

New York State and New York City Health Departments
Health Care Provider Webinar

**Monkeypox/MPV Vaccination and Care for Adolescents:
Access and Best Practices**

Thursday, October 27, 2022
12:00 – 1:00 pm



**Department
of Health**



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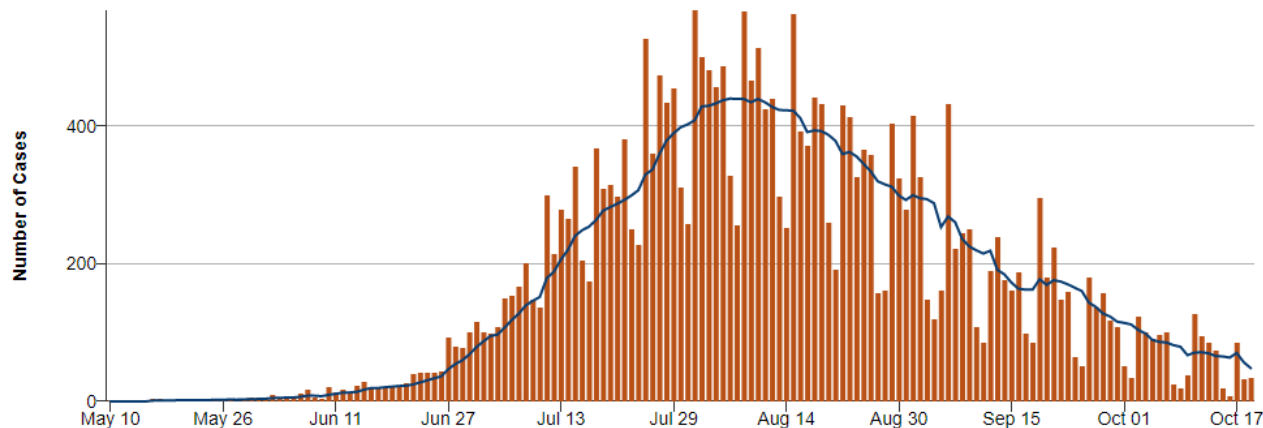
Agenda

- Updates on current U.S. monkeypox virus (MPV) outbreak
- Designation of MPV as a sexually transmitted infection in New York State (NYS)
- Best practices for providing care for adolescents
- Resources: accessing MPV vaccination and care

Updates on Current U.S. Monkeypox Virus (MPV) Outbreak

Cases Reported in Current U.S. Outbreak

Daily Monkeypox Cases Reported* and 7 Day Daily Average



* Includes either the positive laboratory test report date, CDC call center reporting date, or case data entry date into CDC's emergency response common operating platform, DCIPHER.

Source: [Centers for Disease Control and Prevention – U.S. Monkeypox Case Trends Reported to CDC](#); Updated 10/25/2022

