

MISSOURI MONKEYPOX NEWSLETTER FOR HEALTH CARE PROVIDERS

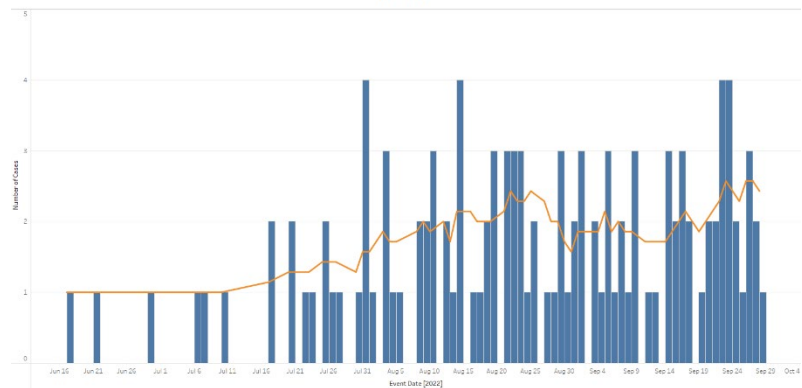
Health.Mo.Gov/Monkeypox

Oct. 5, 2022

Monkeypox Outbreak *Situation Summary*

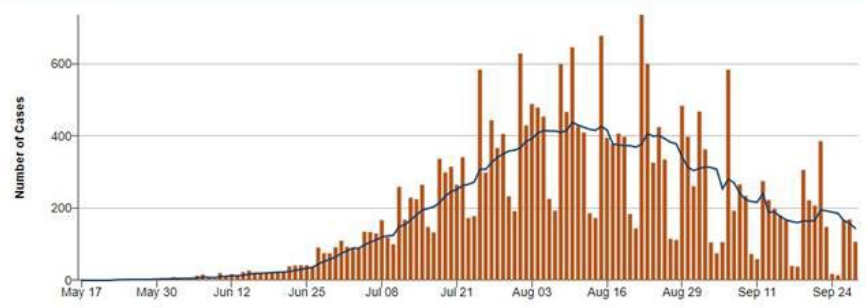
As of October 3, 2022, a total of 118 cases of monkeypox have been reported from 15 local public health jurisdictions located in all five regions of Missouri. Eighty-three percent of reported cases are from local jurisdictions in the metro areas of St Louis (67%) and Kansas City (16%). Ninety-seven percent of cases report male gender at birth. The median age of cases is 32 years with a range of 18 - 61 years. No monkeypox-associated deaths have been reported in Missouri. A recent increase in reported cases during the last two weeks has resulted in an increase in the 7-day moving average to just over 2.5 cases per day. Also as of October 3, there have been 4,086 monkeypox vaccine doses reported administered in Missouri – 3,307 of which are first doses.

Monkeypox Cases With 7 Day Moving Average, Missouri, 2022
N = 118



As of September 30, 2022, a total of 25,851 cases of monkeypox and two monkeypox-associated deaths have been reported in the United States. Globally, 67,739 cases and 13 deaths have been reported in locations that have not historically reported monkeypox. The current data suggests an overall downward trend in cases in the United States. According to the CDC, data analyzed through September 19, 2022, suggests the growth rate of the monkeypox outbreak in the United States is slowing. However, they also acknowledge there is still large uncertainty over the longer-term trajectory for the monkeypox outbreak nationally.

Daily Monkeypox Cases Reported* and 7 Day Daily Average





National Monkeypox Vaccination Strategy Updates for Missouri

With the CDC's expansion of eligibility for monkeypox vaccination before exposure to monkeypox, known as PrEP, CDC also advised jurisdictions implementing PrEP to decide on "which populations to focus their efforts based on potential for exposure to monkeypox, local epidemiology, population needs, and feasibility based on available vaccine supply." In consideration of these criteria, feedback from vaccine partners, and health equity considerations expanded opportunity for PrEP is warranted to address the outbreak impacts in Missouri. The guidance for PrEP includes all recommendations made by CDC and the following additional points:

- As outlined in [Components of the U.S. National Monkeypox Vaccination Strategy](#), Missouri will be expanding vaccine eligibility to include PrEP, along with PEP and PEP++. Monkeypox vaccine clinic partners will continue to screen and attest that patients meet CDC vaccination criteria.
- DHSS will retain 10% of the state supply within hubs for potential future PEP needs, while providers that receive vaccine from hubs can use vaccine they receive for PEP, PEP++, or PrEP, in accordance with federal guidance.
- DHSS will work with hubs and other partners to reduce barriers and assure equitable access to vaccination by leveraging clinical partners that serve people who have historically had less access to primary care.
- DHSS will work with partners on broader prevention activities such as education about the importance of vaccination to both individuals at risk of exposure and clinicians that may care for patients with the highest potential for exposure to monkeypox.
- Based on the current epidemiology of the monkeypox outbreak, PrEP for healthcare and other occupational exposure risk groups should be rare, on a case-by-case basis, with DHSS approval.

