

Health Care Provider Update: 2022 Monkeypox Outbreak

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New York City Department of Health and Mental Hygiene

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The information presented is based on our knowledge as of today and is subject to change.

Agenda

- Background on monkeypox and current outbreak
- Clinical presentation and epidemiology
- Infection control
- Case and contact management
- How to request testing
- Vaccine clinic

Background

- Monkeypox is caused by the monkeypox virus, an Orthopoxvirus
 - Other Orthopoxviruses include variola virus (smallpox) and vaccinia virus (used in the smallpox vaccine)
 - Monkeypox is not related to chickenpox
 - Two clades enzootic to west and central Africa
 - West African clade 1% case fatality rate
 - Central Africa clade 10% case fatality rate
- First discovered in 1958 among research monkeys that developed a pox-like disease in Denmark
 - The reservoir of the virus is unknown; however African rodents and non-human primates may harbor the virus and infect people
- First human case recorded in 1970 in a child from the Democratic Republic of the Congo
- Historically human cases limited to several central and western African countries
 - Prior to the 2022 global outbreak, nearly all human monkeypox cases outside of Africa were linked to international travel to central and western Africa, or animals imported from west Africa

Previous Cases Outside of Africa

- **U.S. 2003:** Outbreak from imported African rodents
 - 47 human cases from contact with infected pet prairie dogs (the prairie dogs were infected while housed near imported small mammals from Ghana)
 - This was the first time that human monkeypox was reported outside of Africa
- **U.S. 2021:** Two travel-associated cases
 - Residents from Texas and Maryland infected while visiting Nigeria and diagnosed after returning to the U.S.
- **Israel 2018:** 1 case
- **United Kingdom (UK) 2018-2022:** 7 cases
- **Singapore 2019:** 1 case

1. Update: multistate outbreak of monkeypox--Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin, 2003. Centers for Disease Control and Prevention. *MMWR Morb Mortal Wkly Rep.* 2003 Jul 4;52(26):616-8. PMID: [12844080](https://pubmed.ncbi.nlm.nih.gov/12844080/)

2. Costello V, Sowash M, Gaur A, et al. Imported Monkeypox from International Traveler, Maryland, USA, 2021. *Emerg Infect Dis.* 2022;28(5):1002-1005. doi:[10.3201/eid2805.220292](https://doi.org/10.3201/eid2805.220292)

3. Rao AK, Schulte J, Chen T, et al. Monkeypox in a Traveler Returning from Nigeria — Dallas, Texas, July 2021. *MMWR Morb Mortal Wkly Rep.* 2022;71:509–516. DOI: <http://dx.doi.org/10.15585/mmwr.mm7114a1externalicon>