Cases Reported in NYC

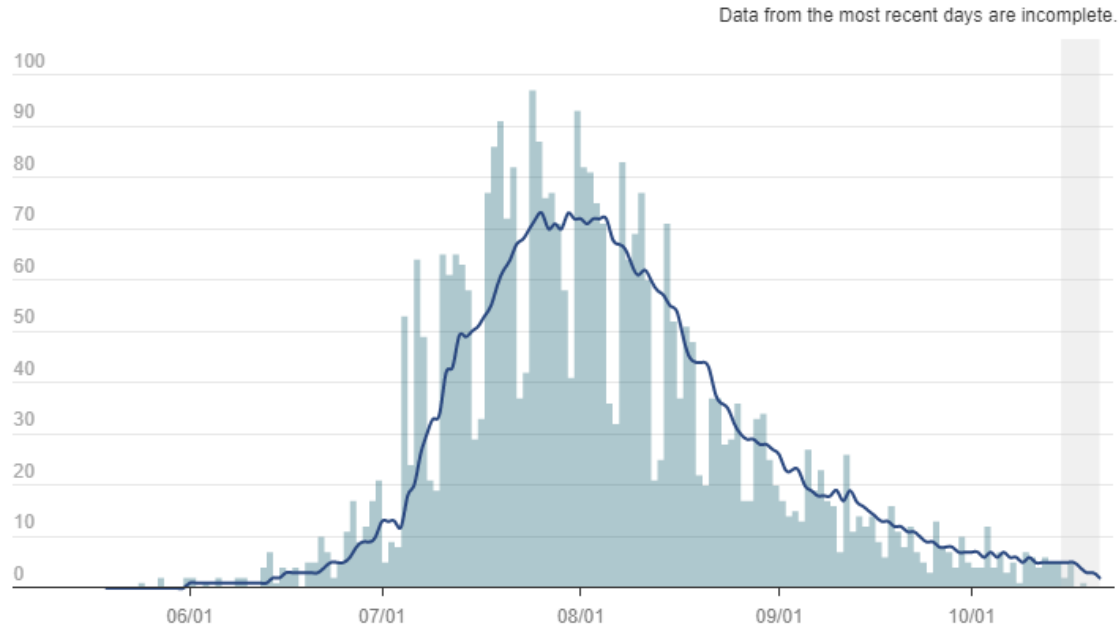
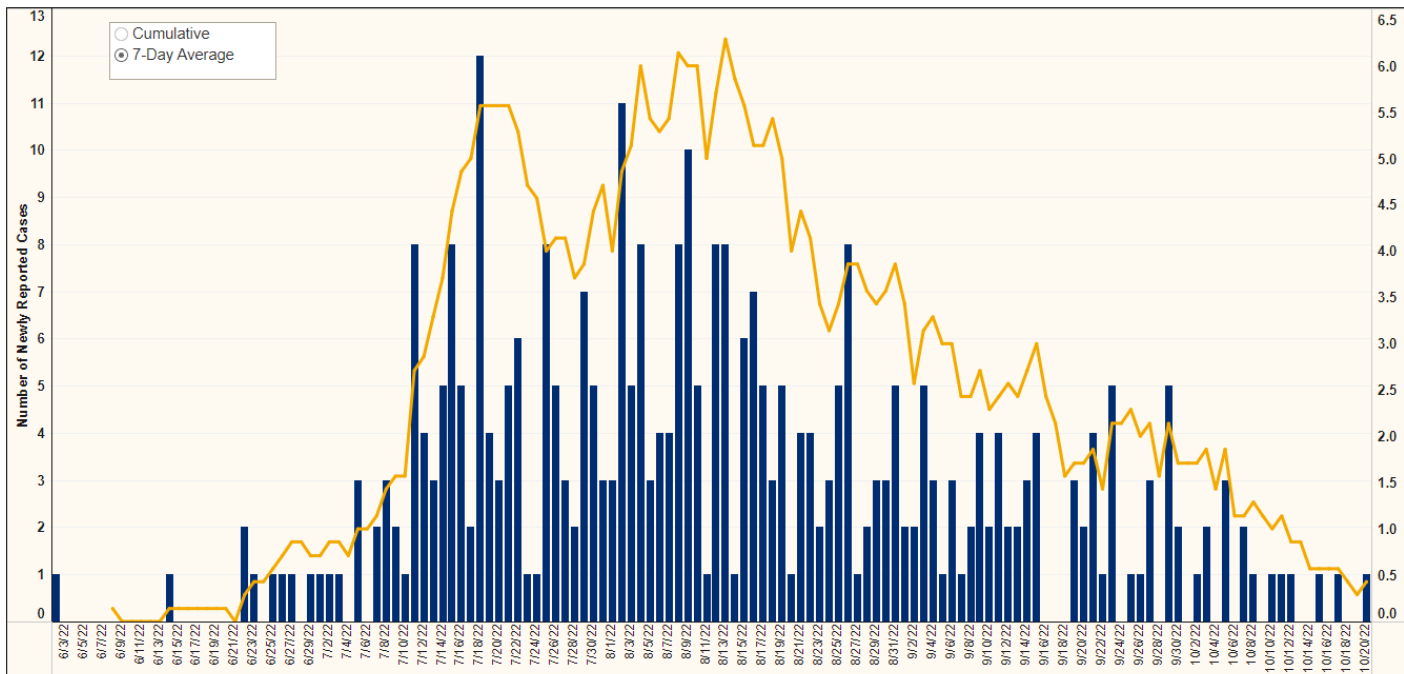


