



Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

A Tale of Two Counties: Variations of Mpox Clinics in Michigan from Rural to Urban

Michigan Premier Public Health Conference
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Presenters

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Objectives

Participants will be able to:

- Recognize clinical signs and symptoms of mpox infection, and describe modes of transmission, prevention and treatment.
 - Describe jurisdictional differences in the mpox outbreak, both epidemiological and vaccine response.
 - Discuss the importance of partnerships in outbreak response.
 - Apply health equity tools to future public health initiatives.
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Audience Poll!

What do you think
of when you hear
the term Mpox?

Use the QR code or go to
Menti.com and enter:
5337 5372



What are you hoping to learn from today's presentation?



Use the QR code or go to [Menti.com](https://www.menti.com) and enter:
3531 5683

Introduction: Mpox

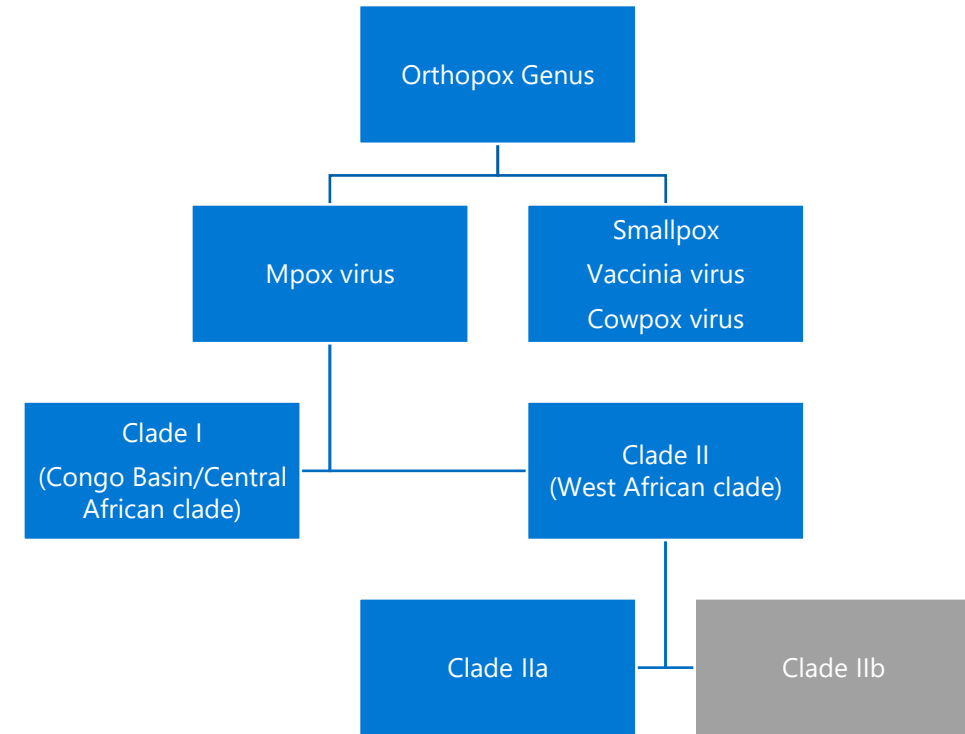
Mpox Virus History

- It was first discovered in 1958 when two outbreaks occurred in colonies of monkeys used for research.
- The source of disease remains unknown: African rodents and non-human primates might harbor the virus and infect people.
- First human case recorded in 1970. Before 2022, most cases were in Africa or were linked with international travel.

Introduction: Mpox

Mpox Virus Introduction

- Mpox virus is part of the same family of viruses as variola virus; the virus that causes smallpox. It is *not* related to chickenpox.
- There are two types of mpox virus: Clade I and Clade II. A Clade II strain is causing the current outbreak.
- Infections with Clade II are rarely fatal and over 99% of people survive infection.
- Transmission is via direct contact with infectious skin or lesions, or respiratory droplets.



Clinical Presentation

- Lesions are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication (resembles a dot on the top of the lesion).
- Lesions are often described as painful until the healing phase when they become itchy (crusts).
- Fever and other prodromal symptoms (e.g., chills, lymphadenopathy, malaise, myalgias, or headache) can occur before rash but may occur after rash or not be present at all.
- Respiratory symptoms (sore throat, nasal congestion, or cough) can occur.
- The incubation period is 3-17 days.
- The illness typically lasts 2-4 weeks.



Photo credit: UK Health Security Agency

Which one is mpox?



