Strategies to Respond, Manage and Mitigate the Spread of Monkeypox

HBCU Coalition
American College Health Association
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Moderators

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ABOUT ACHA

• We are the recognized voice of expertise in college health and wellness.

• For over 100 years, the American College Health Association has addressed the issues that impact the ability of our students to flourish on campus and beyond.

• ACHA serves more than 700 institutions and more than 7,000 individual college health and wellness professionals and leaders of all disciplines.
Purpose of the HBCU Coalition

• To provide a dedicated focus on key issues regarding health services at HBCUs and the health outcomes of students who attend these institutions.
• To improve channels of communication among faculty and staff at HBCUs including members who support the mission of these institutions.
• To expand association membership, recruitment, and participation among HBCUs.
• To develop original publications with a focus on the specific needs of students who attend HBCUs.
• To advocate for HBCUs within ACHA on a regional and national level.
• To evaluate research from a Minority Health lens and advise ACHA leadership to ensure that its research activities support the needs of these institutions.
Panelists

Francis Obuseh, DrPH  
Senior Epidemiologist  
Public Health Educator  
Navy Marine Corps Public Health Center

Se'Ron Leary  
Health Educator  
North Carolina A&T University

Brian Shackleford, MD  
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Dr. Francis Obuseh
Public Health, Transmission and Prevention
Public Health, Transmission and Prevention

Objectives

• Monkeypox Situation Update
• Current Epidemiology
• Prevention Strategies

Disclaimer

• The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.
Monkeypox

• Monkeypox is caused by monkeypox virus, a member of the Orthopoxvirus genus.
  • It is part of the same family of viruses as variola virus, the virus that causes smallpox

• Monkeypox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of central and west Africa.
  • First identified: captive (laboratory) monkeys, 1958, Copenhagen
  • 1st human case of monkeypox was recorded in 1970
  • Prior to the 2022 outbreak, monkeypox had been reported in people in several central and western African countries

• The 2022 outbreak appears genetically related to cases first seen Nigeria 2017 and in the UK 2019.
2022 Outbreak Cases & Data

- Current outbreak first identified in UK mid-May 2022
- First US case reported May 17, 2022
- WHO declared public health emergency on July 23, 2022
- US declared public health emergency August 4, 2022

Updated August 22, 2022
Current Global Status

Image Credit: World Map Timelapse of the Monkeypox Virus (May to August) https://youtu.be/G1GtygTTIxE
Modes of Transmission

• Transmitted to humans through close contact with
  • an infected person or animal, or
  • material contaminated with the virus

• Transmitted from one person to another by close contact with
  • lesion material
  • body fluids
  • contaminated materials and surfaces
  • large respiratory droplets

• The virus can enter the body through
  • respiratory tract
  • mucous membranes (eyes and mouth)
  • broken skin (E.g. animal bites)
US Monkeypox Epidemiological Data

• The virus is spreading mostly through close, intimate contact with someone who has monkeypox.

• Current data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current monkeypox outbreak.
  - **Important to Note:** Anyone, regardless of sexual orientation or gender identity, who has been in close, personal contact with someone who has monkeypox is at risk.

• Black, Latino, and HIV+ men who have sex with men are being infected at disproportionately high rates.
US Epidemiological and Clinical Characteristics (May 17- July 22, 2022)

• Among 291 men who reported information about their male sexual partners:
  • 27% reported one partner
  • 40% reported two to four partners
  • 14% reported five to nine partners
  • 19% reported 10 or more partners

• Among 86 men with more detailed sexual histories 38% reported group sex

• Signs and symptoms included rash (100%), fever (63%), chills (59%), and lymphadenopathy (59%)
  • 46% reported one or more genital lesions during their illness

https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e3.htm Philpott D et al.. MMWR. ePub: 5 August 2022.
Prevention and Control of Monkeypox

Safer Sex, Social Gatherings, and Monkeypox

Updated August 5, 2022

While CDC works to contain the current monkeypox outbreak and learn more about the virus, this information can help you make informed choices when you are in situations or places where monkeypox could be spread. Monkeypox is not considered a sexually transmitted disease, but it is often transmitted through close, sustained physical contact, which can include sexual contact.