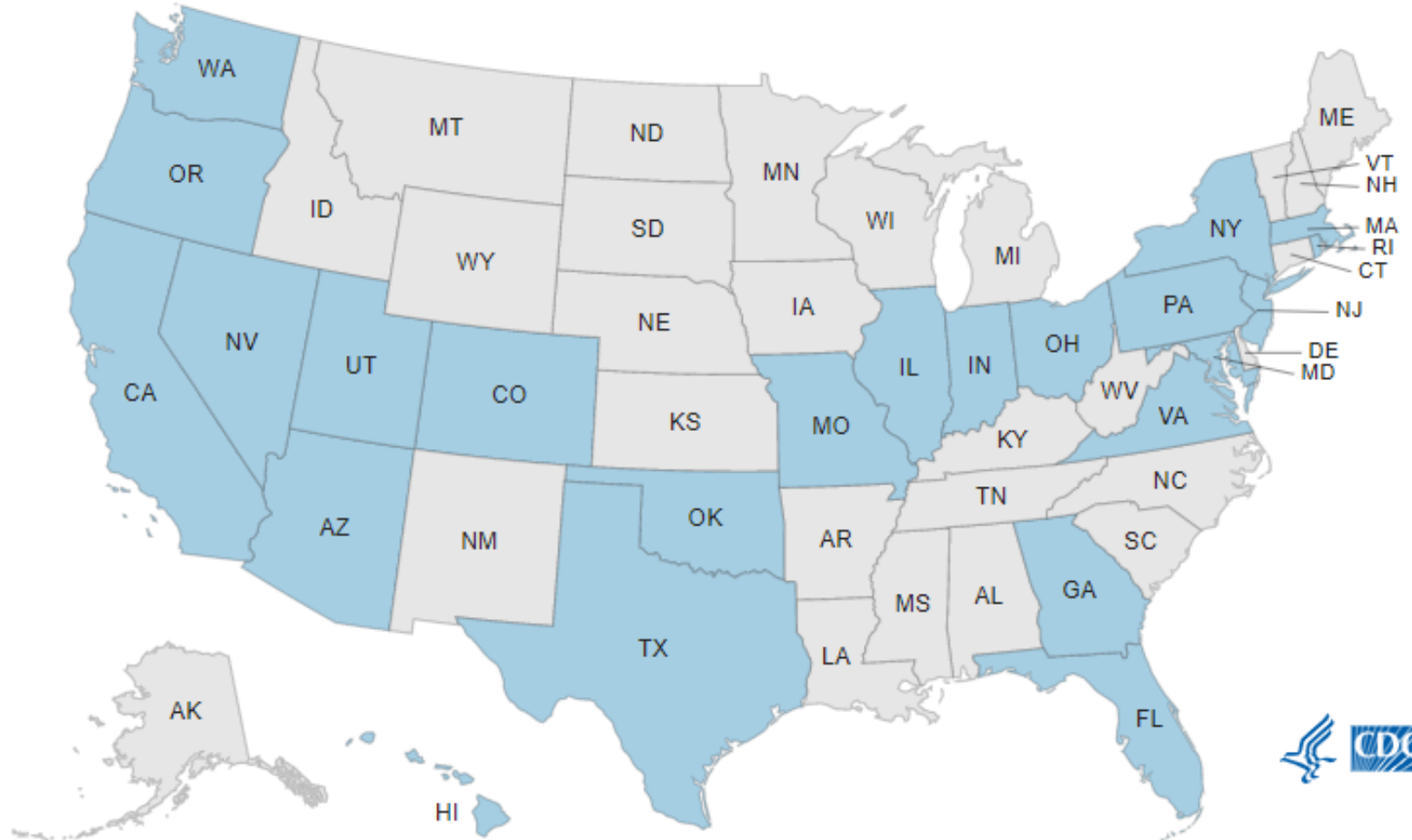
Global Outbreak



***Notes:** Numbers shown are sourced from publicly available official sources, such as the WHO, European CDC, US CDC, and Ministries of Health. Data are provided for situational awareness only and are subject to change. Confirmed cases include those confirmed as monkeypox virus and may include cases only confirmed as orthopoxvirus.

