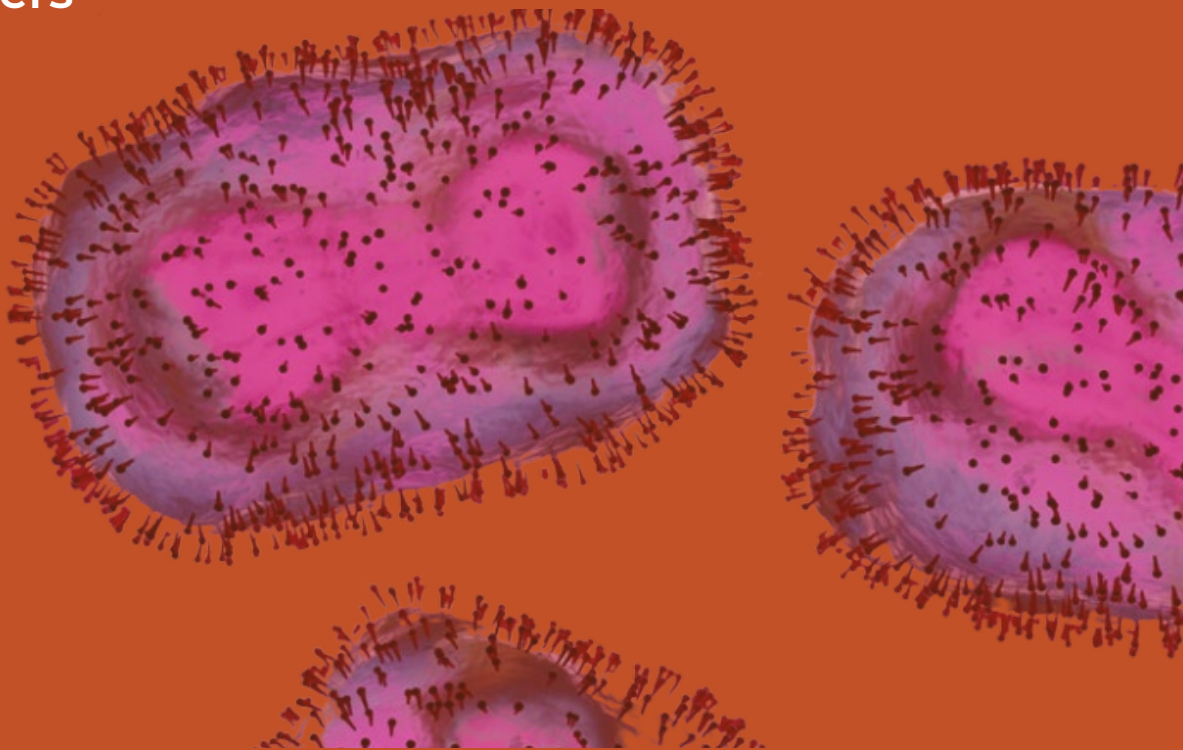
PROCEED, Inc., National Center for Training, Support, and Technical Assistance

Let's Talk About Mpox

A Toolkit for Public Health Service Providers



This Health Equity Service Provider Toolkit is a creative interactive PDF. We invite you to click on the graphs, images, resources, and text to go directly to the source for additional information. This toolkit is a living document that aims to support health care providers in their efforts to identify and address health disparities in their communities.

Contents

Mpox

On November 28, 2022, the World Health Organization (WHO) and the U.S. Department of Health Human Services (HHS), adopted the term "mpox" to refer to monkeypox disease. The name change aligns with WHO's best practice of minimizing the negative impact of disease names on trade, travel, tourism, or animal welfare, and avoiding language that is offensive to any cultural, social, national, regional, professional, or ethnic groups. Much like CDC, PROCEED Inc., NCTSTA encourages our partners to use the term "mpox" when sharing content from this toolkit.

This toolkit compiles resources from credible organizations for service providers to better understand the transmission, symptoms, and risk factors of mpox. In addition, the toolkit provides guidance on effective communication strategies and best practices for mpox messaging that can be used to raise awareness, provide education, and dispel misconceptions related to the mpox virus. The toolkit provides answers to frequently asked questions about mpox and provides resources that can be used to inform local response efforts. While the U.S. has seen a decline in mpox cases since 2022, public health professionals should continue applying lessons learned from strategic mpox initiatives to inform prevention plans for future outbreaks.