How can a person lower the chance of getting monkeypox at places like raves, parties, clubs, and festivals?

When thinking about what to do, seek out information from trusted sources like the local health department. Second, consider how much close, personal, skin-to-skin contact is likely to occur at the event you plan to attend. If you feel sick or have a rash, do not attend any gathering, and see a healthcare provider.

- Festivals, events, and concerts where attendees are fully clothed and unlikely to share skin-to-skin contact are safer. However, attendees should be mindful of activities (like kissing) that might spread monkeypox.
- A rave, party, or club where there is minimal clothing and where there is direct, personal, often skin-to-skin contact has some risk. Avoid any rash you see on others and consider minimizing skin-to-skin contact.

How can a person lower their risk during sex?

Vaccination is an important tool in preventing the spread of monkeypox. But given the current limited supply of vaccine, consider temporarily changing some behaviors that may increase your risk of being exposed. These temporary changes will help slow the spread of monkeypox until vaccine supply is adequate.

Reducing or avoiding behaviors that increase risk of monkeypox exposure is also important when you are between your first and second shots of vaccine. Your protection will be highest two weeks after your second dose of vaccine.

Make a habit of exchanging contact information with any new partner to allow for sexual health follow-up, if needed.
Prevention and Control of Monkeypox

- **Diagnosis and Treatment**: Accurate diagnosis, effective treatment, and counseling of infected persons

- **Education and Counseling** of persons at risk regarding ways to avoid monkeypox through changes in behaviors

- **Screening**: Early Identification of symptomatically infected persons with symptoms associated with monkeypox

- **Partner Services**: Evaluation, treatment, and counseling of partners of persons who are infected with monkeypox

- **Vaccination**: Pre-exposure vaccination for high risk individuals
Health Equity & Health Disparity: NCDHHS Equity Data Report

• CASES OVERVIEW
  • **Nearly all** cases are in men who have sex with men
  • **70%** of cases are in Black men
  • **19%** of cases are in White men

• VACCINATIONS OVERVIEW
  • **3,048** people have received the vaccine
  • Black residents have received **24%** of vaccinations
  • White residents have received **67%** of vaccinations

Ref: NCDHHS | AUGUST 10, 2022

Image credit: https://www.hennepinhealthcare.org/health-equity/
Prevention and Control of Monkeypox

• Develop a comprehensive approach to advancing equity for all

• High-risk exposure (PrEP)
  • JYNNEOS within 4 days of exposure
  • FDA approved, ACIP recommendations for age ≥ 18 yrs MPX high risk of exposure

• Education about risk factors of transmission and the prevention measures is the main prevention strategy for monkeypox

• Behavioral change is essential for avoiding risks and transmission with enabling environment for reducing stigma & discrimination
Monkeypox: Outstanding Questions

• Is it likely we will see an increase in our communities as schools and colleges resume in fall?
  • Schools need to develop plans for handling potential cases.
  • Reexamine activities that involve skin-to-skin contact, including sex, social gatherings, dancing and contact sports.

• How long does the virus survive on surfaces?

• How long is someone who is infected contagious?

• What do we know about monkeypox and sex?
ALVIN V. BLOUNT JR. STUDENT HEALTH CENTER

Se’Ron Leary
Health & Wellness Coordinator
Alvin V. Blount Jr. Student Health Center
The 3 Fundamental Questions To Ask:

1) What is my message?
2) To whom is my message intended?
3) How do I get my message to them?
WHAT IS MY MESSAGE?

• Often our messaging and programming is centered around:
  > STI/HIV awareness & prevention
  > Cardiovascular Health
  > Mental/Emotional Health
  > Nutrition
  > Sickle cell awareness
  > Various forms of cancer
  > COVID-19
  > And much more.....

Each of which requires its own unique approach
TO WHOM IS MY MESSAGE INTENDED?

• What demographics are you trying to serve and how do they receive their information?
  ➢ The more you know about your audience the more effective your messaging will become
  ➢ It is more than just knowing Age, Gender, & Race
    ▪ What is their culture like?
    ▪ What are the unspoken rules? / Is there an elephant in the room?
    ▪ Who within the community can you recruit to help carry your message?