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>

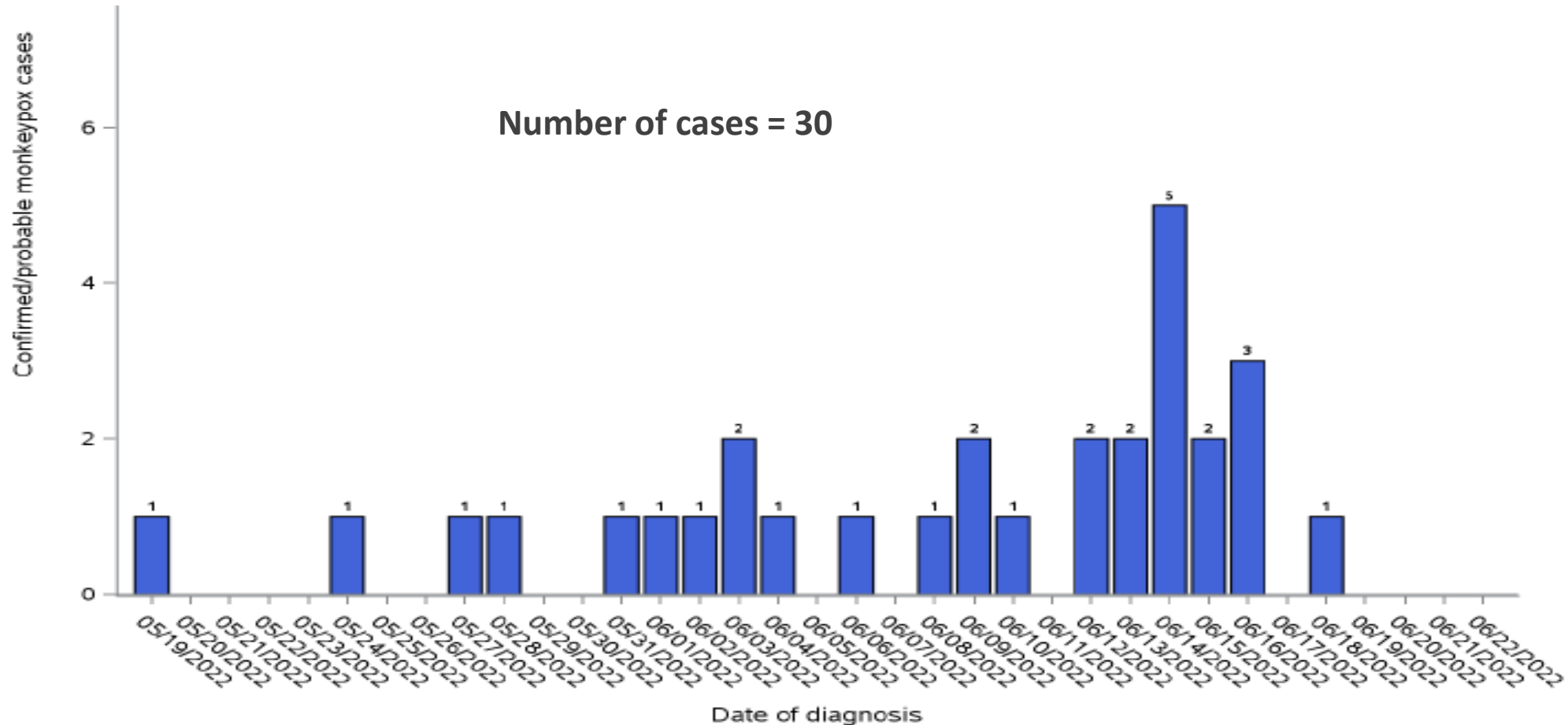
U.S. Outbreak



- **Total cases: 173**, as of June 23, 2022
- Median Age: 37 years (range 20-76 years)
- CA, FL, IL, NY and MA have 10 or more cases

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

NYC Cases - May 19-June 23, 2022



Transmission

- Person-to-person transmission through direct contact with an infected persons lesions or body fluid
- Indirect transmission through contact with fomites contaminated by an infected persons lesions or bodily fluids (e.g., sheets, clothing, towels)
- Exposure to respiratory secretions through prolonged face-to-face encounters (droplet), or aerosol generating procedures

Clinical Presentation

- Current cases have atypical features
- Rash still characteristic; but often starting in genital and perianal areas or orally
 - Depending on when the patient presents, the progression of the rash may not appear characteristic, especially if lesions are in the early stages of progression
- Rash sometimes not disseminating to other parts of body and lesions may be in different stages
- Location of rash and lesions likely reflective of points of contact
- Proctitis may be initial complaint
- Prodromal symptoms
 - May be mild, not present, not detected or appear after rash
 - Fever, headache, myalgia, lymphadenopathy, night sweats, chills



Photo credit: UK Health Security Agency

Clinical Presentation

- Patient infectious once symptoms begin (whether prodromal or rash symptoms) and isolation precautions should be continued until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed
 - Typically, 2-4 week
- Usually mild, self-limiting disease course without the need for specific therapy
- Complications of monkeypox can include pneumonitis, encephalitis, sight-threatening keratitis, and secondary bacterial infections, strictures due to scarring particularly anogenital tissue
- Prognosis depends on multiple factors, such as previous vaccination status, initial health status, concurrent illnesses, and comorbidities

Clinical Presentation

- May be confused with sexually transmitted infections (STI) or other conditions, however the diagnosis of an STI does not exclude monkeypox as a concurrent infection may be present
- Genital ulcers
 - Herpes simplex virus, syphilis, lymphogranuloma venereum (LGV), granuloma Inguinale
- Diffuse rash
 - Syphilis, varicella/VZV, disseminated herpes, molluscum contagiosum, disseminated gonococcal infection
- Proctitis
 - Gonorrhea, chlamydia (including LGV), HSV

[CDC COCA Webinar https://emergency.cdc.gov/coca/ppt/2022/052422_slides.pdf](https://emergency.cdc.gov/coca/ppt/2022/052422_slides.pdf)

Epidemiology

Cases primarily among gay, bisexual, and other men who have sex with men (MSM)

- UK – initial 320 cases (May 1 through June 8); **99% male**, median age is 38 years
 - A detailed questionnaire of 152 cases revealed:
 - 151 identified as gay, bisexual and other MSM, or reported same sex contact; 1 declined to answer
 - Among the 151 who identified as MSM, 45 participated in a detailed survey
 - 44% reported more than 10 sexual partners in the previous 3 months
 - 44% reported group sex during the incubation period
- Montreal – initial 125 cases (May 1 through June 12); **99% male**
 - Risk factors reported as the most likely source of infection include:
 - Attendance at social and sexual venue/space
 - reported sexual contact with more than 2 partners

<https://www.gov.uk/government/publications/monkeypox-outbreak-technical-briefings/investigation-into-monkeypox-outbreak-in-england-technical-briefing-1>

Monkeypox Presenting as Genital Rash, Australia, May 2022

A. Genital area with rash, crusted monkeypox and hand with pustule



B. Hand



C. Shoulder area



- HIV-positive (well controlled) man in his 30s developed a genital rash 5 days after unprotected intercourse with four male partners.
- Initial symptoms were painless white pustules on the penis that became painful and pruritic.
- Fever and malaise began 3 days after the penile rash and over the subsequent 5 days the rash disseminated to his trunk, then more sparingly to the face and limbs while the genital lesions crusted over.

