

The White House National Mpox Response: NASTAD Update

Demetre C. Daskalakis, MD MPH
Deputy Coordinator, White House
National Mpox Response

May 18, 2023

This briefing is open to the public, however the conversation should be considered off the record and any press inquiries for the White House should be directed to the White House Press Office.



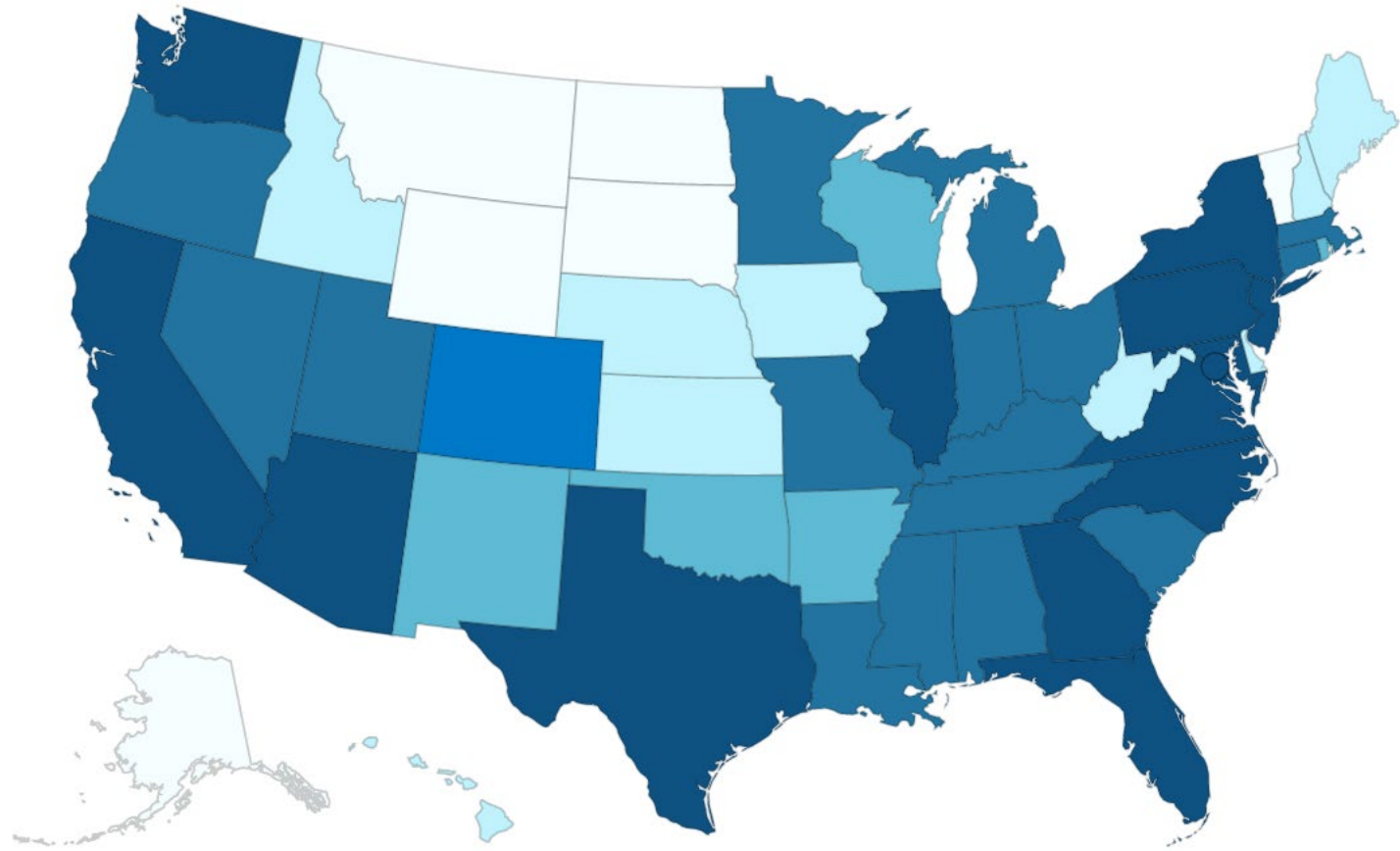
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State of the Epidemiology

U.S. Situation Update – May 17, 2023



Territories **PR**



Legend

- 1 to 10
- 11 to 50
- 51 to 100
- 101-500
- >500

30,401

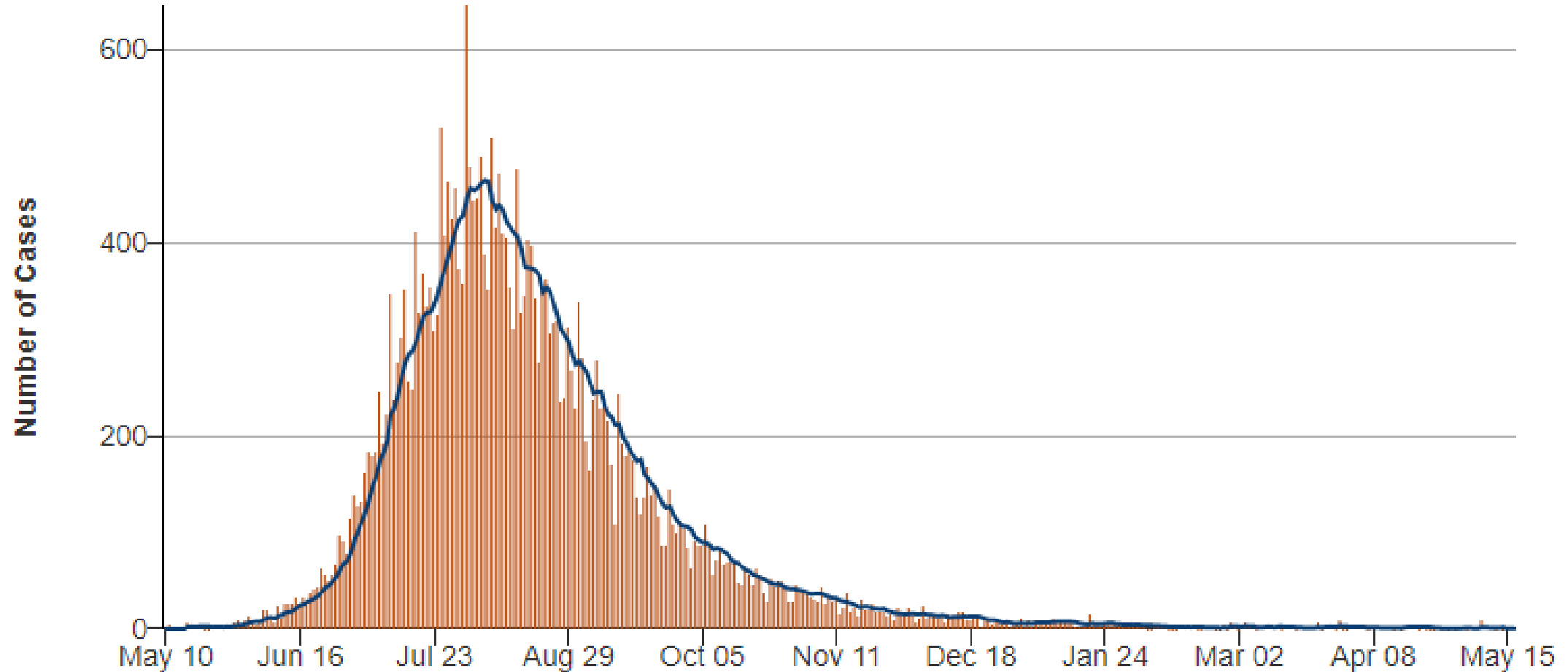
Total confirmed mpox / orthopoxvirus cases

42

Total deaths

*For recent mpox case numbers see CDC Situation Summary: <https://www.cdc.gov/mpox>

Daily Mpox Cases and 7 Day Daily Average Reported in U.S.

