

QUICK TAKE

COMMUNITY PARTNERSHIPS MAKE PUBLIC HEALTH MORE EFFECTIVE: LEARNING FROM THE 2022 MPOX OUTBREAK RESPONSE

A VARIANT OF MPOX (THE WORLD HEALTH ORGANIZATION ALTERNATIVE TO “MONKEYPOX”) caused a global outbreak in 2022 that heavily impacted gay, bisexual, and other men who have sex with men (MSM) and transgender people, especially those with HIV. While imperfect, the public health response to mpox, coming on the heels of an even more problematic response to COVID-19, offers important lessons that must be applied to future public health threats. Mpox has not been eliminated and modeling studies suggest that a resurgence is a possibility this summer. We must use lessons learned—most importantly that public health should focus on community-guided partnerships that promote health as opposed to risk-based communications that foster stigma and shame. As we approach the one-year anniversary of the U.S. outbreak, four key ideas stand out:

1. COMMUNITY-LED VACCINE PROMOTION AND EDUCATION EFFORTS ARE NEEDED

When the mpox outbreak began, there was an approved vaccine, but there was not a sufficient supply. There also were questions about both its safety and effectiveness. Further, when federal officials adopted intradermal injections that enabled the supply to be spread further, many questions were raised about the comparative effectiveness of this approach, and some questioned whether groups of people that had not received the initial doses, especially Black, Latinx and other people of color, were receiving an inferior approach to vaccination. The intradermal administration approach, however, has proven to be successful. It is safe, and according to CDC estimates, up to 81% effective against mpox after two doses. Unfortunately, only 62% of first dose recipients have received their second dose, which is essential for protection. As we approach the 2023 Pride season, federal officials are offering assurances that adequate vaccine supplies are available for MSM, transgender people and others with indications for vaccination, especially people with HIV. Community-led vaccine promotion and education activities are needed that emphasize the importance of receiving the second dose and provide low barrier access by bringing vaccines to popular community spaces and events where people feel most comfortable. It is also important to educate the community about the heightened risk for severe disease and even death in people with undiagnosed or uncontrolled HIV. Among people who died with mpox, 94% had HIV, and most of these cases were in individuals with very low CD4 cell counts.

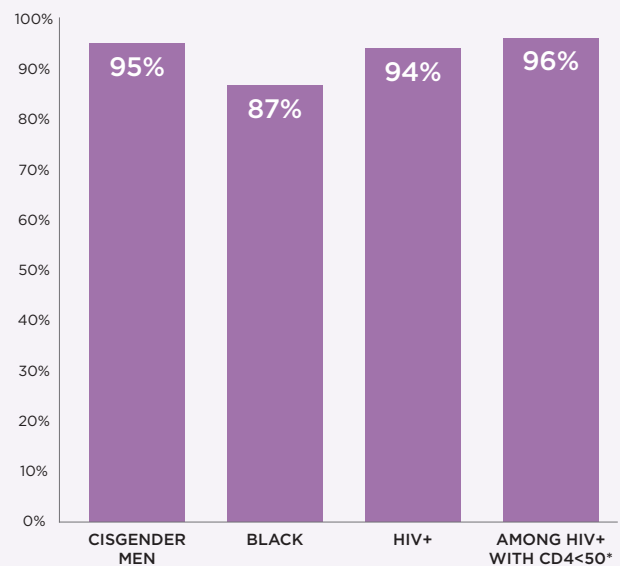
2. LEGITIMIZING SEXUAL PLEASURE IMPROVES SEXUAL HEALTH AND GIVES PUBLIC HEALTH CREDIBILITY

While well-intentioned, public health messages that tell affected communities that a health threat is present and they need to stop engaging in activities that bring them happiness undermines trust. For LGBTQ+ people, messages about sexual risk reduction often fuel stigma and shame. Mpox

responses, building on lessons learned from HIV and critical mpox community advocacy, must reinforce the benefits of promoting sexual health. This includes incorporating principles of harm reduction and emphasizing individual

MPOX ASSOCIATED DEATHS IN THE U.S.

CONCENTRATED AMONG CISGENDER MEN, BLACK MEN, AND PEOPLE WITH HIV



Source: *Epidemiologic and Clinical Features of Mpox-Associated Deaths - United States, May 10, 2022—March 7, 2023*, 72 MMWR - CTRS. FOR DISEASE CONTROL AND PREVENTION 404-10 (Apr. 14, 2023), <https://www.cdc.gov/mmwr/volumes/72/wr/mm7215a5.htm>.