Public health practitioners seeking the most up to date mpox statistics are directed to refer to federal and state level surveillance and monitoring dashboards including, but not limited to, the CDC's mpox webpage which is being updated once per month starting in September 2023. Providers are recommended to refer to the source of vaccine and treatment guidance outlined in this toolkit as federal recommendations may change.

Click here to receive the latest mpox Morbidity and Mortality Weekly Reports (MMWR) from the CDC.

Q&A

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Q1 What is mpox?

Mpox, previously known as monkeypox, is an infectious disease caused by the mpox virus. Mpox belongs to the family of viruses that cause smallpox.

Q2 What do we know about the origins of mpox and why is it a problem now?

The moniker "monkeypox" originated when the disease was first discovered in 1958 in Denmark in monkeys that were being kept for research. More than a decade later (1970), the first human case of mpox was diagnosed in Central Africa. Since then, thousands of people worldwide have been diagnosed with mpox.

In May 2022, an mpox outbreak was confirmed in Europe and the Americas. By July 2022, the World Health Organization declared mpox a public health emergency of international concern (PHEIC) due to its sudden and rapid spread globally.

Q3 What are the symptoms of mpox?

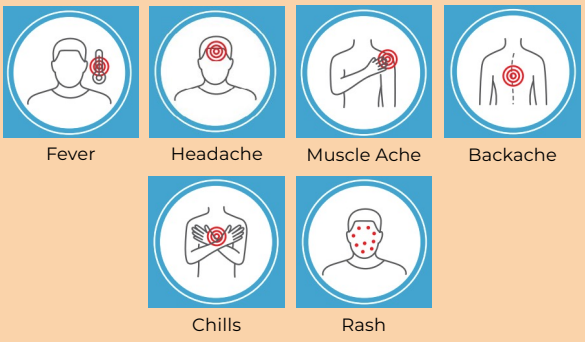
Symptoms of mpox usually start between 5 and 13 days after a person is infected with the virus. Some people experience symptoms similar to the flu, including feeling tired and achy, and developing a fever, headache, and swollen lymph nodes. In many cases, a rash appears a few days after symptoms begin. The mpox rash can look like pimples or blisters. It starts with a few small spots, then more spots appear. Some people first notice the rash in their genital or anal area. The rash can also appear on the face, inside of the mouth, hands, feet, and other parts of the body. The rash eventually swells with fluid and becomes a bump, which pops after a few days, then dries up andforms a scab, and eventually falls off.

People have reported that the rash can be painful and can become itchy when scabs start to form. For some people, the rash is the first or only symptom they may have, and they may not know they are infected with mpox until it appears. The rash usually lasts 2 to 3 weeks.

Sometimes, people with mpox also get other symptoms, such as:

- **Anal symptoms** – May include pain, swelling, and bleeding.
- **Sore throat** – This can make it hard to swallow or eat.
- **Eye symptoms** – May include swelling, irritation, pain, or trouble seeing clearly.

Other symptoms of mpox can include:



> **"When you feel sick, stay home and minimize contact with others..."**
>
> — Dr. Judith Flores

Did you know?

A person with mpox can spread it to others from the time symptoms begin until the rash has fully healed and a fresh layer of skin has formed.

Q4 How does mpox spread?

Mpox can spread to anyone through close, personal, often skin-to-skin contact, including:

- Direct contact with mpox rash and scabs from a person with mpox.
- Contact with the saliva and upper respiratory secretions (snot, mucus) of an infected person.
- Oral, anal, or vaginal sex, or touching the genitals (penis, testicles, labia, and vagina) or anus of a person with mpox.
- Hugging, massaging, and kissing.
- Prolonged face-to-face contact.

Q5 How do we know when a person is infectious and can spread mpox?

Mpox infection consists of 3 stages:

1. Incubation period: A person is infected but is not feeling sick yet.
2. Flu-like symptom stage: Some people start to feel sick. They may develop a headache or a fever. According to the CDC, a person is potentially contagious during this phase.
3. Rash stage: Lesions appear on the skin or inside the mouth, nose, eyes, or anus. According to the CDC, a person is contagious at this stage.

CDC continues to provide the latest information on how mpox spreads.

Q6 Is there a test for mpox?