• Representation! Representation!! Representation!!!
  ➢ Have members from your target audience in the room when constructing programming and marketing.
HOW DO I GET MY MESSAGE TO THEM?

• Take the information channels you’ve identified and utilize them!
  ➢ The 2 most powerful channels of communication on a college campus:
    ➢ Social Media
      - (IG, Twitter and now TikTok)
    ➢ Their Peers

For better or for worse, your students will get the majority of their information from these 2 sources

➢ General Community
  ➢ Religious ministries
  ➢ Schools (minors/young adults)
  ➢ Community Centers & Volunteer Organizations
  ➢ Local Health Department
THINGS TO REMEMBER WHEN PROGRAMMING

• Education is most effective when it is engaging!
• This event is not for you, it is for your audience.
• Incentivize when possible, as often as possible.
• The Rule Of Time
  > Less than 5mins = Social Media
  > 5 - 15mins = Tabling
  > 30mins – 1hour = Event/Program
• Always evaluate
  > Self evaluations
  > Surveys
Why does it matter?

Monkeypox Outbreak
2022
MONKEYPOX SYMPTOMS
LASTS BETWEEN 2-4 WEEKS

Clinical Symptoms

- Headache
- Fever
- Exhaustion
- Swollen lymph nodes
- Muscle aches
- Lesions
- Backache
- Chills

SOURCE: CDC
Figure 1
Racial/Ethnic Distribution of Monkeypox Cases in the U.S., May 17- July 22, 2022

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Other race includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or multiple race individuals. Monkeypox data based on case reports from 43 states and the District of Columbia and Puerto Rico.

SOURCE: Data on racial/ethnic distribution of monkeypox cases is from the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report (MMWR) from May 17 and July 22, 2022. Data on racial/ethnic distribution of the overall population is from KFF’s analysis of the 2019 American Community Survey, 1-year estimates.
Importance for Underserved Populations

• Black people are making up a growing percentage of infections — nearly 38% during the final week of August, according to the latest data available.
  • In the early weeks of the monkeypox outbreak, Black people made up less than a quarter of reported cases.

• Latinos are also disproportionately infected, making up roughly a third of infections.

• Despite this alarming rate, Latinos make up approx. 25% of vaccine recipients while Blacks make up approx. 10%.

https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics.htmlr this information?
Prevention

Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
• Do not touch the rash or scabs of a person with monkeypox.
• Do not kiss, hug, cuddle or have sex with someone with monkeypox.

Avoid contact with objects and materials that a person with monkeypox has used.
• Do not share eating utensils or cups with a person with monkeypox.
• Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.

Wash your hands often.
• Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face and after you use the bathroom.
## Available smallpox & monkeypox vaccines

<table>
<thead>
<tr>
<th>Country</th>
<th>Vaccine</th>
<th>Schedule</th>
<th>Vaccine type</th>
<th>Company</th>
<th>Date Approved</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>ACAM2000</td>
<td>1 dose, percutaneous route (scarification), booster every 3 years</td>
<td>Live replicating vaccinia virus, derived from NY City Board of health strain of vaccinia</td>
<td>Emergent</td>
<td>8/2007</td>
<td>Active immunization against smallpox disease for persons determined to be at high risk for smallpox infection</td>
</tr>
<tr>
<td>USA</td>
<td>Jynneos</td>
<td>2 doses, s.c., primary series - booster in previously vaccinated</td>
<td>Live vaccine produced from Modified Vaccinia Ankara, attenuated (MVA), non-replicating</td>
<td>Bavarian Nordic</td>
<td>9/2019</td>
<td>Prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection</td>
</tr>
<tr>
<td>USA</td>
<td>APSV: Aventis Pasteur smallpox vaccine</td>
<td>1 dose scarification</td>
<td>Live replicating vaccinia virus, derived from NY City Board of health strain of vaccinia</td>
<td>SP</td>
<td></td>
<td>Strategic National Stockpile-Used in smallpox emergency</td>
</tr>
</tbody>
</table>

Edited IAVI Image
Marion F. Gruber, PhD, VP Public Health & Regulatory Science
International AIDS Vaccine Initiative

Vaccination Guidance

- **JYNNEOS** vaccine is given as a two-dose series 28 days apart.
- To better understand the benefits and risks of these vaccines in the current monkeypox outbreak, CDC is working with its partners to collect data on vaccine safety and vaccine effectiveness.
- Wait 4 weeks before administering the COVID vaccine.

