NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Commissioner

Testimony

of
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Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health

on

Oversight - Monkeypox Virus (MPV) in New York City

August 24th, 2022
City Council Chambers
New York, New York

Good morning, Chair Schulman and members of the committee, I am Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer— who will be supporting me in answering your questions today.

I want to start by thanking you all for the opportunity to testify and provide an update on the City's response to the ongoing public health emergency of monkeypox, which for the purposes of this hearing, and for reasons which I have publicly explained related to language, stigma, and discrimination, I will refer to MPV going forward. As we all know, New York City is once again the epicenter of an outbreak of a relatively unknown (to us) infectious disease in this country, and we are responding with the urgency and equity this serious virus merits. As of yesterday, we have 2,794 confirmed cases of MPV in our City, which makes up 18% of cases in the country. In recent days we have seen cases begin to fall, and transmission slow, due in no small part to our City's efforts to get tens of thousands of people vaccinated, the heroic efforts of community leaders and advocates to disseminate messages around primary prevention and behavior modification, and of course community members themselves. All of this is clearly taking hold and having a positive effect in slowing this outbreak.

I want to take this opportunity to educate New Yorkers about the virus, and address what we do and do not yet know about its behavior in the current outbreak.

MPV is a contagious disease caused by the monkeypox virus, a member of the family of orthopoxviruses, and related to smallpox. There are now over 42,000 cases in 88 countries where the virus had not been previously seen. The World Health Organization, the US federal government, New York State and New York City, have all declared a state of emergency due to the rapid spread of the virus. The most common symptom is a rash or sores, and some people also experience flu-like symptoms. While usually these symptoms are self-limited and self-resolving, the discomfort and shame caused by this disease should not be understated. Symptoms can last for several weeks and can be very painful. We are seeing the virus spread mostly during sex and other intimate contact. MPV can also spread through direct, usually prolonged, contact with the rash or sores of someone with the virus; contact with items—such as towels and sheets— they may have used; and prolonged face to face contact. We *do* know that MPV is less contagious than COVID-19 or the flu. There are still unknowns about whether asymptomatic spread can occur, and whether the presence of virus in semen, blood, and vaginal fluids means that sexual transmission is a primary mode of spread.

Anyone **of any sexual orientation or gender identity can get MPV.** *Currently*, reported cases in New York City, in the U.S., and across the world show that the virus is spreading primarily in the social circles and networks of gay, bisexual, and other men who have sex with men, and among transgender, gender-nonconforming and nonbinary people. People in these communities with multiple or anonymous sex partners are currently at highest risk of exposure. While the current outbreak continues, the best way to protect yourself is to avoid sexual and other intimate contact **with multiple or anonymous partners**. The Department has put out guidance on how people can lower their risk, what precautions they can take, and harm reduction measures so people can best protect themselves *if* they choose to engage in high-risk activities. We are also working directly with health care providers to provide technical assistance on how to best care for patients with a suspected MPV infection.

Since the first reported case of MPV in New York City in May, the Department has mobilized efforts to ensure we are deploying all available resources to the communities impacted— focusing on how to get vaccines, treatment and testing to people as quickly and effectively as possible. Notably, we did this before a federal strategy was announced. This trailblazing effort has been very challenging, and I am proud to speak to the work our tireless staff has undertaken in the face of multiple ongoing public health crises.

New York City led the country in setting up the first MPV vaccine "extended post-exposure prophylaxis (PEP)" clinic using the very limited vaccine supply we had received from the federal government. Since that initial pilot in late June, and with the lessons learned throughout the process, we have been able to administer more than 63,000 doses of the MPV vaccine, more than twice the number of any other jurisdiction in the country. This has been done, mostly through our City-run sites, but also in close partnership with private healthcare providers and referrals from community-based organizations who are our partners in serving LGBTQ+ and BIPOC communities. In an environment of extremely constrained vaccine supply, we have adopted a delayed second dose strategy. After reviewing the data, we have concluded that significant protection is conferred from a single dose, if not as much as two doses. This has allowed us to protect more people through first dose vaccination and to help stop the spread of the virus.