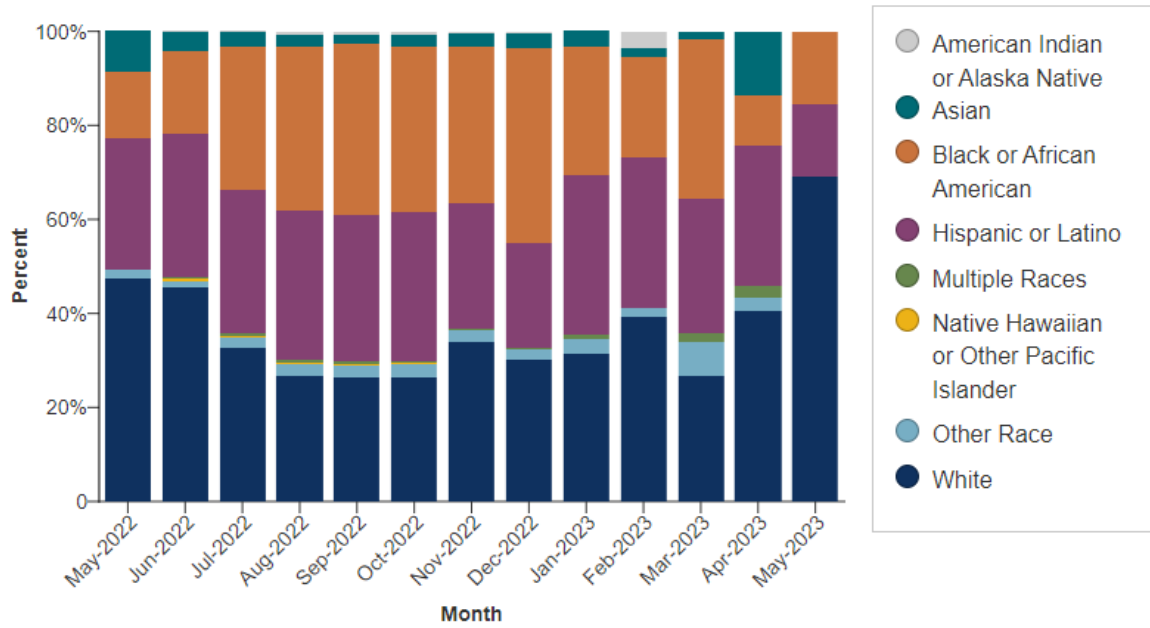


Data as of May 17, 2023

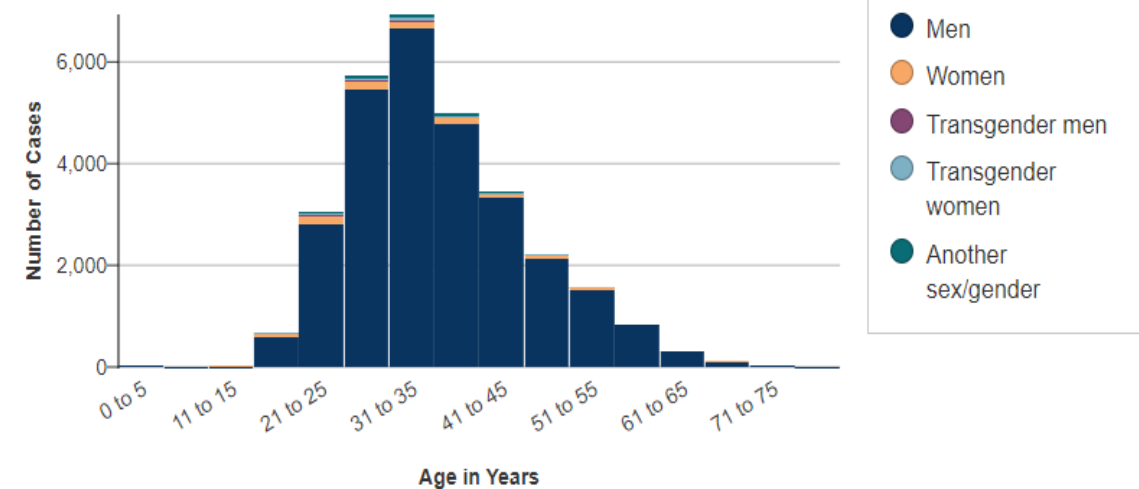
*For recent mpox case numbers see CDC Situation Summary: <https://www.cdc.gov/mpox>

Mpox Demographics- May 17, 2023

Proportion of All Cases by Race and Ethnicity by Month



Mpox cases reported to CDC: Age and Gender





Health Alert



RESURGENCE OF MPOX **Provider Update** **May 9, 2023**

Summary and Action Items

- Chicago Department of Public Health (CDPH) has identified a resurgence of cases of mpox (formerly monkeypox).
- From April 17th-May 5th 2023, 12 confirmed and one probable case of mpox were reported to CDPH. All cases were among symptomatic men. **Nine (69%) of 13 cases were among men who were fully vaccinated for mpox.**
- Transmission of mpox continues locally and disproportionately affects the same populations affected by Sexually Transmitted Infections (STIs) and human immunodeficiency virus (HIV).
- Healthcare providers are urged to remain diligent in screening and vaccinating at risk populations.
- Vaccination is an important tool in stopping the spread of mpox, although vaccine-induced immunity is not complete. **People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.**
- JYNNEOS is a 2-dose vaccine approved for the prevention of mpox and smallpox. All eligible Chicagoans should receive both doses of the vaccine for the best protection against mpox. The second dose should be given 4 weeks after the first dose. If more than 35 days has elapsed since the first dose was given, administer the second dose as soon as possible. **Vaccine boosters are not recommended at this time.**
- CDPH encourages healthcare providers to adopt a syndemic approach to addressing mpox and including incorporating mpox, STI and HIV screening, treatment and prevention into existing sexual health services.

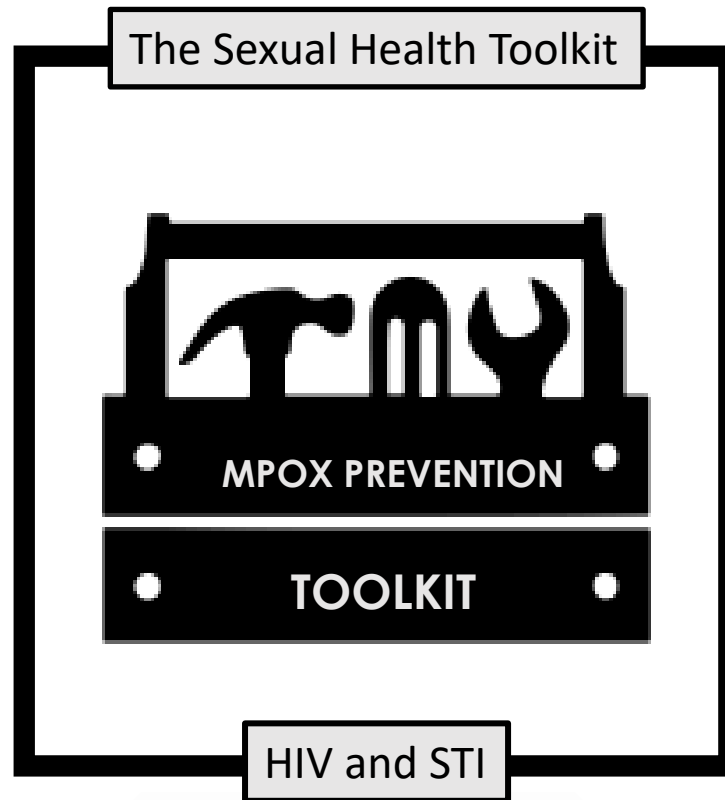


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Mpox Prevention and The Risk of Future U.S. Mpox Outbreaks



Vaccine: Prevents infection & complications of mpox



Education: Informing people of how mpox is transmitted so they can make informed decisions about their sex lives and harm reduction.



Testing: Identifies infections and allows for public health action and supportive treatment/investigational drug access. Think HIV/STI!