Hammerschlag Yael, et al. Monkeypox infection presenting as genital rash, Australia, May 2022. *Euro Surveill.* 2022;27(22):pii=2200411. <https://doi.org/10.2807/1560-7917.ES.2022.27.22.2200411>

Epidemiological and Clinical Features of Monkeypox Cases London, United Kingdom

- 54 individuals diagnosed with monkeypox who attended open-access sexual health clinics in London, UK:
 - All identified as MSM, median age of 41 years (IQR 34-45years) and 70% white
 - 24% living with HIV
 - 67% fatigue or lethargy, 57% fever, 55% had lymphadenopathy, 18% no prodromal symptoms
 - 100% skin lesions (94% anogenital, 89% multiple lesions, 72% with lesions affecting only 1-2 anatomical sites)
 - 25% had a concurrent STI
 - 11% required hospitalization due to localized cellulitis requiring antibiotic treatment and analgesia

Epidemiological characteristics and clinical features of confirmed human Monkeypox virus cases in individuals attending a sexual health centre in London, United Kingdom.

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Running title: UK Monkey pox autochthonous transmission
Keywords: Orthopox virus, vesicular rash, monkeypox virus

Girometti, Nicolo et al. Epidemiological Characteristics and Clinical Features of Confirmed Human Monkeypox Virus Cases in Individuals Attending a Sexual Health Centre in London, United Kingdom. Available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125251

Epidemiological and Clinical Features of Monkeypox Cases London, United Kingdom

“High rates of concomitant STIs and frequent anogenital symptoms are suggestive of transmission through local inoculation during close skin to skin or mucosal contact, such as sexual contact”

4. Multiple ulcerative lesions (a) on perianal skin progressing into a large coalescing ulcerative lesion (b) (pictures taken 10 days apart).



Girometti, Nicolo et al. Epidemiological Characteristics and Clinical Features of Confirmed Human Monkeypox Virus Cases in Individuals Attending a Sexual Health Centre in London, United Kingdom. Available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125251

Tecovirimat for Treatment

- Tecovirimat (TPOXX) is an antiviral medication approved by FDA to treat smallpox disease
 - Oral capsule and IV formulations
 - Can be given on outpatient basis
- CDC-held Emergency Access Investigational New Drug (IND) Protocol allows use of Tecovirimat for primary or early empiric treatment of monkeypox in people of all ages
 - Available from the Strategic National Stockpile
- Available upon consultation with the NYC Health Department
- Certain documentation related to tecovirimat treatment are required as part of the IND protocol

https://emergency.cdc.gov/coca/ppt/2022/052422_slides.pdf

https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208627s000lbl.pdf



When Should Treatment Be Considered?

- Severe disease
 - e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis
- High risk of severe disease
 - Immunocompromised, pediatric populations, history or presence of atopic dermatitis or other active exfoliative skin conditions (e.g., eczema, impetigo, VZV, HSV, severe acne) and pregnant or breastfeeding women
- Complications
 - e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting; bronchopneumonia
- Aberrant infections
 - Eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)



Vaccination

- Two licensed vaccines
 - JYNNEOS™: Approved to prevent smallpox and monkeypox disease in adults 18 years of age and older
 - ACAM2000: Approved to prevent smallpox disease; can be used for monkeypox during an outbreak
- Preexposure prophylaxis (PrEP)
 - At this time, most clinicians and laboratorians are not advised to receive orthopoxvirus PrEP
 - Consider PrEP for laboratorians performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox
- Postexposure prophylaxis (PEP)
 - Anyone with a high or intermediate degree of exposure to monkeypox virus
 - PEP administered within 4 days of exposure may prevent disease
 - PEP administered 5 to 14 days after exposure may reduce severity of illness, but may not prevent disease

<https://www.fda.gov/vaccines-blood-biologics/jynneos>; <https://www.fda.gov/media/75792/download>; <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a6.htm>

Who to Test

- Patients with a **clinically compatible rash** and who within the 21 days before symptom onset meet any of the following:
 - Men who had close physical contact (sexual contact, kissing, touching) with multiple or anonymous other men
 - Anyone who had multiple anonymous sexual partners
 - Anyone who had contact with a person who was diagnosed with suspect or confirmed monkeypox
- Any patient with a **characteristic monkeypox lesion** that is deep-seated, well-circumscribed and with central umbilication
- Among recent infections, prodromal illness has not always preceded rash onset, and lymphadenopathy has not been consistently reported; neither is required for consideration for testing