Figure shows number of cases per day (bars) and seven-day average (solid line)

Source: [NYC Health: MPV Data](#); Published 10/24/2022

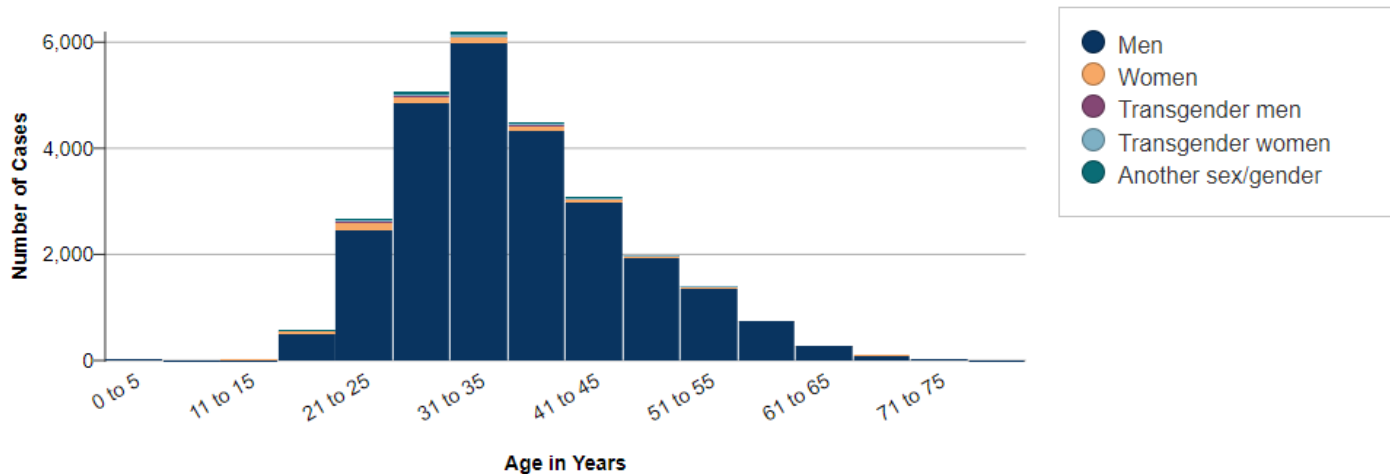
Cases Reported in NYS (Excluding NYC)



Source: [New York State Department of Health: Monkeypox Data](#); Updated 10/25/2022

Age and Gender of Patients with MPV, U.S.

Monkeypox cases reported to CDC: Age and Gender



Source: [Centers for Disease Control and Prevention – U.S. Monkeypox Case Trends Reported to CDC](#); updated 10/25/2022

Spread of MPV in Current Outbreak

- Primarily occurring during intimate contact including, but not limited to, sex
- To date, sustained transmission has not been identified outside of men who have sex with men (MSM) and transgender, gender non-conforming, and non-binary networks

MPV among U.S. Children and Adolescents

- Few cases diagnosed in children (<18 years) to date
 - [5 total cases reported as of 10/20 in NYC](#)
 - [3 total cases reported as of 10/26 in NYS](#) (excluding NYC)
- Few people <18 years of age have been vaccinated in NYS/NYC to date
- Why do adolescents encounter barriers to accessing vaccination, diagnostics, and care for MPV?
 - Parents or guardians may not be aware/accepting of their child's risk for MPV exposure or their sexual orientation or gender identity
 - Youth may avoid care rather than engage in sensitive conversations with parents/guardians
 - Youth may not know they can get care without parental consent, or where or how to get care



Designation of MPV as a Sexually Transmitted Infection

Removing Barriers to MPV Care for Minors

- In NYS, minors (age <18) generally cannot consent to their own testing or vaccination without permission from a parent or guardian
- Exception: conditions recognized as a sexually transmitted infection (STI) under NYCRR Title 10, Section 23.1
- On October 6, 2022, the NYS Public Health and Health Planning Council approved emergency regulations to add MPV to the list of STIs recognized in NYCRR, permitting minors to access testing and vaccination without parental consent
- This regulation is in effect until January 4, 2023, and may be extended or permanently adopted



Removing Barriers to MPV Care for Minors

What does this mean for clinical practice?