1



2



Use the QR code or go to [Menti.com](https://www.menti.com) and enter:
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Treatment

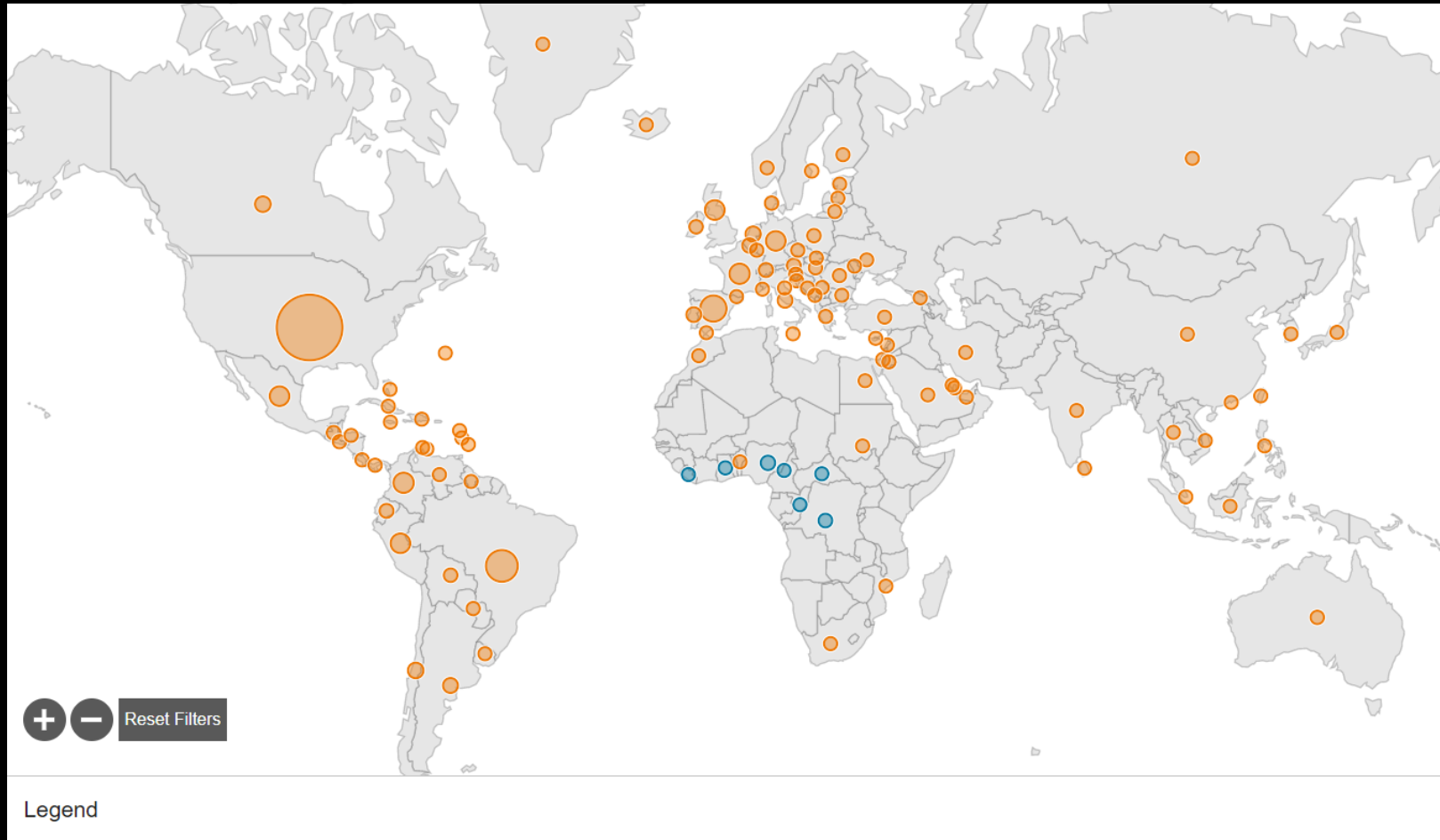
- For individuals with intact immune systems, supportive care and pain control may be enough.
- Treatment should be considered for those who are at high risk of severe disease.
- Medical Countermeasures
 - Tecovirimat (TPOXX) – smallpox antiviral. Approved by FDA.
 - Brincidofovir (CMX001 or Tembexa) – Smallpox antiviral. Approved by FDA.
 - Vaccinia Immune Globulin Intravenous (VIGIV) – Treatment of complications due to vaccinia vaccination. Is allowed to be used for orthopoxvirus outbreaks and can be used as a prophylactic for exposed persons.
 - Cidofovir (Vistide) – Antiviral medication for the treatment of cytomegalovirus retinitis in patients with AIDS.