Yes, a polymerase chain reaction (PCR) laboratory test is used to diagnose many types of infections and is currently the only method recommended to test for mpox (WHO, 2023). If someone is experiencing a rash that is consistent with mpox or if they engaged in close, personal, or sexual contact with someone with mpox, speaking with a healthcare professional is advised to help decide if testing is needed. If a person presents with a rash, a doctor or nurse will use a swab to take a sample of the rash and send it to a laboratory for testing. In some cases, blood tests may also be ordered (CDC, 2022).

Q7 How is mpox treated?

There is no Food and Drug Administration (FDA) approved treatment for mpox; however, because the mpox and smallpox viruses are similar, antiviral drugs developed to protect against smallpox may be used to treat mpox effectively.

The FDA antiviral drug tecovirimat (TPOXX) is used to treat smallpox in adults and children under an expanded access program, often called "compassionate use". Tecovirimat has also been approved to treat severe forms of mpox involving the mouth, nose, ears, eyes, anus or genitals and is currently free of cost (CDC, 2023). Researchers are testing the safety and effectiveness of tecovirimat for all people with mpox.

To learn more about the ongoing study of tecovirimat for mpox (STOMP), click here or visit clinicaltrials.gov

Q8 What should someone do if they believe they have been exposed to mpox?

If someone suspects they may have been infected with mpox, they should contact a doctor or clinic immediately, even if they do not have symptoms. A doctor or nurse will order the necessary test and provide information on medication or the mpox preventative vaccine, depending on the person's eligibility for the vaccine.

If the person has a rash, the doctor or nurse will collect a sample of the rash with a swab and send it to a laboratory to test for the mpox virus. In some cases, a blood test may also be required.

Q9 Is there a preventative vaccine for mpox?

Yes, there are two vaccines that can be used to prevent mpox – the JYNNEOS vaccine and ACAM2000 vaccine.

- The JYNNEOS vaccine is offered in the United States for people who are determined to be at high risk for mpox infection, for the prevention of mpox. The JYNNEOS vaccine is authorized as a two-dose vaccine to be administered 4 weeks apart (28 days).
- The second vaccine available is the ACAM2000 for people who are determined to be at high risk for mpox infection and is to be administered as a single-dose vaccine for the prevention of mpox.
- A health care provider can identify which vaccine is best based on a person's health history and risk for mpox infection.

Q10 Who should get the mpox vaccine?

Experts recommend the mpox vaccine for people that know they have been exposed to the virus but are asymptomatic, as the vaccine must be given before any symptoms start. The JYNNEOS vaccine is considered safe for people with HIV, however, CDC does not recommend the ACAM2000 vaccine for people with HIV due to increased risk of serious side effects.

Current data suggest that about 40% of people diagnosed with Mpox in the United States also are living with HIV. It is believed that having HIV may increase a person's likelihood of getting sick with mpox, if exposed to the virus.

Two doses of the vaccine are needed for the best protection. The second dose should be administered four weeks (28 days) after the first dose. Based on **clinical study data**, the second dose can be provided up to 35 days after the first dose.

People with the following risks should consider the mpox vaccine:

- A person that has had close contact with someone infected with mpox in the last 2 weeks. Close contact refers to activities such as:
    - Cuddling, kissing, oral, anal, or vaginal sex
    - Touching the person's rash, scabs, or body fluids or touching something that touched the person's rash, scabs, or body fluids (like clothing, bedding, or sex toys)