Monkeypox Testing

Healthcare providers now have several options for testing patients for the presence of the *Orthopoxvirus/Monkeypox virus* DNA by polymerase chain reaction (PCR). The PCR tests are now available at many of the large commercial laboratories. Healthcare providers do NOT need to request approval from DHSS to submit specimens for monkeypox testing at these commercial laboratories. The Missouri State Public Health Laboratory (SPHL) also provides PCR testing for *Orthopoxvirus/Monkeypox virus*; prior approval is required. Local Public Health Agencies (LPHAs) should contact the Bureau of Communicable Disease (BCDCP) Epidemiologists in their district to request monkeypox testing at the SPHL. Healthcare providers should contact their LPHA or DHSS at 573-751-6113 or 800-392-0272 (24/7) to request testing for monkeypox at the SPHL.

Guidelines for collection and handling specimens for monkeypox testing:

- [From CDC](#)
- [From SPHL](#)

Please read the collection and shipping requirements, such as specimen temperatures, before collecting and submitting specimens for testing. Specimens collected incorrectly or without the use of appropriate infection control practices such as the appropriate use of personal protective equipment, can increase the risk of healthcare acquired monkeypox. In addition, specimens not collected, stored, or shipped correctly will likely be unsatisfactory for testing.



Monkeypox Treatment

There are currently no treatments specifically approved for monkeypox. But because the viruses that cause monkeypox and smallpox are similar, antiviral drugs such as tecovirimat (TPOXX), developed to protect against smallpox may be used to treat monkeypox effectively. The FDA has not yet approved TPOXX for the treatment against monkeypox. However, TPOXX can be provided under the expanded access investigational new drug (EA-IND) protocol through a partnership between CDC and the FDA. TPOXX has been made available nationally from the Strategic National Stockpile.

TPOXX is currently only for people with severe monkeypox disease or who are at high risk of severe disease, like people with weakened immune systems or skin conditions, such as HIV that is not virally suppressed and eczema. Interim clinical guidance for the treatment of monkeypox, including when treatment with TPOXX is indicated, is [available here](#). Healthcare providers treating a patient with TPOXX are required to follow and complete the TPOXX EA-IND protocol as [outlined here](#). Additional allocations of TPOXX to Missouri may be withheld if providers do not complete the required EA-IND documentation.

Healthcare providers are not required to get approval from DHSS to treat a patient with TPOXX. Healthcare providers and care facility pharmacists in need of TPOXX to treat a patient who meets national interim guidance for treatment with TPOXX should contact the Missouri Department of Health and Senior Services (DHSS) at 573-751-6113 or 800-392-0272 (24/7) to request TPOXX be ordered from SNS or released from a pre-positioned distribution location within Missouri. To find out more about pre-positioned TPOXX in Missouri, email mpx@health.mo.gov.