Vaccine

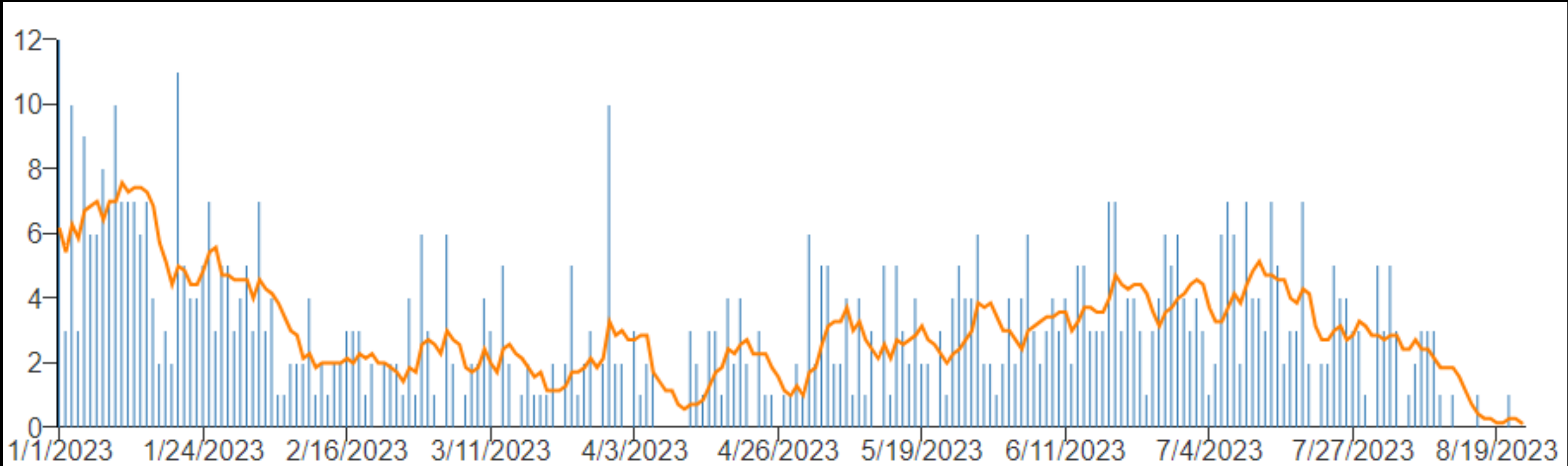
- Mpox vaccine can be given as post-exposure prophylaxis (PEP) within first four days after known or presumed exposure (day 4-14 may still provide protection).
- Mpox vaccine can be given prior to exposure to reduce transmission of mpox virus and prevent disease or reduce disease severity.
- Jynneos vaccine: 2 doses, 4 weeks apart
- Subcutaneous or intradermal injection

2022 Outbreak



- In Early May 2022, cases of mpox were reported from countries where the disease is not normally seen. Most confirmed cases had reported travel to Europe and North America, not Africa.
- Most reported cases were identified through health-care facilities and have primarily involved men who have sex with men.

CDC: U.S. Mpox Trends 2023



Centers for Disease Control and Prevention. (2023, September 26). *U.S. Mpox Case Trends Reported to CDC*.
Centers for Disease Control and Prevention. <https://www.cdc.gov/poxvirus/mpox/response/2022/mpx-trends.html>