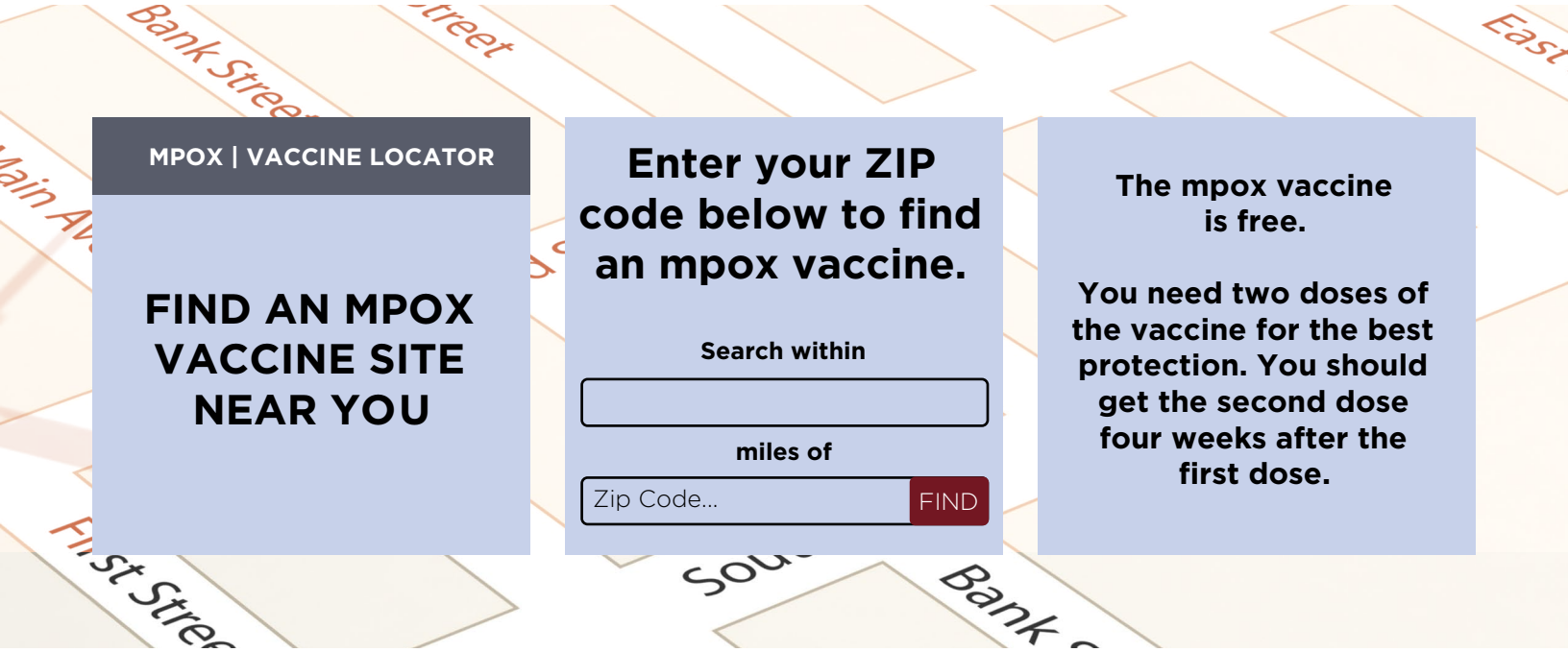
Experts recommend the mpox vaccine before exposure for persons who might be at higher risk based on the following categories/behaviors including:

- Men who have sex with other men, transgender or a nonbinary person **and** one or more of the following applies to their behavior from the last 6 months:
    - Have been diagnosed with a sexually transmitted infection such as HIV, chlamydia, gonorrhea, or syphilis.
    - Had more than 1 sex partner.
    - Had sex at a sex club or bathhouse.
    - Had sex at an event or place where there have been known cases of mpox.
    - Have sex partners with any of the risks or behaviors listed above.

Reminder...

Mpox can affect anyone of any gender identity or sexual orientation. However, it particularly impacts cisgender men (a person whose gender identify aligns with the gender that was assigned to them at birth) who have sex with men, people who identify as transgender and their sex partners.

Mpox Vaccine Locator



Q11 How can I avoid spreading mpox to others?

People with Mpox can lower the risk of spreading the virus to others by:

- Distancing from other people as much as possible, including people they live with. This may mean self-isolating until the rash has fully healed (when scabs have fallen off and new skin has formed).
- Covering parts of the skin that have a rash or bumps.
- Washing all clothing, bedding, and other items that have been in contact with the mpox rash (Kind Clinic, 2023).

Q12 How can I avoid being exposed to mpox?

People can lower their risk for being exposed to mpox by:

- Avoiding close contact with anyone who has symptoms of mpox.
- Avoiding sex with a partner that has mpox until their rash is completely healed. This includes anal, oral, and vaginal sex. Virtual or phone sex are safe ways to be intimate without physical contact.
- Using condoms anytime there is sexual activity. However, condoms cannot completely prevent the spread of mpox. This is because it can spread in various ways as listed above.

Source: About MPOX | MPOX | Poxvirus | CDC," n.d.

Reducing stigma in mpox communications:

> **"People are not defined by just one disease or one perceived difference, they have complex realities to maneuver to protect their health and wellbeing; public health interventions must be responsive to these realities."**
>
> (Stangl et al., 2019).