Clinically compatible rash evolves from macules, papules, vesicles, and then pustules, which eventually form scabs that dry and fall off. In latter stages **characteristic monkeypox lesions** are firm, deep, well circumscribed and umbilicated. Depending on when the patient presents, the progression of the rash may not appear to fit this pattern, especially if lesions are in the early stages of progression

How to Test

- Testing can only be performed at NYC Public Health Laboratory and must be approved in advance
 - CDC preparing five commercial diagnostic laboratories to receive specimens – weeks away
 - Other facilities may be developing “lab developed tests” – require FDA approval
- Contact the NYC Health Department Provider Access Line at **866-692-3641**
 - Staff will assist with a clinical evaluation to determine if testing indicated
- General instructions for collecting, storing and transporting specimens can be found online and will be provided at the time testing is authorized
- rtPCR is performed to detect Orthopoxvirus, which if detected, is assumed to be monkeypox virus

<https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf>

<https://www.hhs.gov/about/news/2022/06/22/hhs-expanding-monkeypox-testing-capacity-five-commercial-laboratory-companies.html>



Instructions for Submission of Specimens for Monkeypox Testing to the New York City Public Health Laboratory

June 10, 2022

NOTE: Specimens will ONLY be accepted for testing with prior approval from the NYC Health Department

Health care providers wanting to order testing for Monkeypox virus at the NYC Public Health Laboratory (PHL) must follow these instructions

I. Report suspect cases to the New York City Department of Health and Mental Hygiene (Health Department)

- Individuals who meet any of the epidemiological criteria and have a new, unexplained rash should be considered for monkeypox testing pending consultation and review with the NYC Health Department.
- If monkeypox is a clinical consideration, call the NYC Health Department provider access line at **866-692-3641** for case discussion and review.

II. Specimen collection, storage, and transport instructions

- If the NYC Health Department may recommend testing for monkeypox. Testing is only performed by PHL. Specimens should be collected by the provider and transported to PHL for testing.
- Ensure proper infection control practices and procedures when performing specimen collection. See current CDC Infection Prevention and Control (IPC) recommendations at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

III. Materials Needed:

- Four Dry Swabs:** sterile nylon, polyester, or Dacron swab (e.g., Eswab). **Do not add or store the swabs in viral or universal transport media.**
- Four separate (individual) sterile containers for each swab (without liquid or transport media).

IV. Specimen Collection:

- IDENTIFY TWO (2) LESIONS ONLY per patient to sample, preferably from different locations on the body and/or with differing appearances. **(A total of four swabs should be collected).**
- COLLECT THE SAMPLE using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected.
- STORAGE CONTAINERS - Place each swab (break off stick if necessary) in its own sterile container (i.e., conical tube or urine cup). **(Reminder, do not add or store in viral or universal transport media.)**
- eORDER - Each lesion site that is sampled requires a separate eOrder test requisition to be completed (e.g., hand, face, etc.). If two (2) lesions are sampled, two (2) eOrders should be submitted. See instructions below.
- LABEL each container with a swab and test requisition with:
 - Patient first and last name;

FOR IMMEDIATE RELEASE
June 22, 2022

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Expanding Monkeypox Testing Capacity to Five Commercial Laboratory Companies

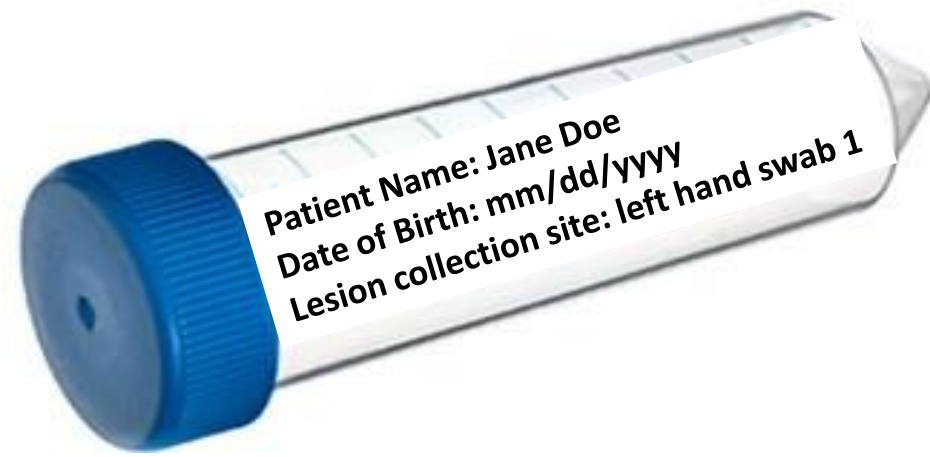
This week, the Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC), began shipping orthopoxvirus tests to five commercial laboratory companies, including the nation's largest reference laboratories, to quickly increase monkeypox testing capacity and access in every community during the ongoing monkeypox outbreak. The companies include Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics and Sonic Healthcare.