CDC & MDHHS: Michigan Cases

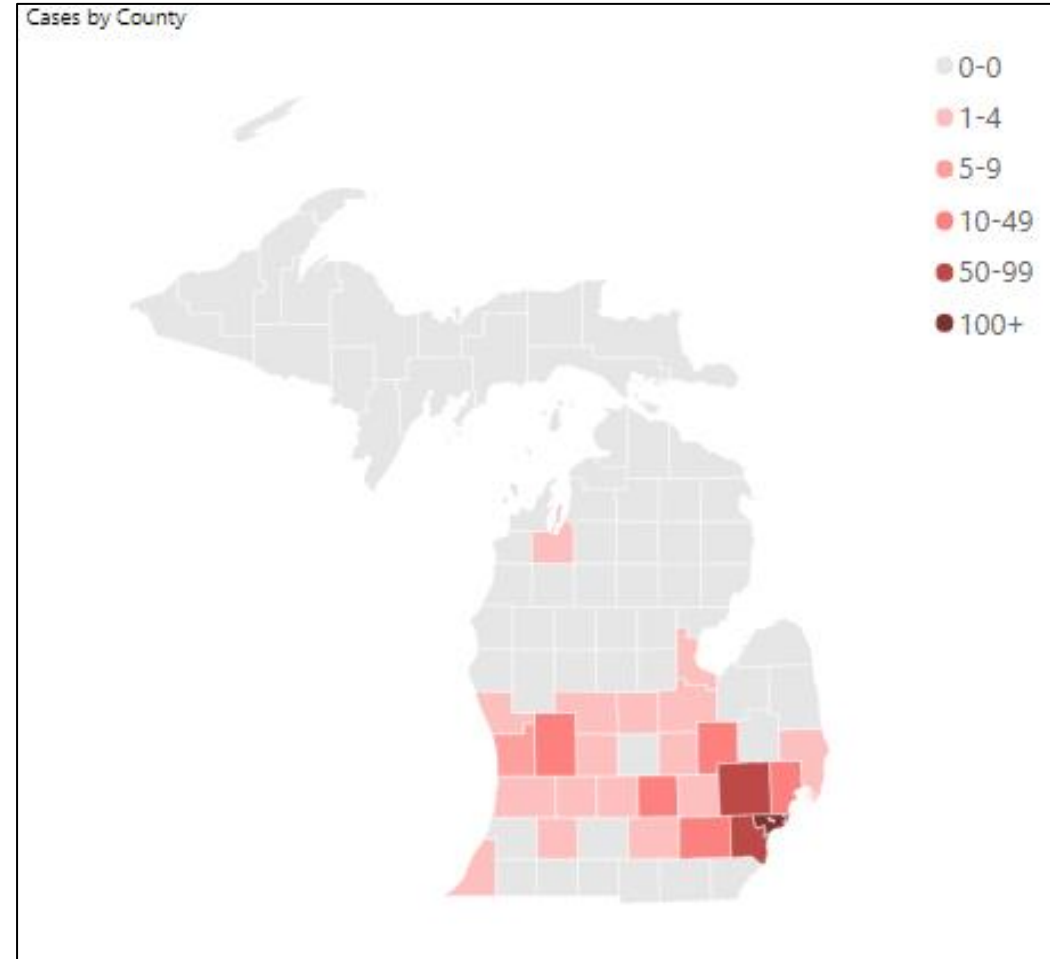
U.S. Cases:
30,767

Michigan
Cases: 399



County & District Cases

| Oakland County Cases | CMDHD County Cases |
|--|---------------------|
| Total Cases: 64 | Total Cases: 0 |
| Time Frame: Onset June 23 rd – Dec 14 th | Time Frame: None |
| Hospitalizations: 6.25% of cases | Hospitalizations: 0 |
| Total Deaths: 0 | Total Deaths: 0 |



County & District Breakdown

| Oakland County | CMDHD: Six Counties | CMDHD Ryan White Clinic |
|--|--|--|
| Population: 1,269,431 | Population: 183,076 | Serves individuals from 21 counties |
| Urban | Mostly Rural | Urban and Rural |
| White Alone: 70.4% Black/African American: 13.9% Asian: 8.6% Hispanic or Latino: 4.8% Native American: | White Alone: 95.0% - 84.6% Black/African American: 2.8% - 0.5% Asian: 1.7% - 0.3% Hispanic or Latino: 4.8% - 2.3% Native American: 3.9% - 0.6% | Black/African American: 10.9% Hispanic or Latino: 6.8% American Indian: 1.4% Pacific Islander: 1.4% |
| Median Household Income: \$86,275 | Median Household Income: \$50,722 - \$43,069 | |
| Persons in Poverty: 7.8% | Persons in Poverty: 18.9% - 12.9% | 54.5% of clients utilize Medicaid |

MDHHS Vaccination Breakdown

Vaccination by Demographic Characteristics

Data are suppressed when the number of doses administered is 10 or below to protect the confidentiality of individuals. The sum of the doses for individual categories may be fewer than the total number of doses due to data suppression.