Summary of VE Studies May 18, 2023

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study — United States, August 19, 2022–March 31, 2023

Weekly / May 19, 2023 / 72(20):553–558

Overlapping Confidence Intervals

1 dose VE=75.2% (61.2-84.2%)

The NEW ENGLAND JOURNAL of MEDICINE

This article is available to subscribers

Vaccine Effectiveness of JYNNEOS

Nicholas P. Deputy, Ph.D., Joseph Deckert, Ph.D., Anna N. Chard, Ph.D., M.S., M.D., David Sweet, M.S., Amanda C. Cohn, M.D., David

**Zero Doses,
VE=ZERO**

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

Effectiveness of JYNNEOS Vaccine Against Diagnosed Mpox Infection — New York, 2022

Weekly / May 19, 2023 / 72(20):559–563

[Print](#)

Eli S. Rosenberg, PhD^{1,2,3}; Vajeera Dorabawila, PhD¹; Rachel Hart-Malloy, PhD^{1,2,3}; Bridget J. Anderson, PhD¹; Wilson Miranda, MPH¹; Travis O'Donnell¹; Charles J. Gonzalez, MD^{1,3}; Meaghan Abrego, MPH¹; Charlotte DelBarba, MPH¹; Cori J. Tice, MPH¹; Claire McGarry, MPH¹; Ethan C. Mitchell, MPH¹; Michele Boulais, MPA¹; Bryon Backenson, MS^{1,2}; Michael Kharfen¹; James McDonald, MD¹; Ursula E. Bauer, PhD¹ ([VIEW AUTHOR AFFILIATIONS](#))

1 or 2 dose VE=75.7% (48.5-88.5%)

2 dose=88.5% (44.1-97.6%)

Mpox cases from surveillance compared to self-identified controls at sexual health services with self report on survey.

difference in SQ, ID or Mixed

ised with 2 dose VE not than non-IC.

nd to MSM with

Large sample.

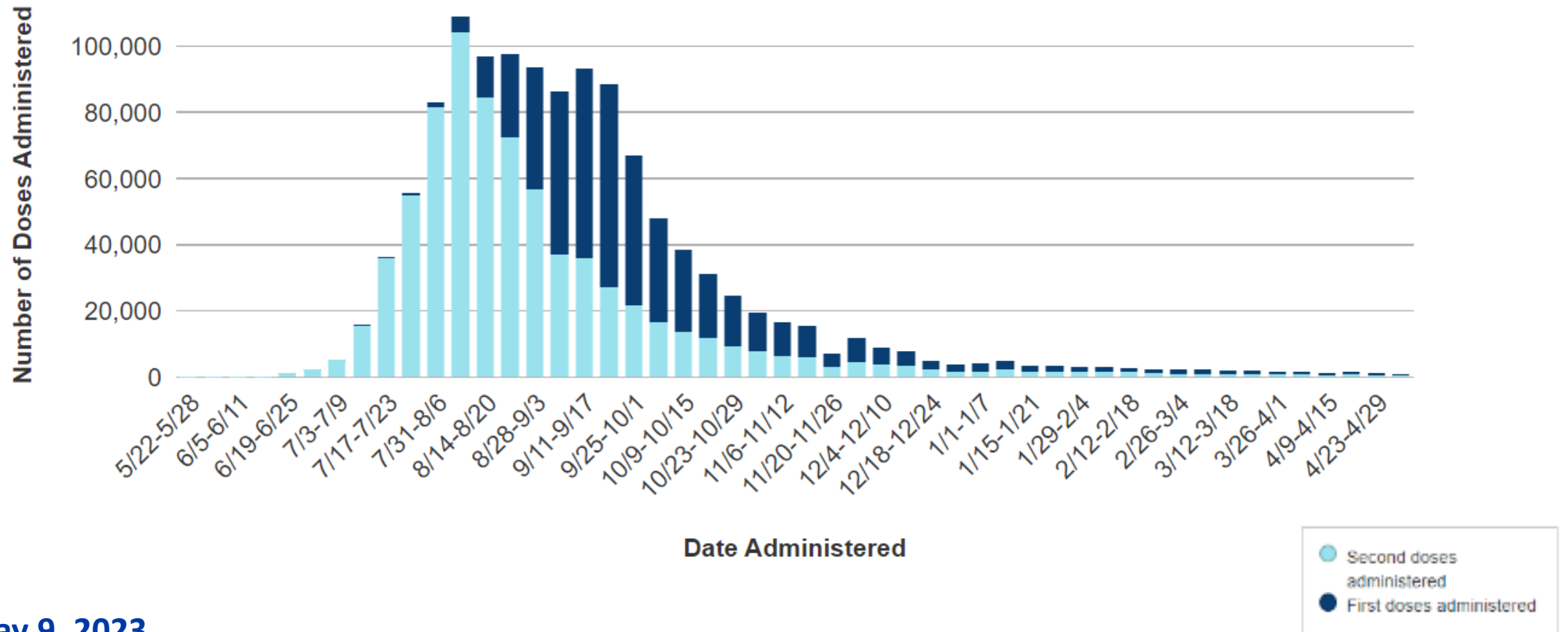
registry based. Mpox cases to MSM with incident rectal GC/Ct or syphilis.

study focused on people with biomarkers of recent behaviors that might increase mpox exposure risk.

Mpox Vaccine Administration in the U.S.