- Sexually active minor adolescents with medical decision-making capacity may consent to their own MPV care
- “Sexually active” may include anyone at risk of an STI (e.g., engaging in sexual behaviors, anticipate becoming sexually active)

Administration of JYNNEOS Vaccine

JYNNEOS vaccination and adolescents:

- In current outbreak, intradermal administration is preferred for individuals ages ≥ 18 years
- Subcutaneous administration is the only route currently authorized for people age < 18 years

Reporting Vaccination

- Executive Order No. 20 also requires that all monkeypox vaccinations for any individual be reported to NYSIIS or CIR within 72 hours of administration
 - NYSIIS/CIR immunization records do not indicate vaccines consented to by minors
 - **Adolescents should be advised that their parent/guardian can obtain a report that would disclose a vaccine obtained confidentially**

Best Practices for Providing Care for Adolescents



Adolescents Reflect Growing Diversity of U.S. Population

- Census data indicate that the share of children who are non-Hispanic white is projected to fall from one-half to about one-third by 2060
- Diversity in gender identity and sexual orientation among U.S. high school students:
 - Almost 2% identified as transgender
 - 84% identified as heterosexual (77% of females, 91% of males)
 - More than 2% identified as gay or lesbian (3% of females, 2% of males)
 - Almost 9% identified as bisexual (14% of females, 3% of males)
 - Almost 5% were unsure of their sexual identity (6% of females, 3% of males)

Source: Census and YRBS data, Adolescent Reproductive and Sexual Health Education Project (ARSHEP), Amaze/Advocates for Youth

Adolescent Sexual and Reproductive Health Indicators

- 38% of high school students report they ever had sex
- 27% currently sexually active (last 3 months)
- 54% used condom last time they had sex
- 12% used no method to prevent pregnancy at last sex
- 21% used alcohol or drugs before last sex
- Teen birth rates are down
 - 2019 birth rate for ages 15-19: 17/1,000 (US), 11.4/1,000 (NYS)

Sources: YRBS data, MMWR, Guttmacher

Adolescent Sexual and Reproductive Health Indicators

- New HIV diagnoses
 - 22% are youth 13-24 (US, 2018)
 - Young Black and Latinx MSM are disproportionately affected
- New STI cases
 - 45% are youth 15-24 (US, 2018)
- Among youth 15-24 in 2018:
 - 66% of new chlamydia cases occurred in this age group
 - 51% of new gonorrhea cases
 - 25% of new syphilis cases
- Most youth report never being tested (2019 YRBS):
 - 9% have ever been tested for HIV
 - 8% have ever been tested for an STI

Sources: YRBS data, CDC, Guttmacher

Outline: Best Practices for Adolescent Health Services

- Confidential and private
- Respectful, welcoming, and culturally appropriate
- Comprehensive services
- Sexual and reproductive health services
- Easy access to care
- Supports parent-teen communication
- Supports adolescent transition to adult care

Confidential & Private Care

- Ensure that all staff understand state laws about adolescent confidentiality & consent, and discuss confidentiality with all parents and youth
- Provide adolescents with clear information about state laws regarding confidentiality & consent
- Post office policy on adolescent confidentiality & consent in a visible location
- Develop policies to protect confidentiality throughout services, billing, and pharmacy/prescribing
- Provide visual and auditory privacy in clinical spaces
- Consider separate waiting rooms for teens
- Do not discuss adolescent patient information in common spaces
- Ensure that medical records are secure and only accessible to health care staff involved in care