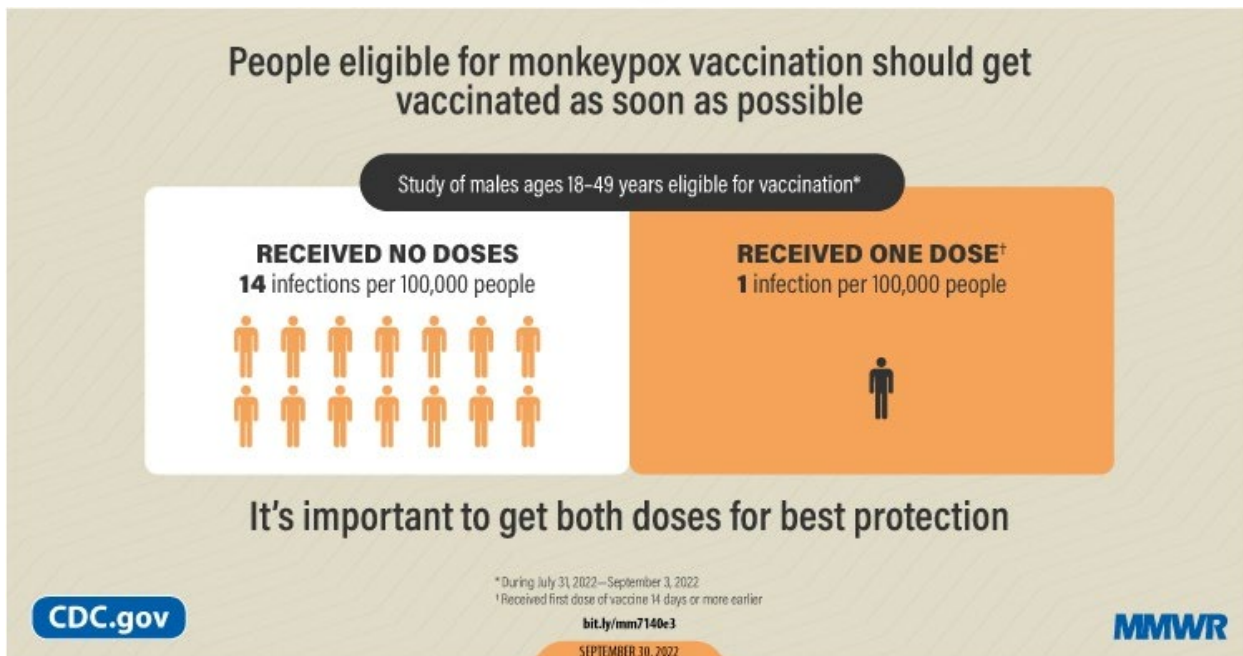
For medical providers in the St Louis metropolitan area, the CDC recommends providers consider offering patients with monkeypox an opportunity to enroll in the National Institutes of Health funded clinical trial of the safety and efficacy of TPOXX referred to as the STOMP study. Additional information regarding the study is [available here](#). Washington University located in St Louis, Missouri, [is participating](#) in the STOMP study.

HHS Authorized Vaccine Workforce Expansion

On Oct. 3, HHS amended the Public Readiness and Emergency Preparedness Act ([PREP Act](#)) orthopox declaration to increase the healthcare provider workforce authorized to administer Monkeypox vaccines. Now these providers, with training and/or supervision specified in the declaration, are covered persons authorized to administer monkeypox vaccines and therapeutics. This change will improve equitable access for people at high risk for Monkeypox infections. This amendment also extends PREP Act declaration until Dec. 31, 2032, and allows coverage for administration of countermeasures by subcutaneous, intradermal, or intramuscular injections, dermal/percutaneous scarification, orally or intranasally in response to a declared emergency by authorized qualified persons. Please see the detailed statement at [this link](#) for a list of approved providers and additional information.

Preventing Monkeypox through Vaccination

A paper published in the [Sept. 30 edition of the CDC's Morbidity and Mortality Weekly Report](#) reviewed monkeypox cases and their associated vaccination status from July 31 – Sept. 3, 2022. Of the 5,402 cases with a known vaccination status, 85% were unvaccinated; 5% were vaccinated with illness onset ≤ 13 days after their first dose; 1.4% were vaccinated with illness onset ≥ 14 days after their first dose, and 8% were vaccinated but had no known vaccination date. Data from this report also suggests that unvaccinated persons exposed to monkeypox are 14 times more likely to be infected than individuals who are vaccinated with at least one dose of JYNNEOS. The CDC still recommends that those eligible for monkeypox vaccination receive the complete 2-dose series.



Monkeypox Vaccines in ShowMeVax

Providers in Missouri who are administering monkeypox vaccinations should be reporting this information in a timely manner to Missouri's immunization information system, ShowMeVax. Monkeypox vaccine data is reported each Monday to the CDC for the previous Sunday-Saturday timeframe. Having up-to-date information about the number of vaccines administered across the state is essential for vaccine ordering, allocation, staging purposes. As of October 3, 2022, there have been 4,086 monkeypox vaccine doses reported as administered in ShowMeVax – 3,307 of which are first doses. If a vaccine provider is having any trouble reporting dose administration to ShowMeVax they can get assistance by reaching out to: vfc-smvsupport@health.mo.gov. For more information about monkeypox vaccinations across the US, please visit the CDC's [Monkeypox Vaccine Administration and Effectiveness](https://www.cdc.gov/vaccines/imz/downloads/p/monkeypox-vaccine-administration-and-effectiveness.html) website.