1,218,441

doses administered in the 57 U.S. jurisdictions



Data as of May 9, 2023

Mpox Vax to Case compared to HIV PrEP to Need Ratio

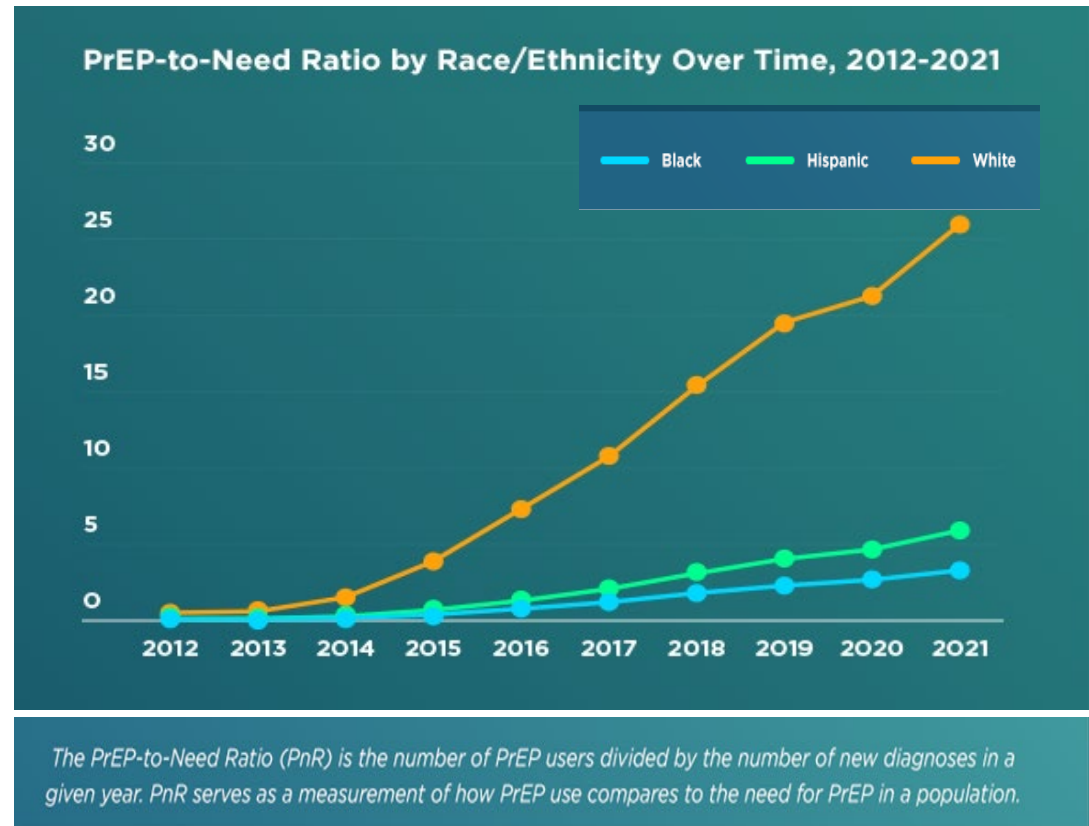
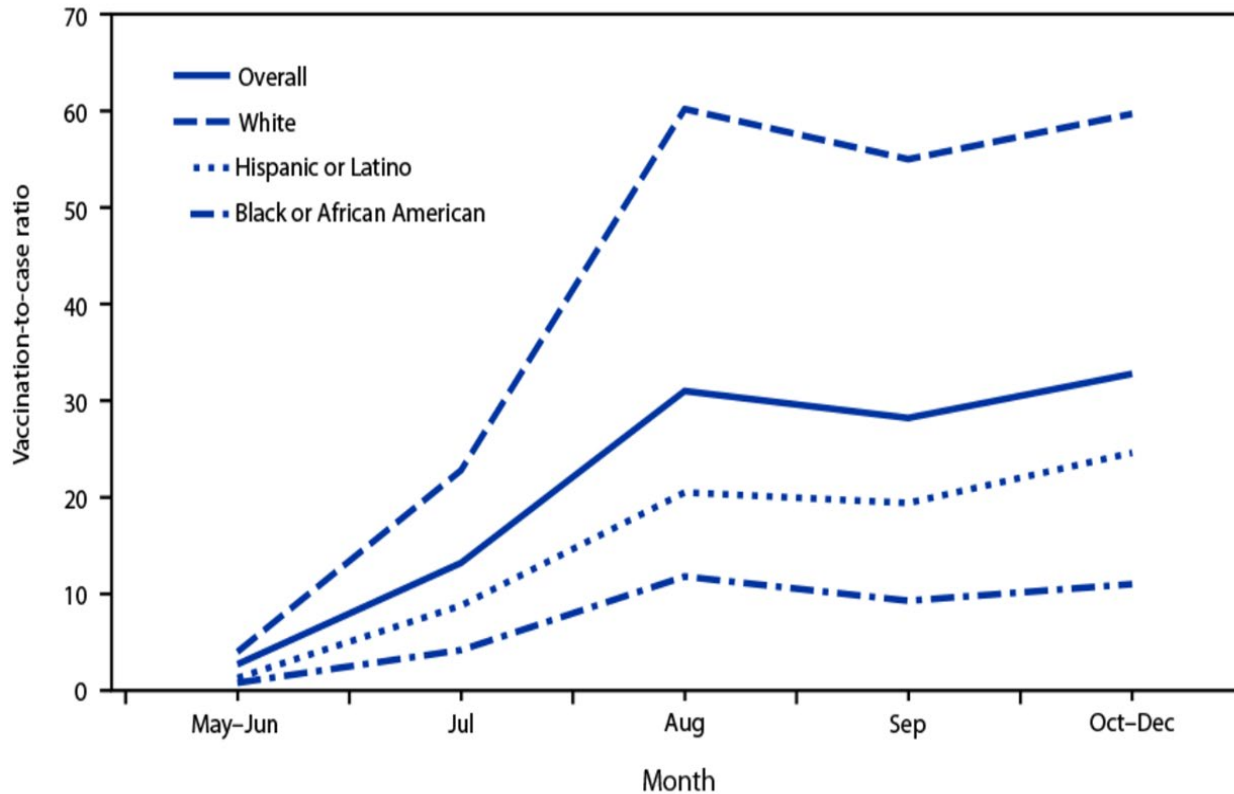
Morbidity and Mortality Weekly Report (MMWR)

Racial and Ethnic Disparities in Mpox Cases and Vaccination Among Adult Males — United States, May–December 2022

Weekly / April 14, 2023 / 72(15):398–403

[Print](#)

Krishna Kiran Kota, PhD^{1,2}; Jaeyoung Hong, PhD¹; Carla Zelaya, PhD¹; Aspen P. Riser, MPH¹; Alexia Rodriguez, MPH¹; Daniel L. Weller, PhD¹; Ian H. Spicknall, PhD¹; Jennifer L. Kriss, PhD¹; Florence Lee, MPH¹; Peter Boersma, MPH¹; Elizabeth Hurley, MS¹; Peter Hicks, MA, MPH¹; Craig Wilkins, MPH¹; Harrell Chesson, PhD¹; Jennifer Concepción-Acevedo, PhD¹; Sascha Ellington, PhD¹; Ermias Belay, MD¹; Jonathan Mermin, MD¹ [\(VIEW AUTHOR AFFILIATIONS\)](#)



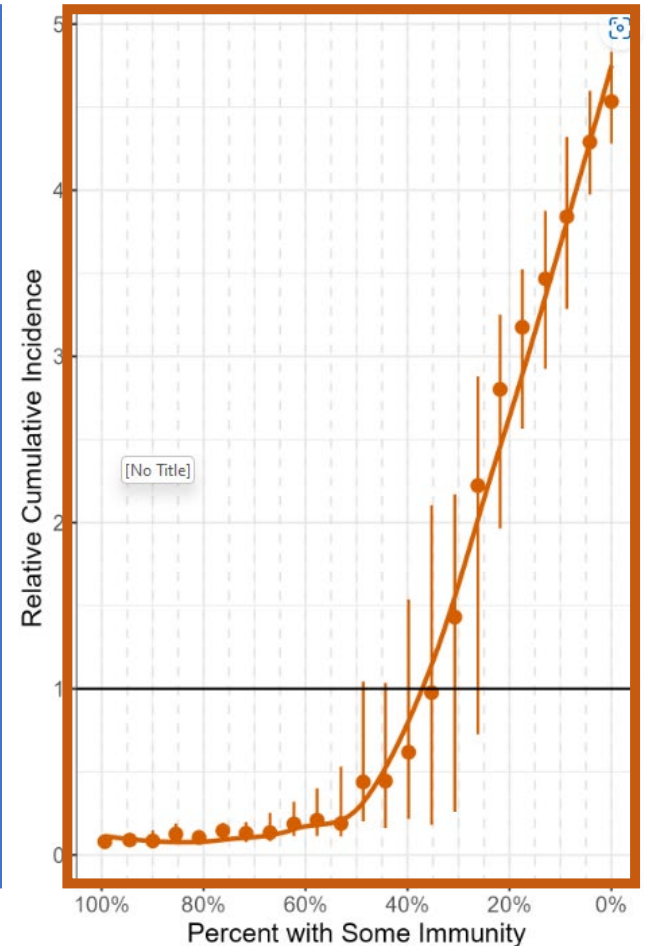
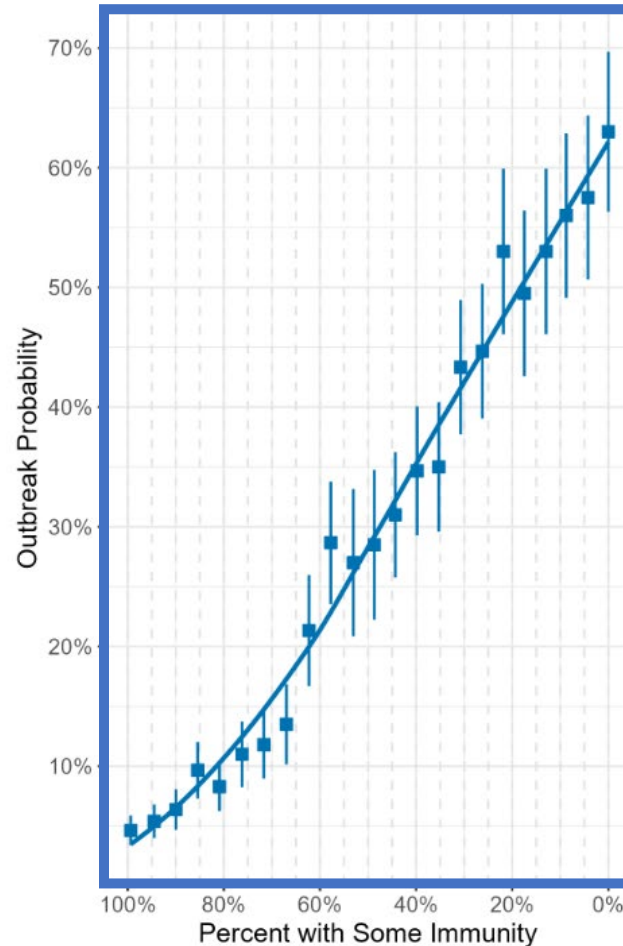
The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

<https://aidsvu.org/prep-use-race-ethnicity-launch-22/>

CDC Modeling Forecast: We Are Still at Risk of a Large and Costly Outbreak !