These commercial laboratories will dramatically expand testing capacity nationwide and make testing more convenient and accessible for patients and health care providers. Health care providers will be able to use these laboratories by early July and testing capacity through these companies will be ramped up throughout the month. This development will facilitate increased testing, leverage established relationships between clinics, hospitals and commercial laboratories, and support our ability to better understand the scope of the current monkeypox outbreak.

"All Americans should be concerned about monkeypox cases. Thankfully we have right now the tools to fight and treat cases in America," said Health and Human Services Secretary Xavier Becerra. "By dramatically expanding the number of testing locations throughout the country, we are making it possible for anyone who needs to be tested to do so."

As of Tuesday, June 21 there have been 142 reported monkeypox cases in the United States across 24 states and Washington, D.C. Since the first case was reported to the CDC on May 17, 2022, HHS has worked to increase testing capacity and accessibility. This expansion to commercial laboratories reflects the latest, most significant increase in capacity and accessibility, building on the capacities already available within the public health Laboratory Response Network (LRN). CDC, in collaboration with the Food and Drug Administration (FDA), the Centers for Medicare & Medicaid Services, and the HHS Office of the Assistant Secretary for Preparedness and Response has also been expanding the capacity in the LRN. CDC has worked with the LRN to augment the number of public health laboratories that can perform the test to over 67 laboratories across 48 states and the number of weekly tests available within the LRN to over 8,000 tests per week. In addition to making testing more

How to Test



- Package specimens correctly
 - Appropriate identifiers on specimen containers
- Use eOrder
 - All information on the specimen containers must match exactly what is on the eOrder
- Working to implement testing of swabs from viral transport media

<https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf>

Infection Control

- Apply standard precautions for all patient care, including for patients with suspected monkeypox.
- Avoid activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping).
- Place patients with suspected or confirmed monkeypox infection in a single-person room.
 - Special air handling is not required.
 - Keep door closed if safe to do so.
- Health care workers who enter the patient's room should use gown, gloves, eye protection (i.e., goggles or a face shield that covers the front and sides of the face) and a respirator (e.g., N95 or higher)
- Perform any procedures likely to spread oral secretions in an airborne infection isolation room.
- Standard cleaning and disinfection procedures should be done using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-controlhealthcare.html>

Managing People with Suspected or Confirmed Monkeypox

- Patients awaiting test results should isolate in a room or area separate from other household members and pets.
 - If the result is negative, they can discontinue isolation.
 - If the result is positive, they must continue to isolate until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.
- While isolating patients should:
 - Stay at home as much as possible and avoid nonessential visitors in the home.
 - Do not engage in physical sexual activity with others.
 - If leaving the home (e.g., for medical care or for physical activity), maintain a safe distance from others, cover up all skin lesions, and wear a well-fitting surgical mask.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html>

<https://www.cdc.gov/poxvirus/monkeypox/pdf/Monkeypox-Interim-Guidance-for-Household-Disinfection-508.pdf>

Managing People with Suspected or Confirmed Monkeypox



- Take measures to prevent others from having direct contact with lesions or bodily fluids or contaminated materials:
 - Cover sores and wear a face mask while in a shared space.
 - Place used linens, towels and clothes in a separate laundry bag (or garbage bag).
 - Do not share dishes and eating utensils, clothing, towels, or a bed.
 - Avoid direct contact with upholstered furniture that cannot be covered with sheets that can be laundered.
 - Clean and disinfect bathroom surfaces (e.g., counters, toilet seats, faucets) after using if lesions are exposed.
 - Use standard household cleaning/disinfectants to clean and disinfect contaminated surfaces.
 - Place contaminated waste (such as dressings and bandages) in a tight waterproof plastic bag (double-bag if possible) and discard with regular trash.
- Detailed home isolation guidance can be found on the CDC Clinician FAQ webpage under question 10 “When a patient is isolating in their home, what should they do?”

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html>

<https://www.cdc.gov/poxvirus/monkeypox/pdf/Monkeypox-Interim-Guidance-for-Household-Disinfection-508.pdf>

Management of Contacts

Symptom Monitoring and Post-Exposure Prophylaxis

- The NYC Health Department will conduct contact tracing with the patient and facilitate symptom monitoring and the administration of PEP to contacts when indicated.
- An assessment will be made based on the type of exposure each potential contact had.
- People with a high or intermediate exposure risk (e.g., sexual or close physical contact):
 - Daily symptom monitoring by text for 21 days from the date of the last exposure
 - PEP using JYNNEOS™ offered through the NYC Health Department
- People with a low exposure risk:
 - Daily symptom self-monitoring by text for 21 days from the date of the last exposure

Health Care Workers and Monkeypox

- PrEP not routinely recommended for health care workers who care for patients with, or suspected to have, monkeypox.
- Prolonged direct contact, likely occurring during sexual and intimate encounters, is main route of transmission that is driving the current global outbreak.
- Among the cases identified in the US to date, none have been health care workers exposed in a health care setting.
- Appropriate PPE will protect HCWs from potential exposures, and, should an exposure occur, they will be referred as needed for PEP.