Confidential & Private Care

- Give adolescents time alone with a provider at every visit
 - Facilitates open communication about sensitive topics
 - Promotes adolescents' management of their own health
 - Supports transition to adulthood
- Recognize some populations especially concerned about confidentiality
 - HIV-positive youth
 - LGBTQ+ youth
 - Pregnant and parenting teens
 - Young men
- When adolescents know their confidentiality is protected:
 - More likely to access health care and share sensitive information
 - Return for follow-up care

Confidential & Private Care

- Discuss limits of confidentiality transparently and in terms of caring
 - When safety is involved (intentional disclosure):
 - “I hope you would discuss things like feeling suicidal with me because this is really serious and I would want to help you and get others to help you too”
 - When there’s a risk of disclosure because of how systems share information (unintentional disclosure):
 - If minor adolescents self-consent for vaccine to prevent STI (MPV, HPV), their parent may obtain their vaccine record
 - Billing commercial insurance for confidential service (EOB)
 - Prescribing (pharmacy notifies parent about confidential med)
 - Electronic health records/patient portals (confidential dx, meds, or visits may be disclosed)

Respectful, Welcoming, Culturally Appropriate Care

- Adolescents feel respected and engaged in their care
 - Health care staff and environment are respectful, nonjudgmental, and well-trained
 - Two-way communication with providers
 - Staff focus on adolescents' strengths and address their unique needs

Respectful, Welcoming, Culturally Appropriate Care

- Culturally competent care is sensitive and respectful of each teen's culture, ethnicity, community values, religion, language, educational level, sex, gender, sexual orientation
- Care is racially equitable and welcoming to LGBTQ+ youth
- Teens can access care in the language they speak
- Services are available for young men

Strengths-Based, Trauma-Informed, Patient-Centered Care

- Adopt a reproductive justice framework
 - Ask adolescents about their priorities & concerns related to SRH
 - Ask about and follow patients' wishes about SRH care (honor their agenda and check your own)
 - Use unbiased, inclusive, patient-centered language; ask their pronouns
 - Support each adolescent's right to bodily autonomy (in relationships and in health care)
- Provide unbiased information & education so adolescents can make informed decisions

Comprehensive Services

- Adolescents may be more likely to seek care in a multidisciplinary setting
 - Primary care, SRH care, mental health, vaccines etc. under one roof
 - Mental health, substance use, violence, and other health concerns are addressed and appropriate referrals are made
- School-based or school-linked services may make it easier for adolescents to access care
 - School-based health centers, CATCH, New York City Teens Connection

Sexual & Reproductive Health Services

- Adolescents receive clear information about informed consent
 - Teens have the right to complete, understandable information about all of their care so they can be involved in managing their own health
 - Teens can give consent for all SRH services in NYS
- Adolescents are informed that confidential SRH services are available without parent/guardian consent, consistent with NYS law
- Adolescents are informed of a full range of SRH services and can receive a referral for any services not offered by a specific provider or facility

Easy Access to Care

Example Steps to Access Prescribed Contraception via Primary Care Clinic Outlined by Tracey A. Wilkinson MD MPH FAAP

1. Know that the clinic exists.
2. Find the phone number for the clinic.
3. Find a time between 8am – 4:30pm to call.
4. Understand how to navigate the phone appointment system.
5. Know their insurance information.
6. Know their social security number.
7. Be able to attend the clinic between 8am – 4:30pm on specific days of the week.
8. Know their schedule far enough in advance to schedule and be able manage self until then.
9. Remember the appointment.
10. Know the location of the clinic.
11. Be able to afford and/or arrange transportation.
12. Find the clinic from the parking lot.
13. Have necessary information and co-pay for check-in.
14. Wait.
15. Have the courage to visit with the clinician:
 - a. Exam.
 - b. Testing.
 - c. Disclosure.
16. Be willing to risk breach of confidentiality.
17. Have transportation to pharmacy, perhaps repeatedly.
18. Have funds for co-pay.
19. Ability to follow-up, as needed.