- The more immunity we have in the community, the lower the chance that we will have any outbreaks.
 - Higher vaccination=Lower risk for an outbreak
- The size of future outbreaks could be equal to or larger than our current outbreak if vaccination coverage is less than 30-35%.

1st Dose = 37%
Fully Vaccinated = 23%



Updated Mpox Risk Assessment-May 17,2023



NEW May 17, 2023

Renewed Mpox Outbreaks Likely

A recent uptick in mpox cases in Chicago underscores the risk of renewed mpox outbreaks, which we judge is substantial across the United States.

[Read the Analysis](#)

Summary

CDC continues to assess that the risk of resurgent mpox outbreaks is substantial in the United States. Although the daily number of reported mpox cases has fallen dramatically since August 2022, the diagnosis of several unlinked cases each week and intermittent wastewater detections across jurisdictions are consistent with ongoing undetected transmission. The risk of outbreaks could further increase as people gather this spring and summer for festivals and other events with high potential for skin-to-skin contact or increased sexual activity. Healthcare providers, public health agencies, and partner organizations should help ensure disproportionately affected populations—currently gay, bisexual, other men who have sex with men (MSM), and transgender people—have access to vaccines, testing, and treatment. People at risk for mpox exposure should 1) be vigilant of the possibility of community transmission, 2) take steps to reduce risk of infection, and 3) seek vaccination.



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Mpox Therapeutics

STOMP Study

NEWS RELEASES

Friday, September 9, 2022

U.S. clinical trial evaluating antiviral for monkeypox begins

NIH trial to gather data on tecovirimat (TPOXX).



Interested volunteers can visit the ACTG website for information on clinical trial A5418. Please do not call or email the News and Science Writing Branch to inquire about enrolling in this trial.

A Phase 3 clinical trial evaluating the antiviral tecovirimat, also known as TPOXX, is now enrolling adults and children with monkeypox infection in the United States. Study investigators aim to enroll more than 500 people from clinical research sites nationwide. Interested volunteers can visit the ACTG website (clinical trial A5418) for more information. The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The NIAID-funded AIDS Clinical Trials Group



Search NIH

NIH Employee Intranet | Staff Directory | En Español

Call Center: 1-855-876-9997 (U.S. only)



STOMP About the Study Participating Research Sites



Think you
might have
Monkeypox?

WE
NEED
YOUR
HELP!



1-855-876-9997

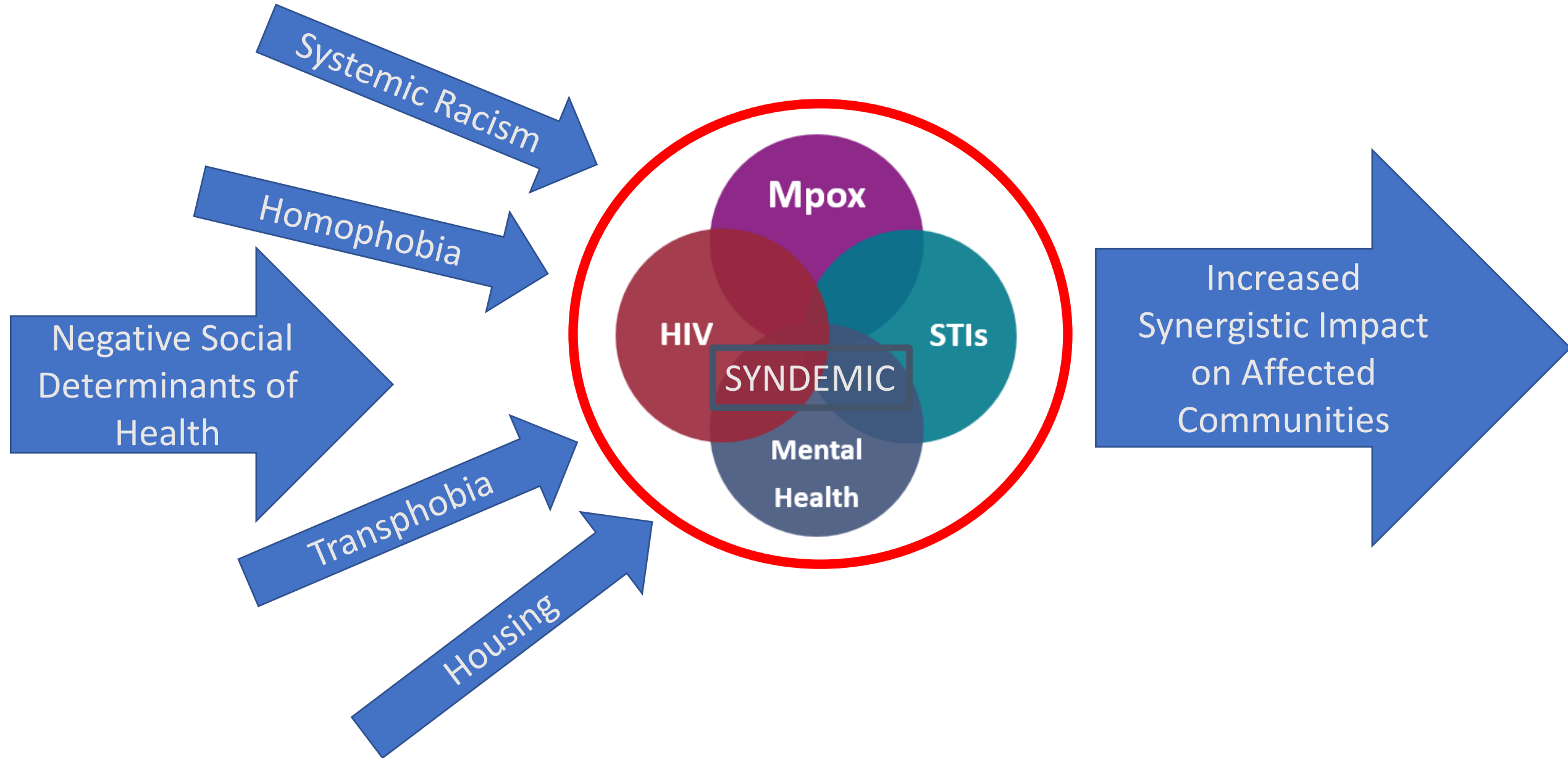
*Stock photo. Posed by models.



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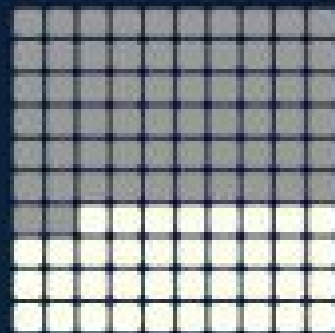
The Mpox Syndemic

Mpox Joins the Syndemic

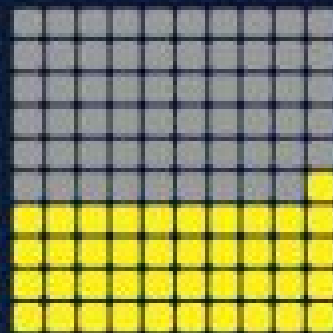


In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

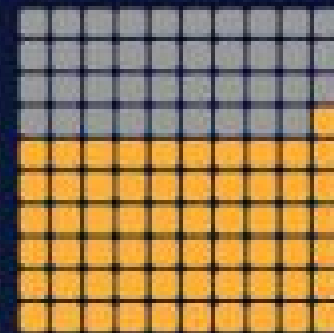
Among nearly 2,000 people with monkeypox:†



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

HIV Makes Mpox More Severe

People with mpox and HIV were more likely to report severe symptoms

**People with mpox and HIV were more likely to be hospitalized.
(8% vs 3%).**

People with a detectable VL experienced more severe symptoms and were more than 3X more likely to be hospitalized than all people with HIV and 9X more likely than people without HIV.