Leveraging our experience and infrastructure from COVID-19, we mobilized 13 City-run vaccination sites— in the Health Department's Sexual Health Clinics, at mass vaccination sites across the boroughs and at NYC Health + Hospitals' locations. Appointments that are publicly available continue to be posted on the Vax4NYC platform and 877-VAX4-NYC call center on a rolling basis as vaccine allocation arrives from the federal government. We have also partnered with our colleagues at NYC Emergency Management to deploy text alerts via NotifyNYC in both English and Spanish to further our communication strategy.

We have prioritized data transparency throughout the response, making information available on our website as quickly as possible. Our website displays case and vaccination data, including demographic breakdowns by race and ethnicity, gender identity, sexual orientation, and borough. Last week, we released vaccination data that shows that while we have reached more than 63,000 New Yorkers so far– an enormous accomplishment and testament to the operational capability of our Agency and City— it also shows that there is work to do to realize full equity in vaccination rates. We remain committed to making sure that those at highest risk of exposure to MPV have speedy and equitable access to vaccine, testing, and treatment – particularly New Yorkers who have long borne the brunt of racism and its intergenerational impacts on access to and quality of health care. It is clear we have more to do, and I am happy to answer questions about the specific equity strategies we are deploying to address this. These new data show that our efforts are making a difference, but just as importantly, that we must double down to ensure the distribution gap is addressed.

This goes without saying, but COVID-19 has fundamentally shifted people's expectations of what a public health emergency response should look like, and what they should expect from their public health system at large. New Yorkers depend on us to rise to the occasion in crisis, and we strive to deliver for them. My team, leading the health apparatus of the City, is driving this response with

expertise, speed, and a focus on equity, while simultaneously fighting two other infectious diseases. Despite these challenges we have worked tirelessly to meet these demands. I am proud of the commitment, strength, and integrity of the Department's staff.

We cannot do this alone. The role of the City's public health agency is to strategize, organize and to plan our public health responses; to be the chief architect of public health for our city. But we work in partnership with sister agencies for some key aspects of execution and operations. For this response, we are working closely with Emergency Management to leverage broad city agency expertise across multiple disciplines, under a unified and coordinated public health vision. This is in addition to the Health Department's internal Incident Command System, which was activated at the end of June. ICS– as we call it— allows the Department to pull expertise from across the agency to support emergency needs.

Finally, we rely heavily on the federal government for vaccine supply, treatment procurement, and testing capacity. It has been extremely challenging to mount an effective and equitable response to MPV in an environment of limited access to vaccines, testing, and treatment. We are thankful for
The federal government's efforts to expand access and we will continue to rely on these to mount an ongoing public health campaign at this scale. We also work in close collaboration with the New York State Health Department and thank them for the actions they have taken to help facilitate our work, including redirecting their relative oversupply of vaccines back to New York City, and the declaration of an Imminent Threat to Public Health, which allows us to temporarily increase our Article 6 match rate from the State for core public health functions related to the response.

This work, and the work to respond to public health crises to come, requires a massive investment and attention to the public health workforce, our public health infrastructure, and empowerment of public health leadership. I hope that this is an opportunity to draw attention to these needs in the City, which is often the first port of call for infectious outbreaks in our nation, and in the country. To meet the expectations that New Yorkers, and all Americans, have of their public health systems, we need to renew trust, and that begins by investing in public health, including its workforce, its data systems, communications, its physical infrastructure, and its position in balancing prevention and treatment to achieve population health goals, in our case, to improve the health and wellbeing of all New Yorkers.

I want to take a moment to thank the Council specifically, and especially Chair Schulman, for your continued efforts to engage directly with the community and offer your support to the Department. As public health leaders, we rely on your partnership to get accurate and timely information out to your constituencies, as well as to escalate any issues, concerns, and problems that you hear from them. We will continue to work collaboratively, while prioritizing equity, leading with compassion, and keeping New Yorkers healthy. I look forward to hearing your questions and answering thoughtfully and to the best of my ability. Thank you once again for the opportunity to be here today.