- **ACAM2000** vaccine is recommended as a single dose given by multiple pricks to the skin using a special needle.
- Wait 4 weeks before administering live vaccines and COVID vaccines.
Treatment

• There are no treatments specifically for monkeypox virus infections.
  • However, monkeypox and smallpox viruses are genetically similar, which means that antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

• Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.
Tondra L. Moore, PhD, JD, MPH

Administrative Considerations
Managing MPV from a business perspective

• Managing hysteria will be the biggest obstacle for campus administrators
  • Parents
  • Students
  • Employees
  • Community

• Challenges to Consider
  • General hypersensitivity post-COVID
  • COVID Fatigue among the students, employees and general public
  • Many campuses have dismantled their COVID public health response & mitigation strategies seeking a pre-COVID existence.
  • COVID still remains a stressor on campus infrastructure.
  • Funding sources have diminished to continue public health initiatives despite need.
  • Attrition in college health & student affairs staff impacts a campus response.
Managing MPV from a business perspective

• **College campuses need to retain their institutional knowledge acquired during the COVID pandemic**
  • Plans should be updated & generalized to cover all infectious diseases
    • Do not allow lessons learned to be lost due to fatigue
  • Do not rely upon the existence of an Emergency Response Plan
    • Many found them to be ineffective when addressing the novel concerns regarding COVID

• **MPV has not been the threat many campuses feared**
  • However, campuses need to have a plan to respond to their 1st case should it arise

• **Without federal funding many campuses will not be able to stand up a large scale public health response**
  • Work to formalize relationships with local/county/state public health officers
  • Identify essential elements in the campus public health response plan
  • Create the business case for the university to allocate resources to sustain essential elements
  • Advocate for funding equity in light of the impact another public health threat could have on the campus (i.e. enrollment, employment, funding, etc.)
Resources

• ACHA MPV Resources Page
  • https://www.acha.org/ACHA/Resources/MPV/ACHA/Resources/Topics/MPV_Resources_and_Updates.aspx

• ACHA – Isolation & Housing Guidance
  • https://www.acha.org/documents/Resources/MPV/Isolation_and_Housing_Emerging_Considerations_for_MPV_in_IHEs.pdf

• ACHA – Promoting Health Equity & Reducing Stigma Guidance
  • https://www.acha.org/documents/Resources/MPV/Isolation_and_Housing_Emerging_Considerations_for_MPV_in_IHEs.pdf

• CDC Monkeypox Toolkit for IHEs
  • https://www.acha.org/documents/Resources/MPV/Isolation_and_Housing_Emerging_Considerations_for_MPV_in_IHEs.pdf
ANY QUESTIONS?
Q&A Responses

Below are responses to questions that the panel did not have time to answer during the live webinar.

Q: How are other college campuses preparing for MPX? Similar isolation rooms as COVID? Other mitigation efforts?

A: NCCU has isolation rooms (individual) for those who are being tested. We try to identify if the student is able to isolate at home or off campus. We would prefer isolation off campus.

Q: Dr. Shackleford mentioned that folks who receive the JYNNEOS vaccine have to wait 4 weeks before receiving a COVID-19 booster. Did I hear that right? Is there a contraindication? What about JYNNEOS and the flu vaccine? Our campus is currently trying to clarify messaging with there being so many vaccines available this fall.

A: There is not a contraindication to giving the MPV vax and COVID vaccine, but there is a recommendation to wait 4 weeks as both COVID boosters (Moderna and Pfizer) and ACAM 2000 have been linked to myocarditis in young males. The risk for Jynneos and myocarditis is unknown, but caution is still being taken. No indication to wait for flu.