Research on communicable outbreaks has taught us that stigma poses a significant barrier to care. Those who are unwell or significantly impacted by such outbreaks are oftentimes discriminated against and isolated, as we have observed with HIV/AIDS, H1N1, and COVID-19. Marginalized populations are particularly susceptible to this kind of stigma and its consequences (Sah et al., 2022). This stigma can lead to fear and avoidance of health care services, resulting in poorer health outcomes and an increased spread of infection. As observed during the COVID-19 pandemic, Black, Indigenous, and People of Color (BIPOC) communities were disproportionately affected by the COVID-19 virus. This highlights the need for improved education and stigma-reducing interventions (Spleen et al., 2013).

"Initial media reporting on the monkeypox outbreak extensively used images of dark-skinned people with visible rashes. This mischaracterization stigmatizes Black people and creates misinformation about who is at risk" (Mimiaga, 2022). This type of reporting can lead to fears of discrimination or blame towards people of color and may further exacerbate mistrust of the healthcare system. It is important for the media to be aware of their social responsibilities when reporting on outbreaks and to accurately portray those affected.

NCTSTA Webinar Highlight:

"The stigmatization of the [mpox] virus could stoke fear, distress, anxiety and depression, and could even drive people away from health care and prevention services... For those with preexisting mental health concerns, anxiety and depression could worsen"

Effective health communication about mpox can help people make well-informed decisions to protect their health and the health of their communities, including getting recommended vaccines and practicing preventive behaviors. Experts caution against the use of fear-based messaging which can further perpetuate negative stereotypes. The following can be considered to avoid stigmatizing language and messaging.

Prevention messages are most successful when they are:

- Agile, and can be updated as information changes.
- Delivered by partners and trusted messengers using specific channels.
- Composed with relatable language to directly reach populations at increased risk for mpox across racial, ethnic, sexual, socioeconomic, and geographic backgrounds.

For Messages to General Audiences:

Promote mpox as a public health concern for all, emphasizing that anyone can get mpox. This reduces the occurrence of stigmatizing people identifying as LGBTQIA+ and men who have sex with men (MSM).

- Include pictures of people representing diverse backgrounds and racial/ethnic groups when needed.
- When using images of the mpox rash, avoid sharing extreme cases unless necessary or for educational purposes.

For Messages to People Identifying as LGBTQIA+ or MSM:

- Lead with non-alarming messages that are fact-based.
- Use targeted channels to directly reach these audiences when possible.
- Use personal stories that are relatable to the intended audience.
- Seek the intended audiences feedback on messaging when possible (CDC, 2022).

Visit the CDC Health Equity Guiding Principles for Inclusive Communication for additional considerations.

Best practices to reduce stigma in health communications:

- Find and cite reputable sources of information that convey information about mpox in a clear and non-stigmatizing way. See communications resources.

- Incorporate accurate, non-stigmatizing, and culturally competent messaging in medical and mental health training for providers and organizations, such as respecting and affirming a person's culture and belief systems and creating materials in a patient's language.

- When incorporating accurate and non-stigmatizing language, use the second-person pronoun, "you" or "you and your partner." It is grammatically correct, inclusive and non-stigmatizing to any audience being addressed (UCLA Health, 2022).

These best practices allow public health practitioners to meet the social, cultural, and linguistic needs of their primary audience.

Framework for Mpox Messaging

1. Use inclusive language, such as ‘us’ and ‘we’ pronouns.
2. Use non-sensationalistic language and images.
3. Use language that resonates with the audience.
4. Present concepts that the audience will be receptive to hearing or reading.
5. Use positive, diverse, and credible images.

Adapted from Hood & Friedman (2010), Unveiling the hidden epidemic: a review of stigma associated with sexually transmissible infections. Sexual Health (7): 1-12

