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SEPTEMBER 2024

**HIV ACTIVISM AND US
BIOSECURITY:**

*AN AFTER-ACTION REPORT ON
THE 2022 GLOBAL MPOX CRISIS*

PrEP4All thanks amfAR for its funding and support in developing this after action report.

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Executive Summary

The US mpox outbreak that began in 2022 was far more severe than it needed to be, and less severe than it would have been without swift, strategic activist and advocacy intervention. Documentation of this activism and its outcomes in the form of an “after action review”—a routine part of public health crisis responses—is needed to identify the structures, strategies and processes that built or blocked successful action. This analysis has relevance for advocates, activists, service providers and communities impacted by HIV, particularly LGBTQI+ and BIPOC communities. It is also highly relevant to biosafety and biosecurity efforts led by the US government. The experiences and actions documented herein have direct relevance to the National Biodefense and Implementation Plan Goal 3 on ensuring biodefense preparedness. As this review heads to publication, an increase in global Clade II infections alongside a novel outbreak of the more serious Clade I virus in Central Africa reaffirms the threat of mpox for global health security. Engaging key groups to ensure clear, comprehensive, and trusted communication is essential and the actions we assessed include both lessons learned and best practices.

This review documents how, from the earliest days of the US mpox outbreak in 2022, LGBTQI+ and HIV activists used lived and professional experience to raise alarms, share analyses, and call for government action. Had the government acted more rapidly, vaccine shortages could have been averted, testing could have been significantly and rapidly brought to scale, and individuals with mpox could have avoided intense often excruciating pain. Many of the steps that the government ultimately took were ones that activists identified and shared with officials. Until the appointment of White House coordinators for the mpox response, who proactively engaged community, activist-government interaction was largely ad hoc, invitation-only, and often initiated by concerned activists and advocates. Social media, particularly the platform formerly known as Twitter, was used to share some information and analysis in real time, and ad-hoc collectives with affinities including prior collaboration, BIPOC identity, research interests, also emerged. The speed and dynamism of this early response very likely shortened timelines to government action and filled in gaps in information about why vaccines, tests, and treatments were in short supply, and what to demand and expect of local and federal public health authorities.

Following the appointment of White House-based coordinators, the Federal response focused on delivering a syndemic-oriented approach by emphasizing that the US Substance Abuse and Mental Health Services Administration (SAMSHA), Health Resources and Services Administration (HRSA) and Ryan White HIV/AIDS Care Programs could use available resources to address mpox and make grants to improve vaccine equity. This belated response unfolded after case numbers peaked; nevertheless, it shows what is possible and how a similar syndemic-oriented response should be mobilized immediately when future outbreaks emerge. At every stage in the outbreak, impacted communities used lived experience and localized social and personal networks to share information, address equity issues and alleviate pain and suffering. The work was impactful and under-resourced; when the urgency of the issue diminished, attention shifted.

Based on the experiences to date, three key recommendations emerge:

- 1) Cultivate and incorporate community-government information sharing channels as part of domestic biodefense and biosecurity activities; activate these channels as soon as a CDC emergency response is triggered and utilize them for relevant updates after the emergency has lifted.**
- 2) Fund accountability-focused activism and advocacy including resources for outbreak response and mobilization within HIV and LGBTQI+ networks and communities.**
- 3) Fund prevention equity for queer and BIPOC people—including a National PrEP Program and improved accessibility programs that remove barriers to routine and outbreak-related vaccine access for adults.**

PrEP4All believes that this after-action review clearly shows that any credible plan to build pandemic preparedness and health security in the United States must follow these recommendations. It documents the strength of the LGBTQI+, BIPOC and HIV-focused communities and the overall vulnerability of the US public to new outbreaks. Action is crucial if we hope to build on these strengths and reduce risk for all communities in the future, including equitably addressing the clear and present danger posed by mpox to our communities.

Introduction: Why conduct an activist after action review of mpox?

“It took me back to 1981, 1982—that period of time where people just came together because we couldn't count on any other communities to help us. It just reminded me of all of that again. I saw that surge in that community again of, ‘We're going to do this. Yeah. We're not waiting for anybody.’”

Melvin Cauthen, HIV/STI Ryan White program manager, south-eastern United States

In public health, after action reviews and reports are used to document and learn from the actions undertaken during a specific event, crisis or emergency. This after-action report focuses on May 18, 2022-January 31st 2023, the eight month period between the confirmation of the first mpox case in the United States and the end of the state of public health

HIV treatment clinics, PrEP programs and HIV-impacted communities were the backbone of the US mpox response.

emergency that was declared at the height of the outbreak. At the time of writing, 32,125 people in America have been diagnosed with mpox and 55 deaths recorded, the highest numbers of infections and deaths recorded in any of the 118 countries impacted by the global outbreak¹. The overwhelming majority of cases occurred in cisgender men who have sex with men, with transmission via close and sexual contact; people living with HIV were disproportionately represented among those diagnosed with mpox. While HIV positive serostatus was not associated with more serious disease progression, people with HIV who were also immunocompromised are at the highest risk of severe disease and death².