Health Care Workers and Monkeypox

Current outbreak

- UK = 384 HCW with a known exposure
 - 245 medium/high risk and 139 low risk, some received post-exposure prophylaxis
 - None developed signs or symptoms of monkeypox
- US = No known HCW with nosocomial infection

Historical outbreaks and cases

- 81 HCW exposed during US 2003 prairie dog associated outbreak
 - Among 57 who were interviewed, 40 (70%) had unprotected exposure
 - None reported signs or symptoms of monkeypox
- 40 HCW exposed to MD traveler 2021
 - None reported signs or symptoms of monkeypox
- Over 100 HCW exposed to traveler in UK in 2018
 - 1 HCW developed monkeypox after contact with contaminated bedding of hospitalized patient without the use of an N95 mask

1. Vivancos Roberto, et al. Community transmission of monkeypox in the United Kingdom, April to May 2022. *Euro Surveill.* 2022;27(22):pii=2200422. <https://doi.org/10.2807/1560-7917.ES.2022.27.22.2200422>
2. Update: multistate outbreak of monkeypox--Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin, 2003. Centers for Disease Control and Prevention (CDC). *MMWR Morb Mortal Wkly Rep.* 2003 Jul 4;52(26):616-8. PMID: [12844080](https://pubmed.ncbi.nlm.nih.gov/12844080/)
3. Costello V, Sowash M, Gaur A, et al. Imported Monkeypox from International Traveler, Maryland, USA, 2021. *Emerg Infect Dis.* 2022;28(5):1002-1005. doi:[10.3201/eid2805.220292](https://doi.org/10.3201/eid2805.220292)
4. Vaughan, A., et al. (2020). Human-to-Human Transmission of Monkeypox Virus, United Kingdom, October 2018. *Emerging infectious diseases*, 26(4), 782–785. <https://doi.org/10.3201/eid2604.191164>

What is the NYC Health Department Doing?

- Providing guidance to healthcare providers and assisting them with screening and diagnosis
- Case investigation and contact tracing
- Reaching out to identified close contacts to provide information, monitor for symptoms, and offer vaccine as post-exposure prophylaxis
- Facilitating access to TPOXX
- Testing specimens at the Health Department's Public Health Laboratory
- Providing information and outreach to community partners and members
- Media campaign, including advertisements on digital platforms
- Connecting with the press and elected officials to disseminate fact-based, non-stigmatizing messages to New Yorkers

Monkeypox Vaccine Clinic

- Expanded PEP for people who may have been exposed to monkeypox
- Offered at the Chelsea Sexual Health Clinic site
- Eligibility criteria: Gay, bisexual, and other men who have sex with men (cisgender or transgender) ages 18 and older who have had multiple or anonymous sex partners in the last 14 days.
- Men who have sex, or other intimate contact, with men met through dating apps or social media platforms, or at clubs, raves, sex parties, saunas, or other large gatherings may be at higher risk of having been recently exposed.
- Those eligible can make an appointment online at nyc.gov/health/monkeypox.
- The clinic will be open Mondays, Tuesdays, Thursdays, Fridays, and Sundays; 11 a.m. to 7 p.m.

Health Department Launches Monkeypox Vaccine Clinic for People Who May Have Been Exposed to Monkeypox

The Department is offering vaccination to eligible New Yorkers who may have been exposed to monkeypox, beginning today at a new vaccine site located at the Chelsea Sexual Health Clinic

Those eligible can make an appointment at nyc.gov/health/monkeypox

June 23, 2022 — The Health Department today announced the opening of a temporary clinic to administer the two-dose JYNNEOS™ vaccine to eligible people who may have had a recent exposure to monkeypox. Getting vaccinated shortly after an exposure reduces the risk of developing monkeypox and can reduce symptoms for those who do get it. The vaccine clinic will be located at the Chelsea Sexual Health Clinic (303 Ninth Avenue in Manhattan). The clinic will open today, and will be open on Mondays, Tuesdays, Thursdays, Fridays, and Sundays from 11 a.m. to 7 p.m. moving forward.