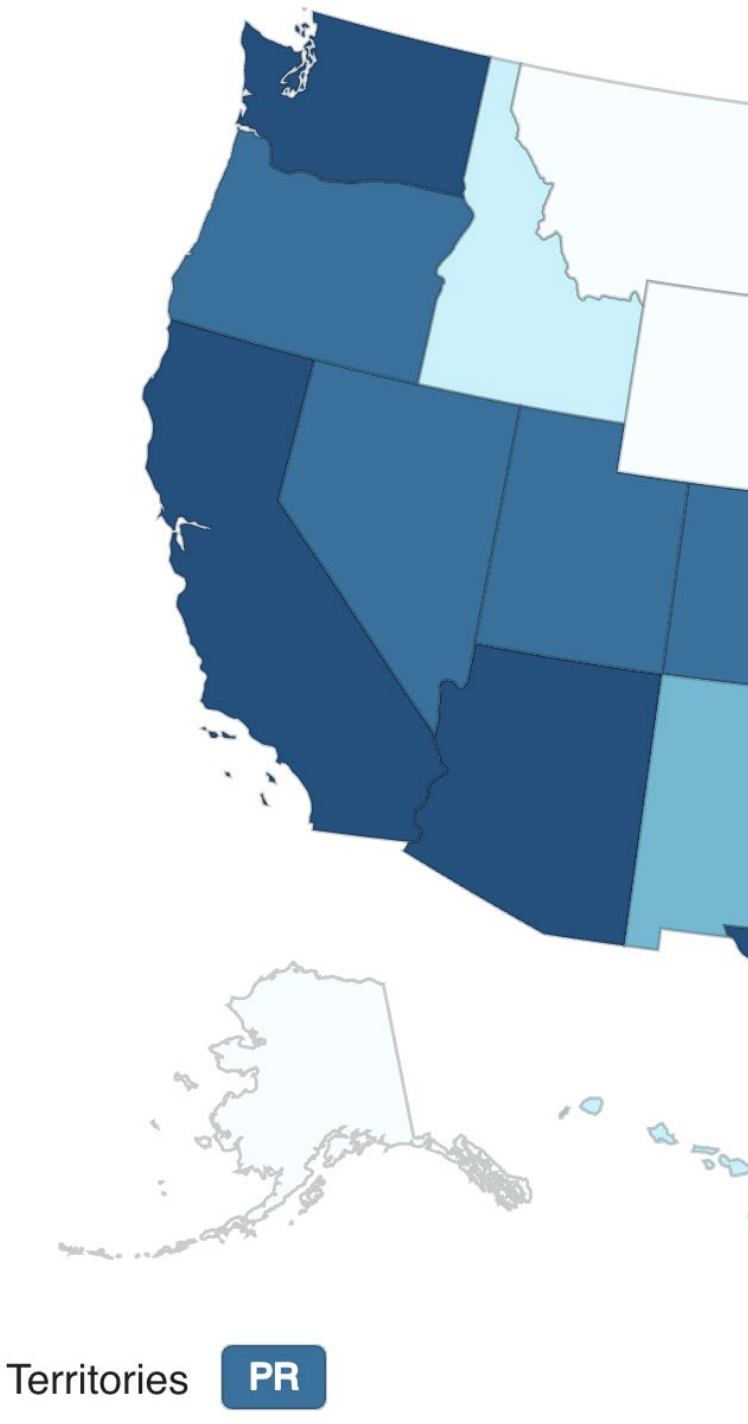
Mpox Case Rates & Statistics

As of August 23, 2023, the CDC makes mpox data available every month.