DHSS Monkeypox Vaccine Clinic/Event Approval Form

Potential Monkeypox vaccine providers intending to provide vaccine in a clinic or event must complete the DHSS Monkeypox vaccine clinic/event form. The form collects information such as the approximate number of people that will be vaccinated, date and location of clinic/event, and attestations regarding the HHS Provider Agreement and proper use of vaccine needed by DHSS to distribute vaccine. Once a clinic completes the form and is approved, the individuals vaccinated by that provider do not have to complete the individual attestation survey; the individual attestation will be optional. The provider will need to ensure that the patients meet CDC vaccination criteria. All monkeypox forms are available at the [DHSS Monkeypox Vaccine and Antiviral Provider Site](https://www.dhss.mo.gov/monkeypox).



Vaccine and/or TPOXX Order Form

All requests for vaccine (JYNNEOS) and TPOXX must be requested using the [order request form](#). The order form works best using Google Chrome. Requests will be reviewed/approved by the DHSS Monkeypox Team, and you will receive email notification of next steps. Currently, vaccine and TPOXX are prepositioned at hub sites located around the state. If your request is approved, you will need to coordinate with the hub to get those therapeutics. The hub is not responsible for shipping or delivering therapeutics.

In the future, DHSS may be able to ship monkeypox therapeutics directly to your site. We will keep you notified of any change in that process. If you have any questions regarding the order form or run into any technical issues, please email mpx@health.mo.gov. All monkeypox forms are available at the [DHSS Monkeypox Vaccine and Antiviral Provider Site](#).

IMPORTANT: Required Reporting

JYNNEOS Reporting:

It is imperative that you report the administration of ALL JYNNEOS vaccinations in the [ShowMeVax](#) system. In addition to vaccine administration, you should report each transfer of vaccine to another site and your weekly inventory totals (vials). Vaccine administration, transfer, and inventory should be reported weekly. If you encounter any issues with reporting or have any questions regarding JYNNEOS vaccine storage, handling, transport, and administration, please contact the Bureau of Immunizations at 573-751-6124 or 800-219-3224.

Accurate reporting ensures that DHSS can continue to draw down more vaccine from the federal supply. HHS requires that Missouri has utilized 85% of existing allocations before they will release additional vaccine. DHSS is required to report weekly to HHS the administration, transfer, and inventory of JYNNEOS currently in the state and to attest that we have utilized 85% of our existing allocation before we can place additional orders. Failure of reporting by sites potentially places Missouri at risk of not receiving additional vaccine.

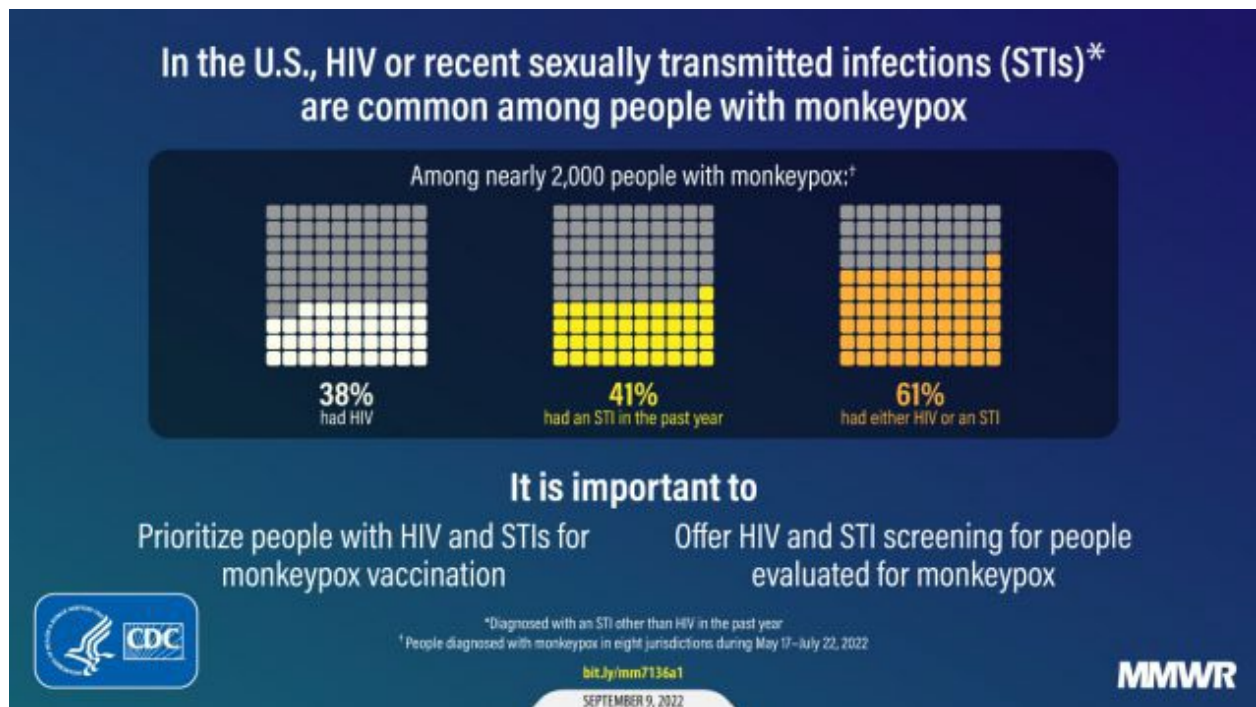
TPOXX Reporting:

Please report your TPOXX usage and inventory using the [TPOXX Usage and Inventory Reporting Form](#). Reporting should be completed on a weekly basis. DHSS is required to report to HHS the usage and inventory of TPOXX in the state on a weekly basis. As with vaccine, the states' allocation of TPOXX is dependent upon accurate usage and inventory reporting. If your facility has TPOXX in inventory but is not listed in the drop-down on the form, please email mpx@health.mo.gov.



Monkeypox, STDS, and HIV Comorbidities

High prevalences of HIV and other sexually transmitted infections (STIs) have been reported in the current monkeypox outbreak, which has primarily affected gay, bisexual, and other men who have sex with men (MSM). A paper published in the [Sept. 9 edition](#) of the CDC's *Morbidity and Mortality Weekly Report* reviewed monkeypox cases from May 17 - July 22. Of the 2,000 cases, 38% had HIV and 41% had an STI in the previous year. Among persons with monkeypox, hospitalization was more common among persons with HIV infections than without HIV infection. People with HIV infection and STIs should be prioritized for vaccination, and screening for HIV and other STIs should be considered for persons evaluated for monkeypox. Persons with HIV should be linked to care and HIV pre-exposure prophylaxis (PrEP) should be offered to eligible persons.



Community Engagement Success

On September 23-24, staff from the Bureau of HIV, STD, and Hepatitis (BHS) assisted Columbia/Boone Public Health and Human Services with outreach to Mid-Missouri Pridefest in Columbia. BHS staff helped provide rapid point-of-care HIV testing, distributed HIV self-test kits, risk reduction materials, and information about preventing HIV and STDs. In conjunction with testing, Columbia/Boone nursing staff provided over 50 monkeypox vaccinations to attendees at risk of contracting the virus. Working with community partners at events like this lets BHS strengthen relationships with partners and the communities we serve and allows staff to enhance their own testing skills.



Tell Your Partner

The Bureau of HIV, STD, and Hepatitis has added “Tell Your Partner” to its STD and HIV internet pages. Tell Your Partner is a free service that allows a text to be sent to a sexual partner who might be at risk of an STD. If you text a partner using this service, it will **always** be anonymous. This anonymous notification option assists with improving the rate of partner notification. The goal is to get partners tested, diagnosed, and treated if needed. This service takes less than 2 minutes to complete. This service can also be used to notify a partner of monkeypox. To learn more, visit the [DHSS STD site](#) or the [Tell Your Partner site](#).

STD and HIV Testing Sites

The Bureau of HIV, STD, and Hepatitis, in collaboration with the DHSS, Office of Emergency Coordination, has developed a GIS map of all the STD/HIV Testing sites. This map is made available to provide Missourians with a listing and the locations of STD and HIV testing sites available throughout the state. To access the link, go to www.Health.Mo.Gov/testing.

Need more information?

DHSS Contacts:

- ShowMeVax enrollment and troubleshooting support: vfc-smvsupport@health.mo.gov
- Reporting Dose Administration assistance: vfc-smvsupport@health.mo.gov
- Adverse events/clinical assistance: Lana.Hudanick@health.mo.gov
- Ordering and supply management support: mpx@health.mo.gov
- Newsletters/website: Lisa.Cox@health.mo.gov
- All other questions: mpx@health.mo.gov

Or visit health.mo.gov/monkeypox.