Easy Access to Care

- Free or low-cost services, onsite dispensing, FPBP enrollment
- Transportation assistance/Metrocards
- Special helpline or text messaging line for adolescents
- Flexible hours/before & after school, same-day SRH services
- School-based or school-linked services may aid access
- Offer telehealth visits; check privacy & confidentiality for these visits
- Free condoms available in exam rooms (not just waiting rooms)
- Confidential contact information and/or follow-up appointments for results

Communication with Parents about Adolescent Health Care

- Adolescents can receive counseling and care without parents/guardians present and their privacy is respected
- Parents/guardians receive clear information about adolescents' rights to confidentiality, privacy, and informed consent
- Parents/guardians are informed that it's standard procedure for adolescents to have time alone with provider at every visit
 - Allows for confidential discussions and also supports adolescent transition to adult care

Support Parent-Teen Communication

- Adolescents are encouraged to discuss their health care with parents
 - Provider can offer to speak with adolescent and parent together if adolescent agrees
- Parents/guardians receive medically accurate information/resources on SRH
- Parents/guardians receive resources on adolescent health/development and parent-teen communication

Support Adolescent Transition to Adult Health Care

- Adolescents are encouraged to learn information and skills to manage their own health care
 - Teens learn about their health conditions, medications and allergies, family medical history, and what to do in case of emergency
 - Teens learn how to make an appointment and get prescription refills
 - Teens are encouraged to see the health care provider alone for part/all of visit to gain independence
- Provider has an adolescent transition policy and begins working with youth (as early as 12-14) and their families to develop health care skills

Resources – Adolescent Health

- Best Practices for Youth-Friendly Sexual and Reproductive Health Services in Schools (Advocates for Youth)
 - <https://www.advocatesforyouth.org/resources/health-information/bp-youth-friendly-services/>
- Equitable Access to Sexual and Reproductive Health Care for All Youth (American Academy of Pediatrics)
 - <https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable-access-to-sexual-and-reproductive-health-care-for-all-youth/>
- Adolescent Reproductive and Sexual Health Education Project (Advocates for Youth/Physicians for Reproductive Health)
 - <https://www.advocatesforyouth.org/arshep-presentations-sign-up/>
- Health Care Providers and Teen Pregnancy Prevention: A Teen-Friendly Reproductive Health Visit (CDC)
 - <https://www.cdc.gov/teenpregnancy/health-care-providers/index.htm>

Resources - Adolescent Health

- Resources for Adolescents and Parents (Society for Adolescent Health and Medicine)
 - <https://www.adolescenthealth.org/Resources/Resources-for-Adolescents-and-Parents.aspx>
- Got Transition ® (National Alliance to Advance Adolescent Health)
 - <https://www.gottransition.org/>
- Reproductive Justice (Sistersong)
 - <https://www.sistersong.net/reproductive-justice>
- Teen Health Services and One-on-One Time with a Healthcare Provider (CDC)
 - https://www.cdc.gov/healthyyouth/protective/factsheets/OneonOnetime_FactSheet.htm

Resources: Accessing MPV Vaccination & Care

Where to Get MPV Testing

- Providers can conduct diagnostic testing and submit specimens to commercial labs or a health care system lab that has NYS approval to conduct MPV testing
- In NYC, people without a provider can call 311 or check the [NYC HealthMap](#)
 - NYC Health Department Sexual Health Clinics provider care to minors 12 and older; parental consent is not required
- Individuals should contact a healthcare provider for testing or to be referred to a provider who can conduct MPV testing

MPV Vaccine Eligibility in NYS and NYC

Now includes all people at risk of becoming infected

- Known or suspected exposure to someone with MPV in preceding 14 days (post-exposure prophylaxis)
- High risk for recent exposure
 - Members of social networks experiencing MPV activity
 - Direct (skin-to-skin) contact with someone in a social network experiencing MPV activity
- ***At risk for future exposure***

Updated eligibility:

- NYS: [Monkeypox Vaccination \(ny.gov\)](#)
- NYC: [Monkeypox \(MPV\): Vaccination – Eligibility \(nyc.gov\)](#)

Where to Get Vaccinated

- **NYS outside NYC:** Check with [local health department](#)
- **NYC:** Vaccine Finder vaccinefinder.nyc.gov or call 877-VAX-4NYC (877-829-4692)
 - All City-run vaccination sites accept walk-ins