People with T cells <350 were 2X as likely to be hospitalized than all people with HIV and 5X more likely than people without HIV.

Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022

Early Release / October 26, 2022 / 71

- 57 people with severe disease reported to CDC for consultation
 - 82% had HIV, others with non-HIV immunocompromising conditions
 - 72 % with CD4 count less than 50
 - Less than 9% on HIV medications
 - 68% Black
 - 23% homeless
- 12 deaths reported among the 57
 - 5 confirmed related to mpox

Characteristic (no. with information available)	No. (%)
HIV CD4, cells/mm³ (43)	
<50	31 (72.1)
50–200	9 (20.9)
>200	3 (7.0)
HIV Treatment (47)	
On ART at the time of mpox diagnosis	4 (8.5)

Epidemiologic and Clinical Features of Mpox-Associated Deaths — United States, May 10, 2022–March 7, 2023

Weekly / April 14, 2023 / 72(15);404–410

[Print](#)

Aspen P. Riser, MPH^{1,*}; Allison Hanley, PhD^{1,2,*}; Michael Cima, PhD³; Linda Lewis, DVM⁴; Kayla Saadeh, MPH⁴; Jemma Alarcón, MD^{2,5}; Lauren Finn, MPH⁵; Moon Kim, MD⁵; Jeremy Adams, PhD⁶; Douglas Holt, MD⁶; Amanda Feldpausch, DVM⁷; Jessica Pavlick, DrPH⁷; Andrew English⁸; Marguerite Smith, MPH⁸; Tyler Rehman⁹; Ronald Lubelchek, MD¹⁰; Stephanie Black, MD¹¹; Matthew Collins, MPH¹²; Layne Mounsey, MPH¹²; David Blythe, MD¹³; Meredith Hodach Avalos, MD¹⁴; Ellen H. Lee, MD¹⁵; Olivia Samson, MPH¹⁵; Marcia Wong, MD¹⁵; B. Denise Stokich¹⁶; Ellen Salehi, MPH¹⁷; Lynn Denny, MPH¹⁷; Kirsten Waller, MD¹⁸; Pamela Talley, MD¹⁹; Julie Schuman, MPH¹⁹; Michael Fischer, MD²⁰; Stephen White, PhD²⁰; Kenneth Davis²⁰; Ashley Caesar Cuyler, MPH²¹; Rabeeya Sabzwari, MD²²; Robert N. Anderson, PhD¹; Katrina Byrd, MD^{1,2}; Jeremy A. W. Gold, MD¹; Shannon Kindilien, PhD¹; James T. Lee, MD¹; Siobhán O'Connor, MD¹; Jesse O'Shea, MD¹; LaTweika A. T. Salmon-Trejo, MPH¹;

Raquel Velazquez-Kronen, PhD¹; Carla Zelaya, PhD¹; William Bower, MD¹; Sascha Ellington, PhD¹; Adi V. McCollum, PhD¹; Leah Zilversmit Pao, PhD¹; Agam K. Rao, MD¹; Karen K. Wong, MD¹; Sarah Anne J. Guadagnoli, MD¹

[AFFILIATIONS](#))

Summary

What is already known about this topic?

Severe manifestations of mpox have occurred in the United States, particularly among persons with uncontrolled viral spread resulting from moderately to severely immunocompromising conditions.

What is added by this report?

Thirty-eight mpox-associated deaths occurred in the United States during May 10, 2022–March 7, 2023 (1.3 mpox-associated deaths per 1,000 cases). Most decedents were non-Hispanic Black or African American (87%) persons and cisgender men (95%). Among 24 decedents with HIV for whom data were available, all had advanced HIV, typically with a CD4 count <50.

What are the implications for public health practice?

Equitable and early access to prevention and treatment for both mpox and HIV is critical to reducing mpox-related mortality.

Homelessness and Mpox- Los Angeles County, 2022

EMERGING INFECTIOUS DISEASES®

ISSI

EID Journal > Volume 29 > Early Release > Main Article

Disclaimer: Early release articles are not considered as final versions. Any changes will be reflected in the online version in the month the article is officially released.

Volume 29, Number 6—June 2023

Synopsis

Epidemiologic Characteristics of Mpox Infections among People Experiencing Homelessness, Los Angeles County, California, USA, 2022

Hannah K. Brosnan, Karen W. Yeh, Padma S. Jones, Sohum Gokhale, Dalia Regos-Stewart, Hang Tran, Kathleen Poortinga, Phoebe Danza, Rebecca Fisher, Lauren E. Finn, Chelsea Foo, and Alicia H. Chang✉

Author affiliation: Los Angeles County Department of Public Health, Los Angeles, California, USA

[Suggested citation for this article](#)

On This Page

[Methods](#)

Abstract

In Los Angeles County, California, USA, public health surveillance identified 118 mpox cases among persons experiencing homelessness (PEH) during July–September 2022. Age and sex were similar for mpox case-patients among PEH and in the general population. Seventy-one (60%) PEH mpox case-patients were living with HIV, 35 (49%) of them virally suppressed. Hospitalization was required for 21% of case-patients because of severe disease. Sexual contact was likely the primary mode of transmission; 84% of patients reported sexual contact ≤ 3 weeks before symptom onset. PEH case-patients lived in shelters, encampments, cars, or on the street, or stayed briefly with friends or family (couch surfed). Some case-patients stayed at multiple locations during the 3-week incubation period. Public health follow-up and contact tracing detected no secondary mpox cases among PEH in congregate shelters or encampments. Equitable efforts should continue to identify, treat, and prevent mpox among PEH, who often experience severe disease.

Syndemic Challenges Require Syndemic Solutions

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Health Resources and Services Administration
 Rockville, MD 20857
 HIV/AIDS Division

August 8, 2022

Dear Ryan White HIV/AIDS Program Colleagues:

On August 4, 2022, the monkeypox outbreak was declared a public health emergency in the U.S. From the outset, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) engaged with federal partners across the Department of Health & Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), to provide resources to control the accelerating spread of monkeypox, help health care providers who are treating patients who have monkeypox, and ensure those most at risk are at the focus of our response efforts.

As of today, there are more than [2,821 confirmed cases](#) of monkeypox in the U.S., and the outbreak continues to spread nationwide. Gay, bisexual, and other men who have sex with men (MSM) have been particularly affected by this outbreak. As trusted providers with a strong history of supporting the health and well-being of the MSM community, many RWHPA Ryan White HIV/AIDS Program (RWHPAP) recipients and subrecipients are responding to the monkeypox outbreak, while continuing to provide essential HIV care and support services. Therefore, HHS/HAB is providing clarification on the use of RWHPAP funds for monkeypox testing, treatment, and vaccination.

Monkeypox testing is available through public health and commercial laboratories. Testing through public health laboratories is free of charge, while there are costs associated with test at commercial laboratories. If a provider caring for a RWHPAP client does not have ready access to public health laboratory testing, RWHPAP funds can be used to cover co-pay and deductible for at-risk clients and the cost of testing for at-risk clients when a commercial laboratory is used for testing.

