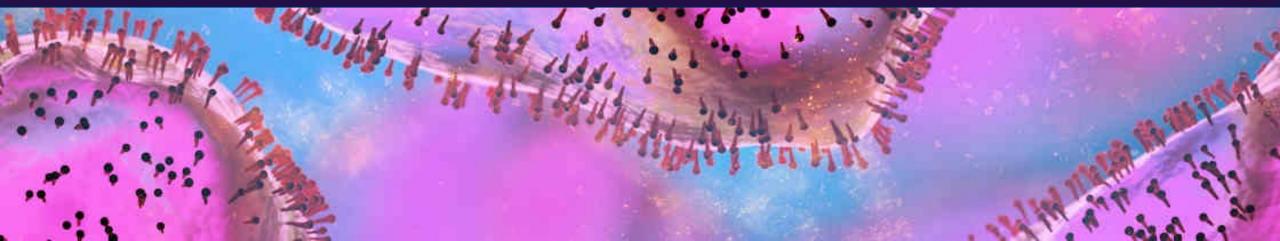
Residual (Very Small) Amounts:

- Host-cell DNA and Protein
- Benzonase A type of amino acid that assists in the removal of DNA from the virus during the manufacturing process
- Gentaminicin and Ciprofloxacin Antibiotic used during manufacturing to prevent bacterial contamination





REDUCING RISK



Prevention



LIMIT close skin-to-skin contact with anyone who has symptoms or a rash.

KNOW the signs & symptoms.

<u>Check</u> yourself and <u>ask</u> your partner(s) about recent rashes and illnesses.

OBTAIN the monkeypox vaccine, if you are at risk.







What Can You Do To Prevent MPOX



BE AWARE

Monkeypox is spread through close personal, often skin-to-skin contact including:

- Kissing, cuddling, and
- Contact from objects/fabrics that have been touched by infectious rash, scabs, or body fluids.



KNOW SIGNS

Symptoms can precede rash, but the rash may have occurred without symptoms.

- Fever
- Headache
- Muscle or back aches
- Chills
- Swollen lymph nodes
- Rashes or sores

After infection, incubation is 1 to 2 weeks before symptoms begin. Illness typically lasts 2 to 4 weeks. People who do not have monkeypox symptoms cannot spread the virus to others.



LOWER YOUR RISK

- Limit skin-to-skin contact with anyone who has symptoms or a rash.
- Avoid touching sores/rashes, and sharing clothing, bedding, and towels.
- Check yourself and ask your partner(s) about recent rashes and illnesses.



Sex Practices That Create Risk

Oral Sex

Anal Sex

Vaginal Sex

Kissing

Hugging and Cuddling without Clothes

Sharing Sex Toys

How to Reduce Risk

Reduce the number of sex partners

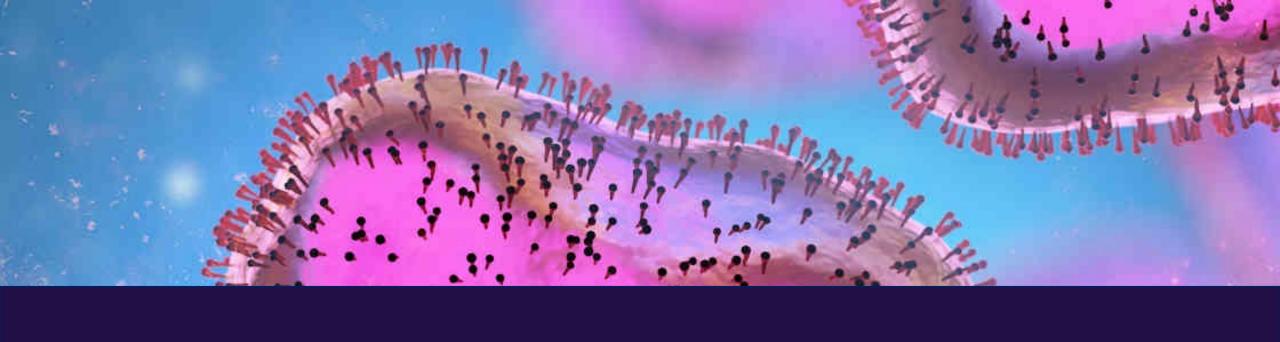
Reduce or avoid anonymous sex encounters