Anyone can get and spread monkeypox, but most cases in the current outbreak are among gay, bisexual or other men who have sex with men. The Health Department in collaboration with NYC Health + Hospitals are already offering vaccine to people identified as close contacts to someone suspected or confirmed with monkeypox. The new vaccine clinic expands eligibility to **all gay, bisexual, and other men who have sex with men (cisgender or transgender) ages 18 and older who have had multiple or anonymous sex partners in the last 14 days**. The Health Department has issued guidance for eligible adults considering vaccination so that they can better understand their personal level of risk. Men who have sex or other intimate contact with men they met through dating apps or social media platforms, or at clubs, raves, sex parties, saunas, or other large gatherings may be at higher risk of having been recently exposed. Appointments are recommended but limited walk-ins will be accepted. Make an appointment at nyc.gov/health/monkeypox.

"As I have said since day one, we are prepared, not panicked and this monkeypox vaccination site is one more critical tool to keep New Yorkers healthy," said **New York City Mayor Eric Adams**. "Starting today, eligible New Yorkers who may have been exposed to monkeypox can now get vaccinated to stay safe and slow the spread."

"Members of the LGBTQ+ community have always been fierce advocates for their rights, including, and especially, when it comes to receiving timely access to health care," said **Health Commissioner Dr. Ashwin Vasan**. "Vaccination against monkeypox is a critical tool to allow New Yorkers to protect themselves and to help slow the spread of monkeypox in our city."

"We applaud the NYC Department of Health for leading this effort to reduce the risk of transmission, particularly among the communities that Callen-Lorde serves," said **Peter Meacher**, Chief Medical Officer at Callen-Lorde Community Health Center. "While this is an important

What We Need From You

- There have been anecdotal reports of patients being refused care or referred for care, which can lead to delays in diagnosis, treatment, and prophylaxis of contacts, and stigma.
- **Don't turn patients away! Evaluate and pursue testing of patients suspected of monkeypox infection.**
- When speaking about monkeypox, emphasize that anyone can get infected; MSM are currently at higher risk because, at this time, the virus is circulating in MSM social circles and networks
- Avoid making judgments and stigmatizing behavior.
- Being exposed to monkeypox can be a stressful and worrisome time for community member -- remember to use an empathetic approach when speaking with patients.
- Together, providers and public health can ensure people receive affirming care, improving individual health and reducing transmission.

NYC Health Department Resources

Show your pride!
Stay healthy and keep your community safe.
The monkeypox information you need to know right now.

[Ver esta página en español](#)

Monkeypox (Orthopoxvirus)

Cases in NYC

As of June 23, 30 people in New York City have tested positive for orthopoxvirus, likely monkeypox.

Most of these people have had mild illness, have not been hospitalized and have their own. Even with mild illness, the rash and sores from monkeypox can be itchy.

Anyone can get and spread monkeypox. The current cases are primarily spreading through social networks of [gay, bisexual and other men who have sex with men](#) and are currently at greater risk of exposure.

If you have a new or unexpected rash or other [symptoms of monkeypox](#), contact your provider.

Vaccination

Vaccination is available for people who may have been recently exposed. Eligible people can get the two-dose vaccine at the Chelsea Health Center on Tuesday, Thursday, Friday and Sunday, between 11 a.m. and 5 p.m. and are recommended.

Note: All vaccination appointment slots have been filled through the registration process. Unfortunately, walk-in vaccinations will also not be available. Additional supply from the CDC to meet the high demand. Call 311 for appointments for the following week.

[Learn more about vaccination eligibility and how to make an appointment](#)

- [Monkeypox Outbreak Palm Card](#) (PDF)
- Other Languages: [Español](#)

¡Manténgase sano
para un verano
de diversión!

Obtenga la información sobre la
vacunación que necesita saber
para usted.

Stay healthy for
a summer of fun!

Get the monkeypox information
you need to know now, and find
out if vaccination is right for you.

For more information, visit
nyc.gov/health/monkeypox,
call 311 or scan the QR code.



6.21.22

NYC
Health

nyc.gov/health/monkeypox

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[Infectious Diseases](#)

[Poison Control Center](#)

Monkeypox: Information for Providers

The following resources provide current information about monkeypox/orthopoxvirus, with a focus on the [2022 outbreak in New York City](#).

Upcoming Health Department Webinars

Monkeypox: Information for New York City Health Care Providers
Friday, June 24
1 p.m. to 2 p.m. [Register through WebEx](#)

Recent NYC Health Advisories

- [Monkeypox Transmission and Detection in New York City](#) (PDF, June 10)
- [CDC Advisory: Monkeypox Virus Infection in the United States and Other Non-endemic Countries — 2022](#) (PDF, May 20)

Testing

- [Monkeypox Testing at the NYC Public Health Lab](#) (PDF, June 10)

Additional Resources

- [CDC: Monkeypox Information for Health Care Professionals](#)

<https://www1.nyc.gov/site/doh/providers/health-topics/monkeypox.page>

Thank you