CDC-recommended post-exposure prophylaxis and antiviral treatments are available for people exposed to monkeypox or diagnosed with monkeypox virus infection. Please note, as the test monkeypox vaccines and treatments are being provided by the U.S. Federal government, RWHPAP providers should work with their state territorial health departments to access the orthopox antiviral [TPOXX \(tecovirimat\)](#) for the treatment of monkeypox and the [smallpox vaccine](#).

RWHPAP funds may be used to pay for fees associated with vaccine administration and treatment of monkeypox for eligible clients, such as medical visit costs, including personal protective equipment (PPE), vaccination supplies, including co-pay and deductible for at-risk clients in accordance with Public Health Service Notice H-16-01 Ryan White HIV/AIDS Program New Eligible Individuals & Alternative Sources of Funds. RWHPAP providers should continue to partner with health departments and work together to address monkeypox in their communities.

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Public Health Service
 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 ([Monkeypox Guidance for Prevention and Response](#), [CDC.gov](#); [Temporary Reassignment of Personnel - C0932-92 - 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"

SAMHSA
 Substance Abuse and Mental Health Services Administration
 5600 Fishers Lane • Rockville, MD 20857
 www.samhsa.gov • 1-877-SAMHSA-7 (1-877-784-4772)

September 26, 2022

SAMHSA grantees may use SAMHSA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

At present, there are more than 24,000 confirmed monkeypox cases in the US, and the outbreak continues to spread. Currently, monkeypox is disproportionately affecting gay, bisexual and other men who have sex with men (MSM). However, anyone can get monkeypox. Although limited transmission has been seen in groups who live in close quarters, like people experiencing homelessness, awareness of monkeypox is needed to quickly identify and prevent the spread of infection in such settings. Like other infectious diseases, the monkeypox virus can affect people of any sexuality or gender identity.

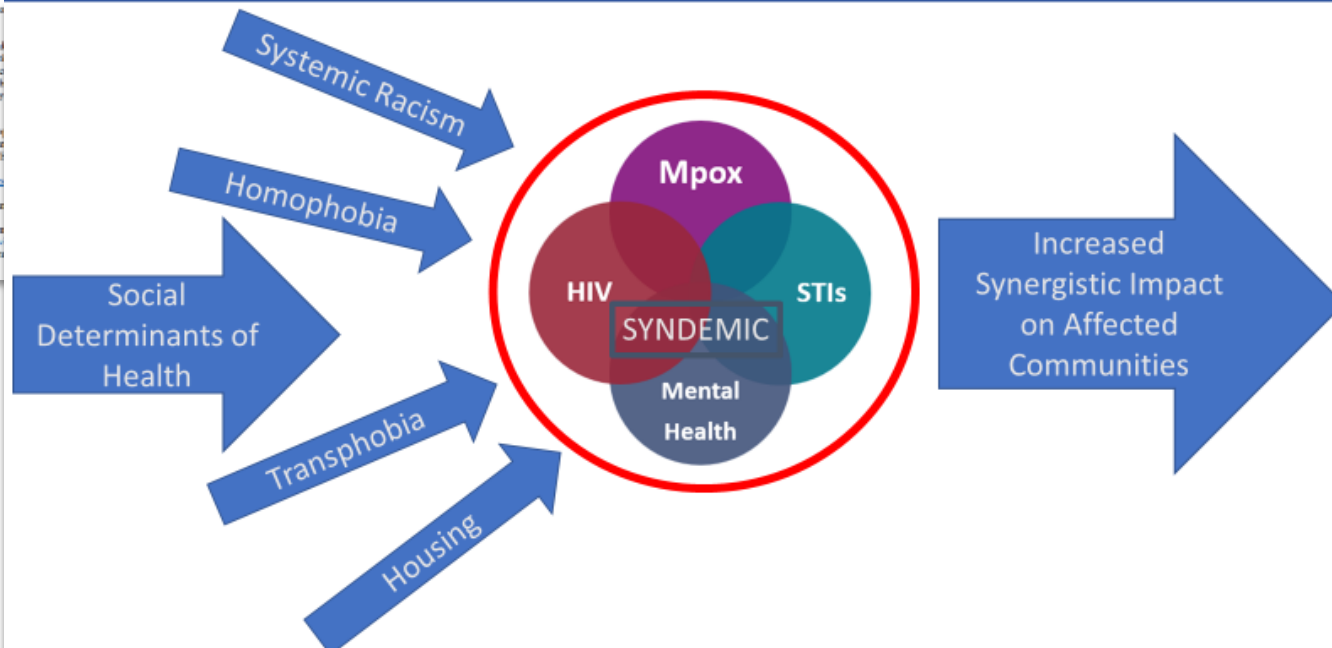
SAMHSA embraces a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox treatment, testing, or vaccine administration, SAMHSA grantees may use grant resources, including funds or staff, for monkeypox activities conducted in conjunction with SAMHSA supported work. Such monkeypox activities include, but are not limited to, navigating people served by SAMHSA funds to testing, treatment, and prevention resources identified through collaboration with local health departments and mental health providers.

In Focus: MMWR Severe Monkeypox (MPX) Study

The first Monkeypox (MPX) case in the United States was confirmed on May 17, 2022, and after a significant rise in cases, MPX was declared a public health emergency in the United States on August 4, 2022. New data is showing that the current MPX outbreak is disproportionately affecting people living with HIV and those experiencing homelessness. This is the same population that meets eligibility requirements for assistance through HUD's Housing Opportunities for Persons With AIDS (HOPWA) and Homeless Assistance programs.

The latest publication of the [Morbidity and Mortality Weekly Report \(MMWR\)](#) by the Centers for Disease Control and Prevention (CDC) on October 26, 2022 provides evidence through a study that people with HIV and people experiencing homelessness are highly impacted with the most severe cases of MPX. Of the sample of people with severe MPX disease, 82% were people with HIV and 23% were people experiencing homelessness. Further, 72% of the severe MPX cases among people with HIV had <50 CD4 cells/mm3. A person with HIV is considered to have progressed to AIDS when their CD4 cells drop below 200 CD4 cells/mm3. A CD4 cell count of <50 CD4 cells/mm3 indicates a badly damaged immune system and is a likely sign that a person with HIV is not maintaining an HIV medication regimen. In this study, just 9% of these patients were on antiretroviral at the time of their MPX diagnosis. [The full study can be accessed here.](#)

To investigate cases of severe MPX, we need to get people housed, linked to HIV care and protected through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as a strategy for individuals who have disengaged from HIV care to reconnect, and to ensure their regimen can be maintained. Both HOPWA and the Homeless Assistance Grants (HAG) are the Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs that provide housing and supportive services for individuals most vulnerable to MPX and poor health outcomes. Individuals and families who have HIV and who are experiencing homelessness are eligible for assistance under the CoC and ESG programs. HOPWA and ESG are designed to provide assistance for individuals or families experiencing homelessness with the only eligibility requirements being that the family is low-





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Summer Health Resources and Engagement

Syndemic Messages for Summer 2023

Get Healthy and Ready for Summer 2023

[Print](#)



The warmer months are full of events that celebrate the LGBTQ+ community. Preparing for this season is a great opportunity to make sure that you stay healthy before, during, and after these celebrations.

<https://www.cdc.gov/lgbthealth/summer/index.html#print>



Know Before You Go

If travelling, check out travel or health-related advisories for your destination a month before you go and again closer to your trip.

- Visit the [State Department's website](#) to see if there are any travel advisories for your destination.
- Visit CDC's [Traveler's Health website](#) and [Traveler's Health Notices](#) to see if there are health-related warnings or recommendations.



Stay Up to Date on Your Sexual Health Care

Visit your health care provider or find a health clinic to stay up to date with your sexual health care. Discuss the types of sex you have so that your provider can offer [testing](#) and prevention services, including [vaccines](#), that are right for you.

- If you don't know your [HIV status](#), [get tested](#) near where you live, work, or play, including options for ordering [free self-testing kits](#). No matter your results, there are steps you can take to stay healthy. If you don't have HIV, you have options to [prevent HIV](#), including [finding a PrEP provider](#) to see if PrEP is right for you. If you test positive, you can [find a care provider](#) and [live well with HIV](#). HIV treatment will keep you healthy and [prevents you from transmitting HIV](#) to your sex partners.