*Percentage of all HIV+ deaths with CD4<50. All HIV+ deaths had a CD4<200.

COMMUNITY AND PUBLIC HEALTH ACTIONS THAT ARE NEEDED RIGHT NOW!

Most people think that mpox was a 2022 outbreak that went away. They also are insufficiently aware of other infectious diseases such as meningococcal disease that pose a growing threat to LGBTQ+ communities. As we approach Pride season and the time of the year when people in the LGBTQ+ community and others most want to get together and have fun, there are actions that public health agencies, working with communities, need to take to educate, prevent, and prepare for mpox and other health threats:

PUBLIC COMMUNICATIONS: The public needs to be informed that mpox cases may increase and the threat to MSM and transgender people, particularly those with HIV, has not gone away. One main issue for the threat of a new mpox outbreak is that only 23% of the population at risk for Mpox has been fully vaccinated. At the same time, communication needs to be calibrated to avoid mass hysteria or calls to divert attention away from these communities to broader audiences with much lower risk. This calls for concerted efforts by health departments

to partner with critical **social media influencers and community-based organizations (CBOs)** serving LGBTQ+ communities and people living with HIV. Key messages include the safety and effectiveness of vaccination, the critical need to receive the second dose of vaccine, and the availability of vaccines and treatment, all of which enable communities to take care of themselves and stay healthy.

BREAK DOWN SILOES BETWEEN GOVERNMENT AND COMMUNITY PARTNERS: New mechanisms are needed to award new funding to respond to mpox and other infectious diseases. This may take the form of **allocating unspent funds, transferring from other programs** and communicating to grantees **encouragement to flexibly use existing funds** to respond to mpox as part of their HIV and STI and other prevention and care activities.

DATA: Timely reporting of data is essential. While we may not need daily updates, weekly monitoring dashboards of **vaccinations delivered, cases, treatment initiations, hospitalizations, and deaths** are important for community and public health responsiveness.

agency while offering tools to maximize life satisfaction, including through sexual pleasure. Such approaches also show that health officials are responding to community needs and not imposing their own solutions onto communities.

3. ENSURING EQUITY IN A COMPREHENSIVE SYNDOMIC RESPONSE MUST BE A PRIORITY

Mpox testing and vaccination rollout, as with COVID-19, produced glaring population inequities. Eighty-seven percent of deaths among people with mpox were Black. Even when services were located in communities of color, white people were often better equipped to secure limited vaccine appointments such that the clinic placement alone did not achieve the desired equity. Going forward, mpox responses need to be fully integrated within syndemic responses that include HIV, STI, hepatitis and other programs. Specific communities, including subsets of communities (i.e., event promoters, social media influencers, house and ball communities, sex work networks, etc.), need to be engaged at every stage, from conceptualization of an intervention, to communication and public outreach, to the delivery of services. During the 2022 Mpox outbreak, communities themselves took action in the face of this new challenge with minimal if any public support. These trusted community leaders (individuals and organizations) need to be supported to magnify their impact. See the link in the To Learn More section for CDC Guidance to *Get Healthy and Ready for Summer*.

4. COMMUNITY PARTNERSHIPS MUST BE MADE SUSTAINABLE

Outbreaks may recede, but they rarely end. Therefore, public health needs the capacity to mount emergency responses that can be scaled-back, but not eliminated, when cases decline. In 2022, some entities were able to use COVID-19 response funding, but such resources may not be available in the future. Federal agencies and state and local health departments must build resiliency by having ongoing funded relationships with a diversity of community partners along with new mechanisms to immediately award funding in the face of future outbreaks.

TO LEARN MORE

See **The Centers for Disease Control and Prevention's (CDC's)** two following resources: *Get Healthy and Ready for Summer 2023*, available at <https://www.cdc.gov/lgbthealth/summer/index.html>, and Preliminary JYNNEOS Vaccine Effectiveness Estimates Against Medically Attended Mpox Disease in the U.S., August 15, 2022 – October 29, 2022 (updated December 8, 2022), available at <https://www.cdc.gov/poxvirus/mpox/cases-data/JYNNEOS-vaccine-effectiveness.html>.

For prior O'Neill Institute and amfAR mpox resources, visit <http://bit.ly/USHIVpolicyproject>.

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MAKING AIDS HISTORY

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