Initiation

Complete

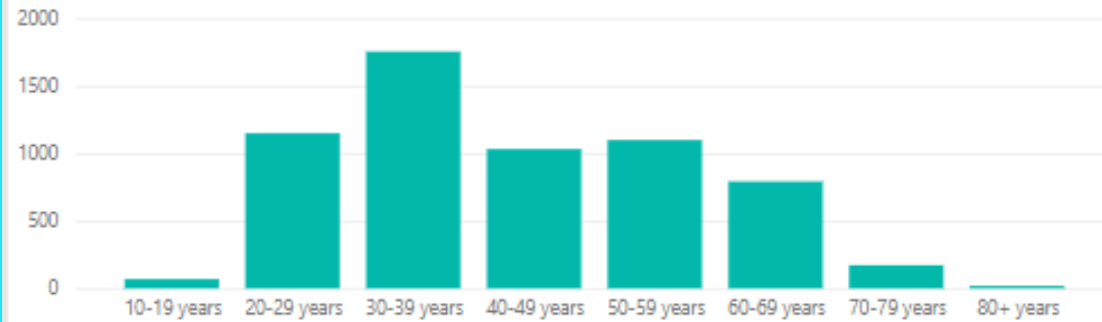
Preparedness Region

All

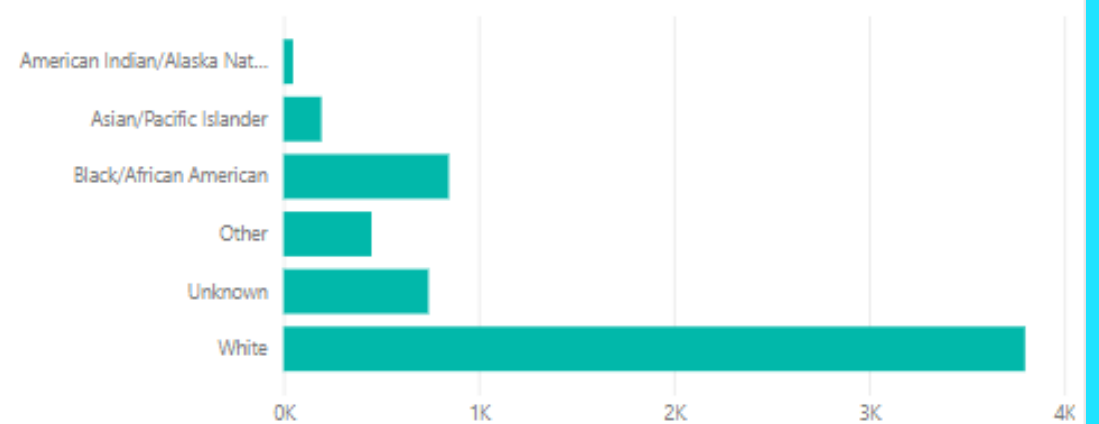
County

All

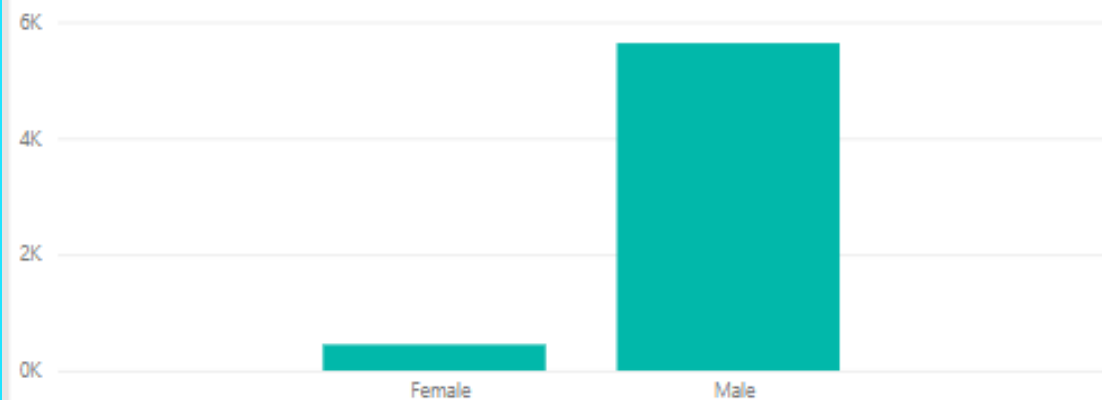
Second Dose by Age Group



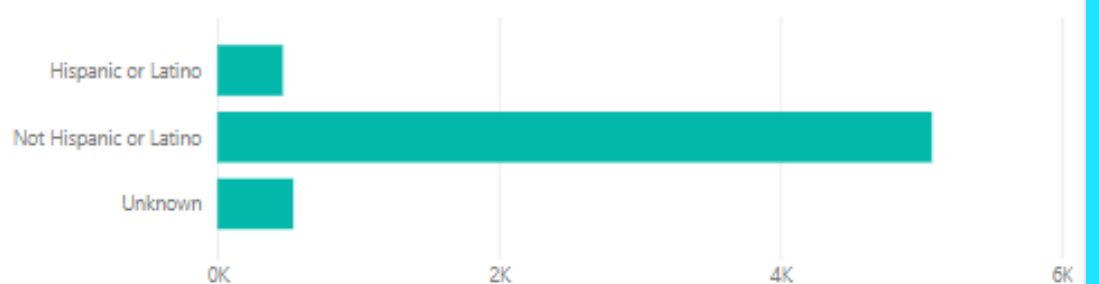
Second Dose by Race



Second Dose by Sex



Second Dose by Hispanic/Latino Ethnicity





Mpox Outbreak Response

Oakland County Health
Division



Lessons from the pandemic

OCHD applied the two most important lessons learned during the COVID-19 pandemic to our mpox response:

- 1. Leverage **partnerships** early**
- 2. Include **Health Equity** from the start**

Equity in Action: Mpox Taskforce at Oakland County

- Multi-disciplinary team from OCHD: Clinical, Epi, Emergency Preparedness, Health Promotion
- Community partners:
 - Be Well Medical Center
 - Affirmations (LGBTQ Community Center)
 - Corktown Health
 - MDHHS
 - Oakland Community Health Network
 - McLaren Hospital
- Vet messaging and marketing: Address Stigma
- Identify vaccine clinic sites
- Market/recruit for clinics
- Share experiences/data
- Cross-training/capacity building



Excerpts from the Oakland County Health Equity Lens Pilot:

1. Consider which groups of people will be most affected by this program/policy. Review health, social, economic, and environmental impacts.

- a. Who are the intended beneficiaries of this program?
- b. Will any people disproportionately benefit from the program/policy?
- c. Will any people experience unintended impacts or greater burden, or be left out by this program/policy?
- d. Are any people who are facing inequities impacted by this program/policy? How?
- e. What data are you drawing on to come to answer a through d? Consider qualitative and quantitative data. Is there any data that would help you answer these questions and was not available?

2. Provide information on which community stakeholders have been involved in the creation, evaluation, etc. of the program/policy.

- a. If you involved community stakeholders in this process, describe who from the community was involved and how.
- b. If you did not, explain why and the plan for future input.
- c. Can any part of these findings be incorporated into other related processes to advance equity?

Equity Lens Tool for Health Departments: <https://www.bigcitieshealth.org/health-equity-tool/>



Clinics

- Affirmations Community Center
- Liberty Bar
- Parasol Pool Party
- Pride Events (statewide)
- LGBT Detroit
- OCHD Clinics
- Corktown Health
- Be Well Clinic

Be Well Medical Center

- **Dr. Paul Benson and Chris Petrat**
- **Large patient population of HIV+ individuals, LGBTQ**
- **OCHD received permission to supply Be Well with Jynneos**
- **Be Well was the first to test/treat with T-pox and became main T-pox prescriber in Oakland County**
- **Chris took the vaccine on the road to many 'non-traditional' venues!**



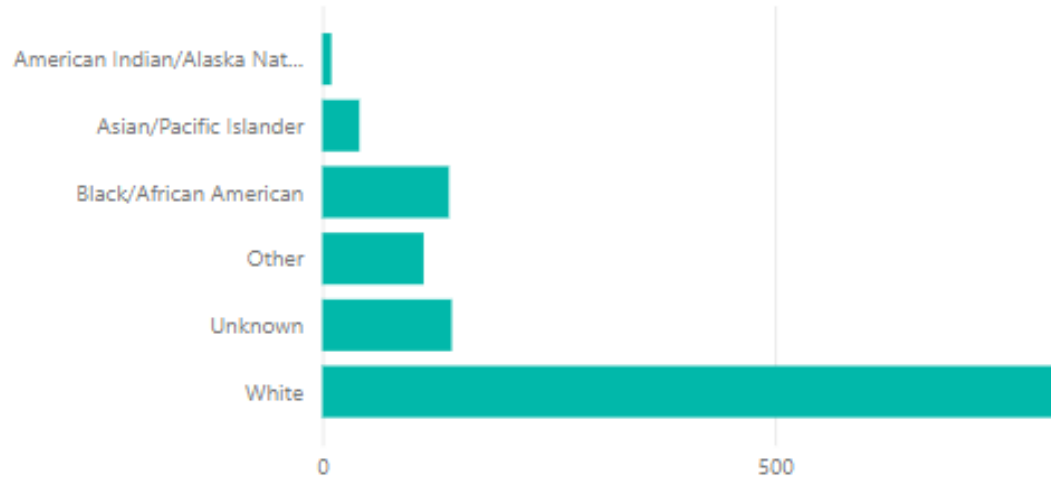
Chris Petrat receiving the Hometown Hero Award for his incredible work in the mpox response!