Avoid group sex spaces

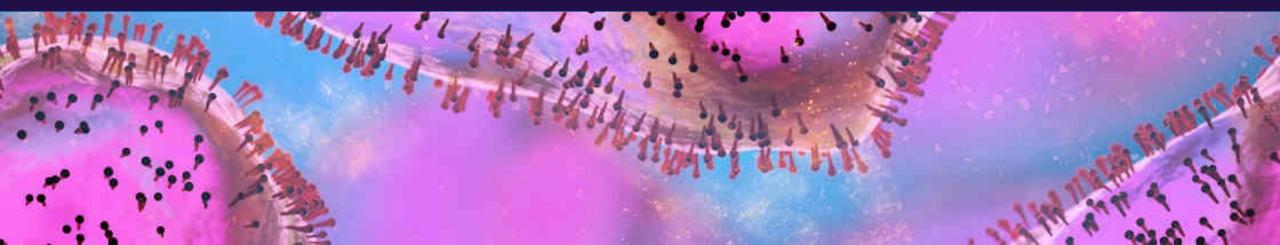
Talk to your sex partners

Condoms





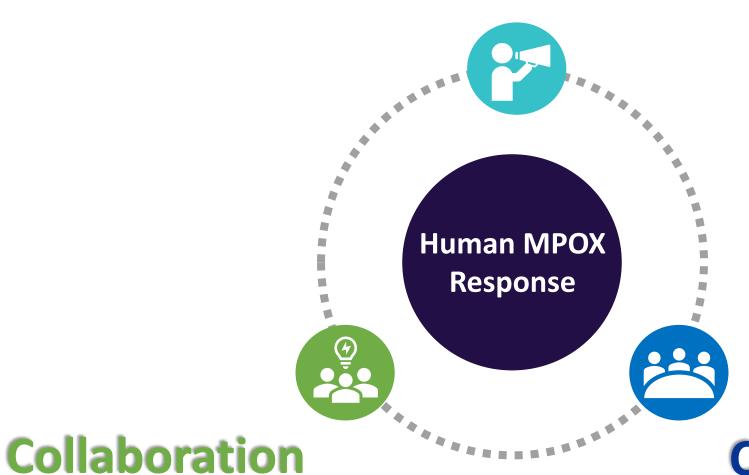
RESOURCES





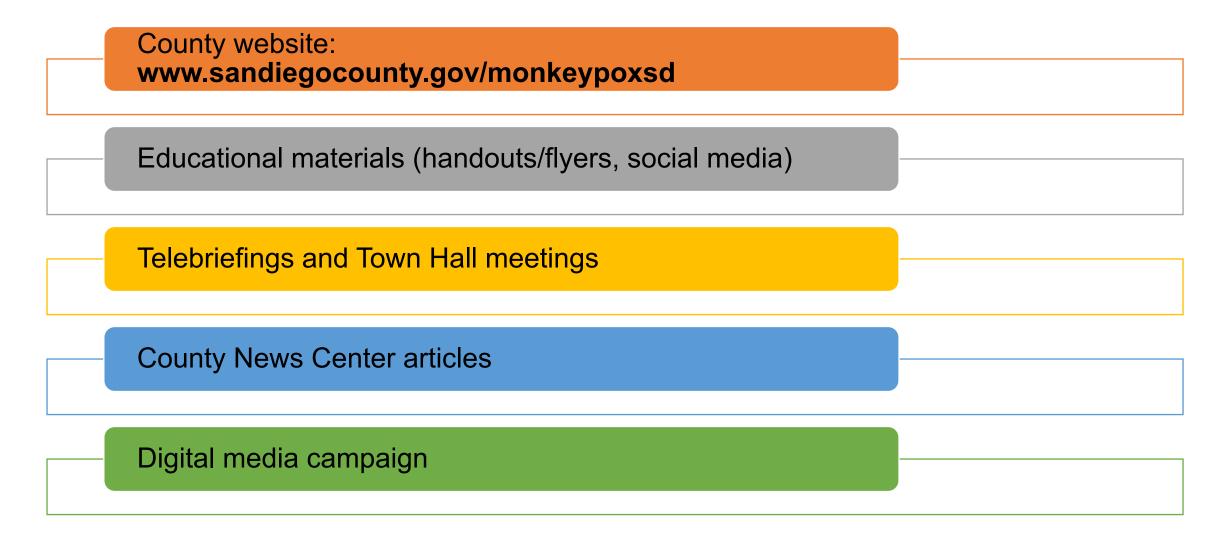
Education & Outreach Efforts

Communication



Coordination

County Communication Efforts



County Communication Efforts

WEBSITE & EDUCATIONAL MATERIALS

Human Monkeypox







8/22/2022 **NEW** Vaccine Webpage 8/11/2022 Town Hall Recording

About

Transmission, symptoms, treatment, exposure, prevention, and frequently asked questions (FAQs)



Local Cases

Cases and Test, Trace, and Treat (T3) dashboard



Vaccine

Vaccine eligibility, cumulative vaccine summary, and



Healthcare Professionals

Action items and resources



Local Health Emergency

Multiple languages available

Educational Materials

Events

FAQs, flyers, and social media

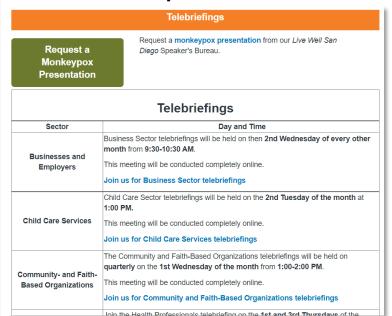
Town halls and telebriefings



Text COSD MONKEYPOX to 468-311.

Get text updates about monkeypox from the County, Text COSD MONKEYPOX to 468-311. (Phone users: tap to create the message)

TELEBRIEFINGS/TOWNHALL MEETINGS















NEWS ARTICLES COUNTYNEWSCENTER

Tag: monkeypox

County Distributing More Than 700 Vials Of Mpox Vaccine

Aug. 22, 2022 | 5:56 PM

The County of San Diego is distributing 705 vials of Mpox (monkeypox) vaccine this week to healthcare providers around the region.



COUNTY WEBSITE



For updates, text COSD MONKEYPOX to 468-311. For resources, visit:

BOARD MEETINGS

SanDiegoCounty.gov/monkeypoxSD

MPOX Digital Media Campaign







Coordination and Collaboration Efforts

Text alert system (COSD MONKEYPOX to 468-311)

Coordinated with all **Libraries** to add MPOX link to their websites & post flyers.

Assembled & Distributed 1,000 Hygiene Kits to include band-aids and MPOX flyers.

Amended community contracts to conduct **outreach**, **health education**, **and risk reduction** at restaurants, bars, clubs, and other identified locations.

Developing contracts with healthcare providers to provide MPOX services for the under/non-insured, specifically Testing, TPOXX Treatment, and Foot Team Outreach and Vaccinations.



Thank you!

For more information, please visit www.sandiegocounty.gov/monkeypoxsd and sign up for text alerts by texting COSD MONKEYPOX to 468-311.