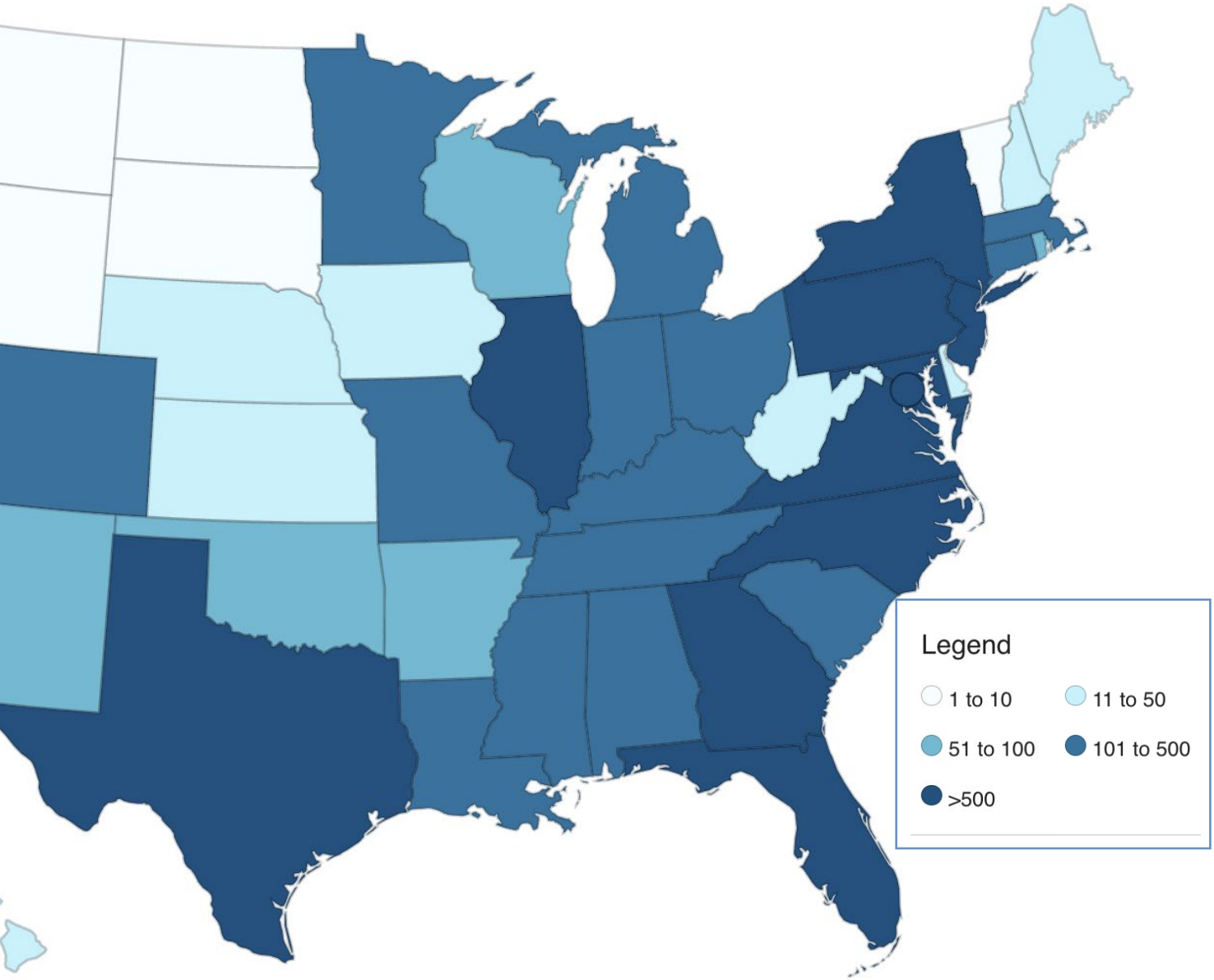
Click here to view the latest U.S. cases, deaths, and global cases.

Use mpox case count data to inform local prevention efforts, educate community and link people with mpox to clinics, hospitals or providers.

Highest Case Count	
Location	**Case Count**
California	5,826
New York	4,313
Texas	3,065
Florida	2,898
Georgia	1,999
Illinois	1,517
Pennsylvania	875
New Jersey	779