VACCINE DATA OCHD

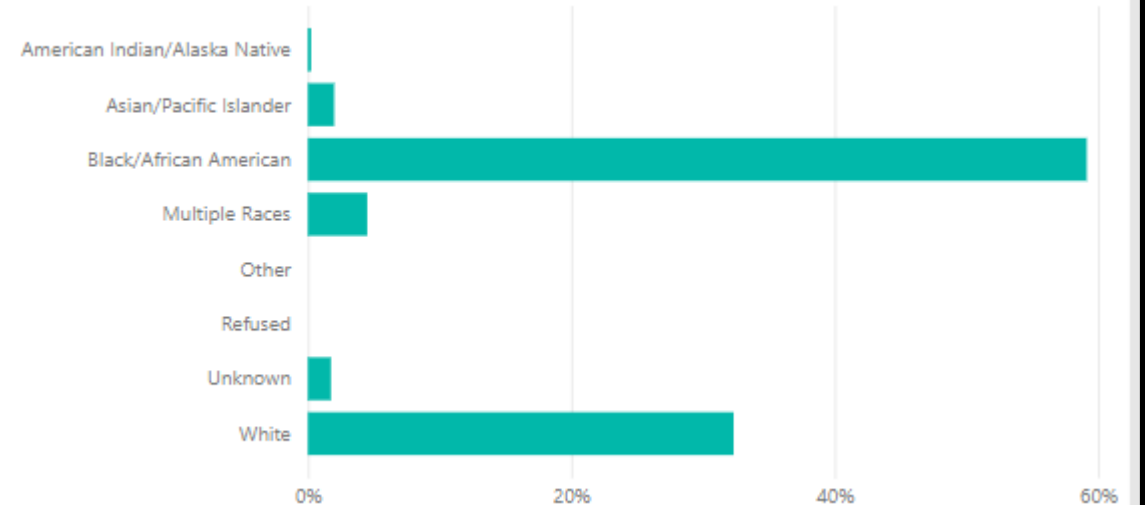
(as of 8/28/23)

| First Dose | Second Dose | Total Vaccinations |
|------------|-------------|--------------------|
| 1865 | 1255 | 3120 |

Second Dose by Race



Percentage of Cases by Race



IT'S TIME TO TALK with your partner(s) & provider ABOUT MPOX.



KEEP YOUR
COMMUNITY SAFE
Know the signs and
symptoms of mpox



OCHD Marketing Materials

WE HAVE THE MPOX VACCINE!

Have questions? Talk to your nurse.

www.OakGov.com/Health



Nurse On Call Public Health Information
800.848.5533 NOC@OakGov.com
OakGov.com/Health



The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.
10.12.22

MPOX DOES NOT DISCRIMINATE.

It is spread through close,
prolonged physical contact.

THE VIRUS CAN AFFECT ANYONE.



KEEP YOUR
COMMUNITY SAFE
Know the signs and
symptoms of mpox





Mpox Clinics

CMDHD's Ryan White Clinics



CDC Foundation Grant

Released November 10, 2022 and Due November 23, 2022

SUMMARY OF REQUEST

The CDC Foundation asked for applications for the **Reducing Disparities in Monkeypox Vaccination Project**.

Provided mini-grants to community-based organizations, state, territorial, local or tribal health departments or tribal organizations to support activities related to the administration of monkeypox vaccines.

Offered up to \$25,000 to fund an initiative that would increase vaccination in population groups and communities over-represented among mpox cases.

CMDHD Proposal

Increase mpox vaccination uptake in persons living with HIV

- People with HIV-associated immunosuppression can be at increased risk of severe mpox (as well as other diseases).
- Per the CDC, about 60% of mpox cases had HIV infection.
- Ryan White Clinic Demographics
 - 10.9% of our clients identify as Black/African American
 - 6.8% identify as Hispanic/Latino
 - 1.4% identify as American Indian
 - 1.4% identify as Pacific Islander.



Grant Details

Funding for this grant goes to:

- Transportation of staff to Ryan White location
- Storage and transportation of vaccines
- Staff time for administration of vaccine and supportive work

Allows Staff

- Transport and store vaccine properly
- To not interfere with standard Ryan White clinic flow
- Provide mpox vaccination and other routine vaccinations
- Meet clients where they are already traveling