Stay Up to Date on COVID-19

Whether you are staying close to home for events or [travelling internationally or domestically](#), stay up to date with [COVID-19 vaccination, testing, and other prevention strategies](#).



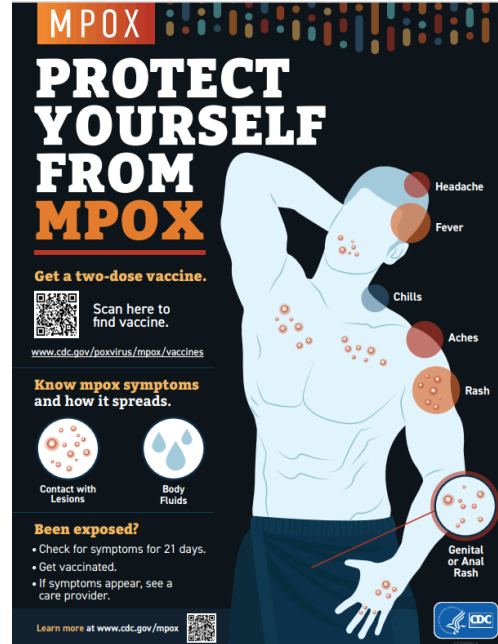
Stop Overdose

To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, CDC created a [website](#) to educate people who use drugs, or are in environments where drugs might be used, about the dangers of [illicitly manufactured fentanyl](#), the risks and consequences of [mixing drugs](#), the lifesaving power of [naloxone](#), and the importance of [reducing stigma](#) around recovery and treatment options. It is important to be aware that fentanyl is often added to other drugs, including stimulants like cocaine, which makes drugs cheaper, more powerful, more addictive,

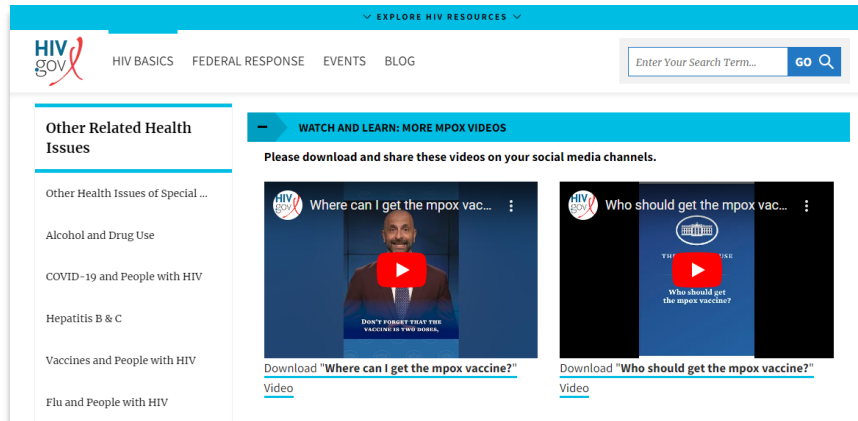
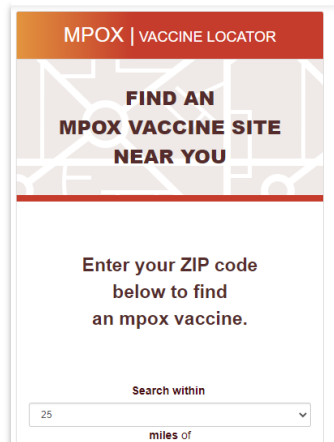
Additional Resources



<https://www.cdc.gov/poxvirus/mpox/collections/pages/pride-event-card.html>



<https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-Poster-for-Sex-Venues-8.5x11-508.pdf>



<https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/monkeypox/>

Get Healthy and Ready for Summer 2023

The warmer months are full of events that celebrate the LGBTQ+ community. This provides opportunities to share important messages that address testing, prevention, and treatment of health conditions that disproportionately impact LGBTQ+ people. This resource list contains a wealth of resources to help you and your event attendees “[Get Healthy and Ready for Summer 2023.](#)”

Planning to host an event?

- Please share the [Get Healthy and Ready for Summer 2023](#) website onto your event website.
- Use the CDC Vaccine and Services Locators to help event goers find prevention services.
 - Step 1: For Providers, if you offer the Mpox vaccine or provide HIV and STD prevention services, but are not listed on the CDC locators, please submit your information to npin.cdc.gov/orqanization/submit.

- Step 2: Add the [New Mpox Vaccine Locator](#) to Your Website by visiting www.cdc.gov/poxvirus/mpox/vaccines/ and clicking on “Embed” on the widget. Or copy the code below and paste it into your Web page:

```
<div data-cdc-widget="DynWidgets" data-component-name="MpoxLocator"></div>
```

- Step 3: Embed the [HIV Prevention Services locator](#) on your website. Copy the code below and paste it into your Web page to help event goers find prevention services.

```
<div data-cdc-widget="DynCombinedWidgets" data-component-name="Lets-Stop"></div> <script
```



- [CDC's Mpox Toolkit for Event Organizers](#) is a ready-to-use resource on how to promote mpox prevention strategies during large gatherings.
- Use the [Let's Stop HIV Together Pride-In-A-Box Toolkit](#) to incorporate HIV campaign messaging and resources into your activities during Pride season.
- Consult the [Stop Overdose Toolkit for Public Health and Safety Professionals](#) for information and strategies that are critical to preventing overdoses and reducing stigma related to drug use and addiction.
- Download and share crowdsourced [Mpox Resource Videos](#). Videos are also available [in Spanish](#).

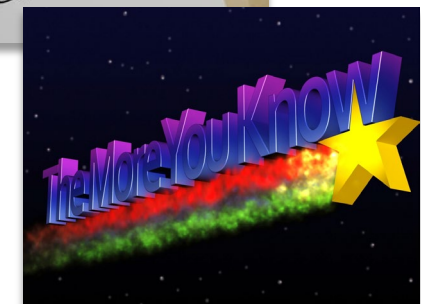
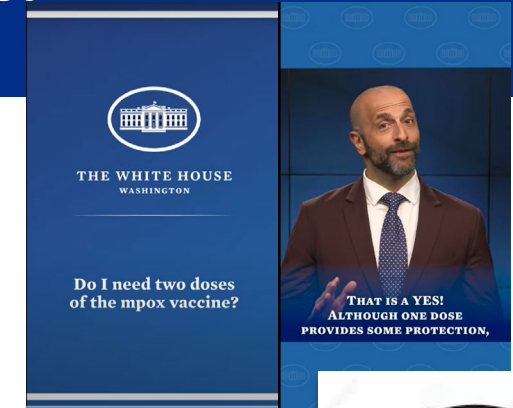
Need resources for event attendees?

Below is a collection of resources that can be distributed to event goers to help them make informed choices that can keep them healthy before, during and after attending events this summer.



We Need Your Help to Implement the Whole Tool Kit!

- **Lead with Joy, Love, and Respect for the Community.**
 - It's your superpower!
- **Vaccine is our best defense against mpox.**
 - Vaccinate people who could benefit from the shot.
 - If they ask for it, they need it– minimize risk assessment.
 - Make sure that people have had BOTH doses of the vaccine.
 - Consider administering vaccine in your practice if you aren't doing it.
 - Partner with local events to “Get Ready for Summer” before, during and after events
- **Take a syndemic and sexual health point of view.**
 - When you think mpox, think HIV, STI, and harm reduction and visa versa
 - Include mpox vaccine on your Sexual Health checklist!
- **Keep mpox on your list!**
 - if you see a rash that is suspicious, even in people with prior infection or vaccination, encourage providers to test for mpox.
- **Knowledge is power**
 - Use a harm reduction approach by reminding people of how mpox is transmitted so that they can make informed decisions about their sex lives.





THE WHITE HOUSE
WASHINGTON

Demetre.C.Daskalakis@who.eop.gov