Accessing MPV Treatment

- Antiviral treatment is indicated for people with severe MPV or risk factors for developing severe MPV, including immunosuppression
- Finding care
 - NY State: [Monkeypox for Healthcare Providers - Treatment](#)
 - NYC: [Provider information - Treatment](#)
- Individuals without a health care provider in NYC can contact Health + Hospitals ExpressCare:
 - Visit [expresscare.nyc](https://www.expresscare.nyc) or call 631-397-2273

Resources

NYSDOH: [Monkeypox \(ny.gov\)](https://www.ny.gov)

- [Palm Card](#)
- [Information Card](#)
- SMS text notification to 81336:
English – MONKEYPOX
Spanish - MONKEYPOXESP

NYC Health Department: [nyc.gov/mpv](https://www.nyc.gov/mpv)

- Text "MONKEYPOX" to 692-692 or, for Spanish, text "MONKEYPOXESP"
- [Monkeypox \(MPV\): Information for Providers](#)
- [What Teens Need to Know about MPV](#)

CDC:

- [Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC](#)
- [What You Need to Know about Monkeypox if You are a Teen or Young Adult](#)

What Teens Need To Know About MPV

Monkeypox (MPV) is a contagious virus. It used to be very rare but is now spreading in New York City (NYC) and the U.S. The following information is what teens need to know about MPV to keep safe.

What Are the Symptoms?
The most common symptom of MPV is a rash or sores that may look like pimples or blisters at first, then become larger with a dip in the center. The rash and sores may be all over the body or just certain parts, including the face, hands or feet, or inside or around the mouth, joints, vagina, rectum, or testis.


Some people also have symptoms similar to the flu such as fever, chills, headache, muscle aches, swollen lymph nodes or tenderness. These symptoms can occur before or at the same time as a rash.

Do not assume someone has MPV if they have a rash or sores, and do not panic if you get a rash or sores. Most rashes and sores are not caused by MPV. Blisters and sores can have many causes such as bug bites, pimples, allergic reactions and other infections. If you have a severe rash or sores, call your general doctor or a health care provider to view images of MPV rash or sores. Visit [cdc.gov/monkeypox](https://www.cdc.gov/monkeypox), click on Signs and Symptoms and look for Monkeypox Rash Photos.

How Does the Virus Spread?
MPV mostly spreads from contact with the rash or sores of someone who has the virus. It can also spread from respiratory droplets passed during close face-to-face contact.

Currently, MPV is spreading mainly during oral, and anal genital area, and other intimate activities such as kissing, cuddling and massage. You can also get it from touching clothing, bedding and other items that have come into contact with the rash or sores of someone who has the virus.

MPV can spread from the skin when people first have symptoms and their sores have fully healed and a new layer of skin has formed. This can take two to four weeks.




MONKEYPOX

What You Need to Know about Monkeypox if You are a Teen or Young Adult

Updated on 10/27/2022

What is monkeypox?
Monkeypox is a rare disease.

- If you get monkeypox, you may have fever, chills, sore muscles, headache, or tiredness and then get a rash.
- Sometimes, you may get a rash first, followed by other symptoms.
- You might only get a rash without having the other symptoms. The rash may look like pimples or blisters.
- The rash is usually on the face, inside the mouth, and on other parts of your body like your hands, chest, and genitalia.
- Even though you should get better in 2-4 weeks, you should see a healthcare provider as soon as you get symptoms that could be from monkeypox.
- If you have a weakened immune system from HIV, cancer, an organ transplant, or other reasons, are pregnant, or have other skin problems like eczema, you may become more severely ill from monkeypox.



How do you get monkeypox?
Monkeypox does not spread easily between people.

- You can get monkeypox from close, skin-to-skin contact with a person who has a rash or sores from monkeypox. For example, this can include during hugging, cuddling a message, or close contact sports.
- It also includes contact with spit droplets during close conversation and kissing.
- It can also spread through sexual contact including touching the genitalia, anal, oral, anal, or vaginal sex.
- You can also get monkeypox from contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.