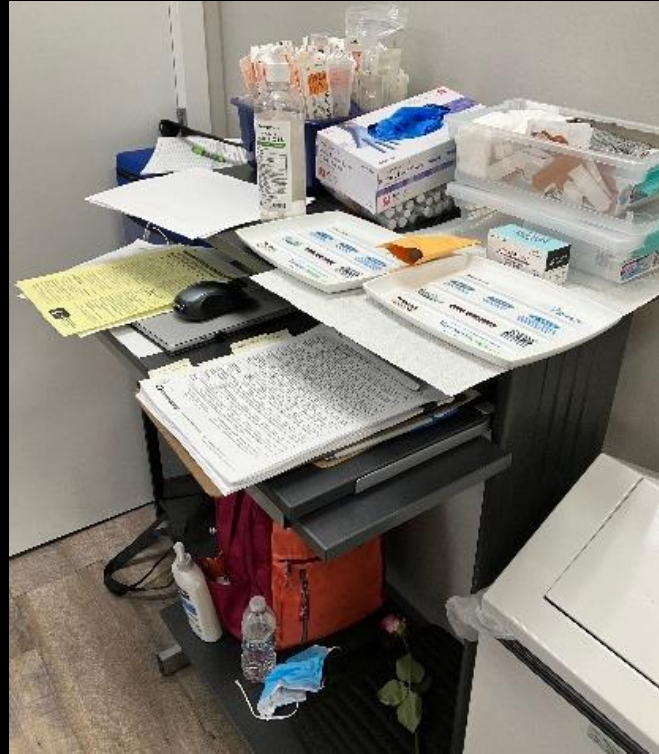


Overall Goals

- Increase access to mpox vaccine and other routine vaccinations.
- Reduce disparities and burden of disease in minority populations.
- Reduce stigma and increase trust.
- Increase the number of clinics for vaccination in our rural areas.



Clinic Days



- One nurse and one clerk went to Ryan White Clinic site.
- Review MCIR records before vaccination clinics. Brought Mpox and routine vaccines.
- Would educate and provide information on recommended vaccines, including Jynneos.

Vaccination Data



| Type of Vaccine | Number of Clients |
|-----------------|-------------------|
| COVID-19 | 30 |
| Influenza | 15 |
| Mpox | 25 |
| Hep A | 5 |
| Hep B | 13 |
| HPV | 9 |
| Meningococcal | 78 |
| MMR | 7 |
| Pneumococcal | 30 |
| Tdap | 12 |
| Shingles | 56 |
| Total | 69 |

Successes

- Vaccination staff had contact with 99 clients, meaning we had a 69% vaccination uptake.
- Some clients did not want the Mpox vaccine because they had already received it.
- Many vaccine-hesitant clients received vaccines in later clinics after meeting with nursing staff.
- Gained trust as clinics went on and some clients were willing to travel to other CMDHD locations after receiving first dose in Ryan White clinic.
- Improved workflow in a small building and will vaccinate there in the future.






Challenges

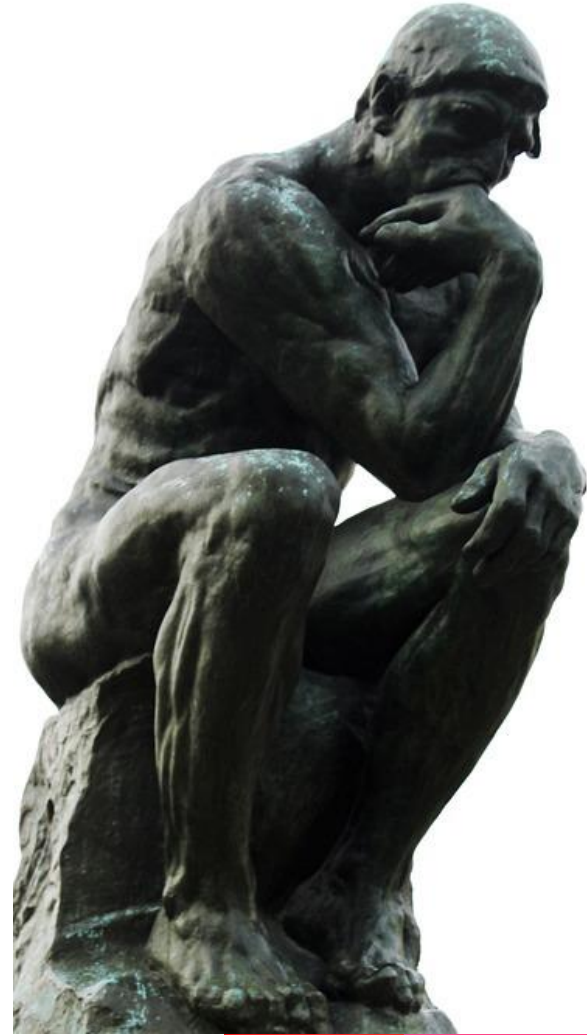
- Staffing was difficult at times, especially with the increase to regularly-scheduled clinics.
- Labor-intensive to pull and review all MCIR records for clients before clinics.
- Preparing and ordering vaccines was a challenge. We were not fully prepared for such a strong uptake of meningococcal and shingles, while other vaccines were not in as high demand.
- Per Ryan White requirements, clients are typically only seen twice a year.



Lessons Learned

- Partnerships are vital!
 - Know your community – build knowledge and connections during the quiet times.
 - Make use of the resources and partnerships you have.
 - Include outside perspectives different than the LHD.
 - Apply Equity tools.
 - Messaging- what you say and HOW you say it- Matters
- 

How can you apply these concepts to your own practice?



Use the QR code or go to [Menti.com](https://www.menti.com) and enter:
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In Memory...



Questions & Answers





Thank you!

CDC Foundation

