

July 21, 2022

**RE: Calling for urgent response to Monkeypox (MPV) outbreak**

We at Howard Brown Health are writing to you today to call for urgent action in response to the growing Monkeypox Virus (MPV) outbreak. According to the most recent data from CDC, there are now over 14,500 confirmed cases of MPV worldwide, with 2,108 cases in the United States. Nearly 10% of all cases in the US are in Illinois, and cases are continuing to surge every day. As a community health center dedicated to serving the LGBTQ+ community, **we are very concerned that this MPV outbreak will become endemic unless urgent and effective action is taken by city, state, and federal public health agencies.**

At Howard Brown Health, we quickly launched MPV response efforts amidst our ongoing COVID-19 response work to support the LGBTQ+ community in Chicago. Since the outbreak began, we have tested and confirmed 74 cases of MPV. Between July 1 and July 20, we provided 925 vaccine doses to high-risk patients. Demand for vaccines continues to grow, and we do not have adequate supply to meet this demand. Our providers are also hearing concerns from the community regarding inadequate information on prevention and harm reduction. Patients and providers also struggle with regulatory burden in accessing TPOXX for treatment. Based on our experience responding to the MPV outbreak, we respectfully urge you to:

- **Work with state and federal partners to rapidly mobilize existing vaccine storage and increase orders for additional doses.** We are grateful for your work to increase vaccine allotments in recent weeks. Even with this, demand far exceeds supply. We have over 2,000 vaccination appointments scheduled through mid-August, and another 1,300 vaccination inquiries needing a response from this week alone. We need your continued advocacy and efforts to work with HHS, CDC, and the FDA to explore all options to increase vaccine supply as quickly as possible. While vaccine supply remains limited, it is imperative to ensure that distribution is prioritized to heavily impacted jurisdictions and communities. We are concerned that current vaccine rollout will prioritize those who are well-resourced and connected, and thus better able to secure the very limited number of available appointments. We urge you to work with federal partners to implement mechanisms to improve, expedite, and track distribution of vaccine to ensure that vaccines are reaching the most impacted communities and those at greatest risk of serious illness.

- **Work closely with community partners and provide funding to scale up response efforts.** As we've learned with COVID-19, launching a robust public health response—testing, treatment, vaccination, outreach, contact tracing —requires significant investment in workforce capacity and infrastructure. For example, community vaccination efforts require a team of health educators, patient service navigators, medical assistants, RN's, medical providers, and operations managers. Funding to support the workforce needs for community organizations that are on the frontlines responding to the MPV outbreak is critical, especially as organizations are still struggling with workforce shortages as a result of the COVID-19 pandemic. Partnership with community health centers, sexual health clinics, and other safety net providers will be especially critical for reaching under- and uninsured individuals who are particularly vulnerable in times of public health crisis. Safety net providers will need additional resources to respond to the MPV outbreak quickly and effectively. Additionally, funding to support outreach and education efforts—such as working with trusted voices in the LGBTQ+ community to deliver non-stigmatizing messages around prevention and harm reduction—is necessary to ensure that at-risk populations have the resources that they need to protect themselves.
- **Work with CDC and other public health agencies to disseminate regularly updated MPV information.** We need more detailed information on routes of transmission—particularly early in infection prior to formation of lesions—and what people can do to protect themselves. We also need more information about risk of serious illness for people living with HIV given that the vast majority of MPV cases are currently among men who have sex with men. So far, 12% of the patients that we've vaccinated and 31% of those testing positive are people living with HIV. As other jurisdictions shift towards using single-dose vaccination strategies to stretch scarce resources, we also need information on efficacy of a single dose of JYNNEOS for preventing MPV transmission.
- **Reduce barriers to accessing treatment (TPOXX).** Many MPV patients report experiencing severe pain and discomfort, and would benefit from treatment with TPOXX. Currently, there are many regulatory and administrative burdens to initiating patients on TPOXX. We have had patients who were interested in treatment and good candidates for TPOXX, but ultimately decided against initiating treatment due to all of the requirements. Loosening the requirements to initiate treatment would improve access for patients who are at high-risk or experiencing more severe disease symptoms.

- **In order to adequately implement these recommendations, we urge for the inclusion of at least \$100 million dedicated to funding MPV response efforts in the FY23 Labor, Health and Human Services and Education appropriation bill.**

We appreciate the work that you've done so far in responding to the MPV outbreak and hope to work together closely to take urgent action to protect our communities. We must build on the lessons learned from our public health response to HIV, and more recently to COVID-19, so that we can avoid repeating the same mistakes. We must act now before it is too late to implement equitable and evidence-based strategies to improve access to testing, treatment, vaccination, and education.

Sincerely,

David Ernesto Munar  
President and CEO