Data from August 23, 2023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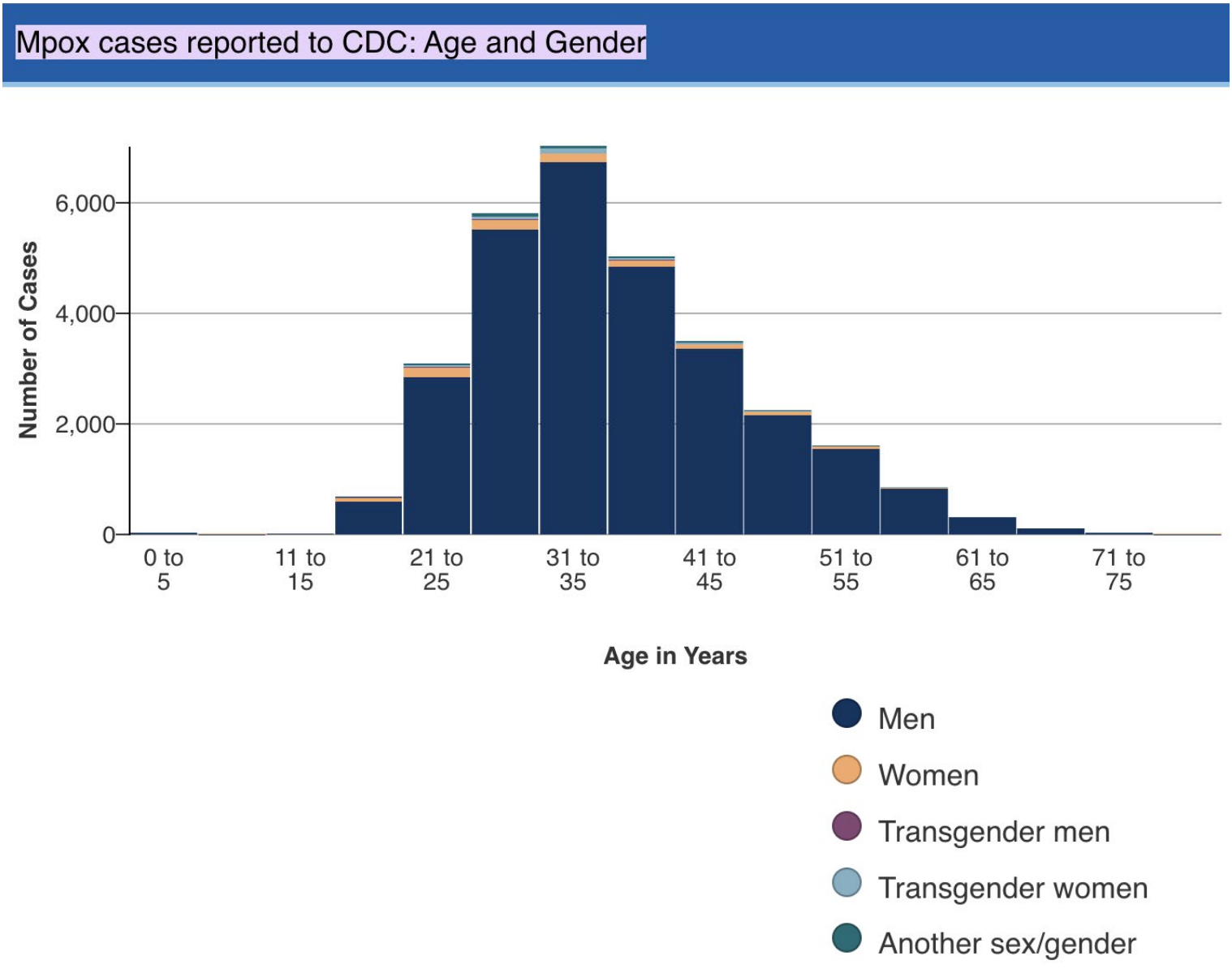
As of August 23, 2023, a total of 30,767 cases have been reported in the U.S. Since the start of the mpox outbreak in 2022, a decline in new cases has been attributed to vaccination and infection-induced immunity, and temporary changes in sexual behavior (Health Alert Network, 2023).

Persons of color and marginalized groups accounted for a large number of cases and experienced severe outcomes during the outbreak, while accounting for a low proportion of persons receiving preventative vaccines (McQuiston et al., 2023).



Mpox Resources

VACCINATIONS

More information about Mpox Vaccinations. (also available in Spanish)

Mpox Vaccine Locator

TOOLKITS FOR COMMUNITY, WORK, AND SCHOOL

Information for Where You Live, Work, Learn, and Play

Mpox Equity Toolkit

SPECIFIC AUDIENCES

People Experiencing Homelessness

People Who Work in Sex Trades or Conduct Outreach to Sex Workers

CDC RESOURCES

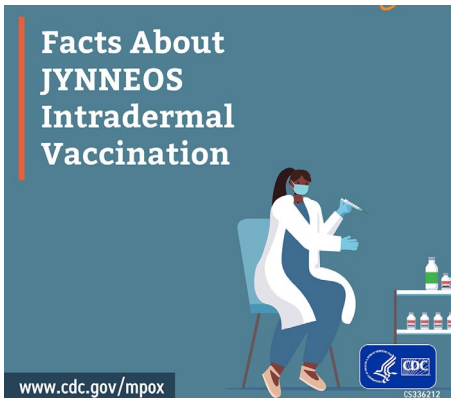
Your Health: Consumer Information on Mpox

Material you can share with family and friends with this.

COMMUNICATION TOOLKITS

Social Media Toolkits

Mpox Equity and Anti-Stigma Toolkit



ARTICLES:

Stigma during mpox outbreak

What can we learn from HIV, COVID-19 and mpox stigma to guide stigma-informed pandemic preparedness?

Preventing and fighting stigma: a lesson from the first Mpox in Veneto region of Northeast Italy—A case report

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