The United States outbreak was far more severe than it needed to be, given that the US held, as it still does, significant stockpiles of vaccine and treatment developed for smallpox, which could be used to prevent and treat mpox, a member of the same orthopoxvirus family. In June 2024, the US government had ready access to more than 370,000 doses of the JYNNEOS vaccine, with access to millions more doses that required “fill and finish” preparation in order to be used³. Individuals with mpox suffered excruciating pain, often without confirmatory diagnosis or treatment, even though the US government had the laboratory capacity, lessons from COVID-19 to guide rapid expansion of diagnostics, and a national stockpile of TPOXX (tecovimrat), an

¹2022-2023 Mpox Outbreak Global Map. Atlanta: Centers for Disease Control and Prevention; 2024. (<https://www.cdc.gov/poxvirus/mpox/response/2022/world-map.html>, accessed March 18 2024.)

² Community experiences of the 2022–2023 mpox outbreak in Europe and the Americas: technical brief. Geneva: World Health Organization; 2023. (<https://www.who.int/publications/i/item/9789240077287>, accessed March 18 2024).

³ HHS Orders 2.5 Million More Doses of JYNNEOS Vaccine for Monkeypox Preparedness. Washington, Dc: US Department of Health and Human Services; July 1, 2022). (<https://www.hhs.gov/about/news/2022/07/01/hhs-orders-2-point-5-million-more-doses-jynneos-vaccine-for-monkeypox-preparedness.html>, accessed March 18 2024).

antiviral used to treat smallpox that had been evaluated in an mpox virus (MPXV) animal model⁴.

Despite these failings, and the success of subsequent course corrections and innovations, the US government has not, to date, published its own after-action review of mpox, even though it has done so for COVID-19 and Ebolavirus and other recent outbreaks. White House mpox emergency response coordinators, including Dr. Demetre Daskalakis, have been articulate about lessons learned from the outbreak and the continued risk in the US context; PrEP4All welcomes and values this commentary which aligns with recommendations in this report. We also assert that it is not the same as a full scale after-action review.⁵ This is a gap that the US government must address, investing the time and energy required to understand what worked, what could be improved, and what to ensure never happens again.

The US has not, to date, published its own after-action review of the mpox public health emergency.

PrEP4All calls on the US government to fill this gap as part of an equitable approach to domestic pandemic preparedness.

PrEP4All calls on the US government to undertake and share such a review; we also believe in the value of the activist-authored and -centered documentation effort presented here. Activism, advocacy and community-based mutual aid for friends, partners and loved ones shaped the mpox response. A record of the dynamics and impact of this mobilization is valuable for people within movements for health and social justice. The HIV infrastructure of community-based and -led groups worldwide continues to respond to syndemics of diseases, structural violence, poverty, racism and homophobia. It is crucial for groups and individuals working in these social movements and communities of care to understand the resources activated, results obtained and repercussions within and beyond our immediate circles.

As the quote at the beginning of this section emphasizes, many people who responded to mpox had lived experience with the HIV/AIDS response in the 1980s and early 1990s, when government inaction and negligence was countered by mobilization, care, and activism. However, many other people involved in mpox and in other public health responses do not have this experience and are less familiar with ways that activism and advocacy improve and often define rapid reactions to outbreaks and pandemics. As a result, many pandemic and outbreak response strategies and frameworks configure communities as channels for communication of public health messages that are often—though not always—drafted by authorities. This report is also intended as a resource for decision makers, activists and advocates who do not have lived experience evidence with HIV/AIDS and is offered as evidence for what is possible when communities mobilize and lead responses to outbreaks.

Finally, and perhaps most importantly, this report is of relevance for anyone in the United States working on or impacting the HIV/AIDS response today. As we completed this publication, domestic financing for the End the HIV Epidemic program was imperiled, and a National PrEP

⁴ Guidance for Tecovirimat Use. Atlanta: Centers for Disease Control and Prevention; 2023. (<https://www.cdc.gov/poxvirus/mpox/clinicians/Tecovirimat.html>, accessed March 18 2024).

⁵ Daskalakis D, Romanik N, Jha AK. Lessons From the Mpox Response. *JAMA*. 2024;331(5):387–388. doi:10.1001/jama.2023.27868

Program to correct inequities in access to life-saving prevention was far from guaranteed. Sustained funding for HIV treatment and prevention should not need to be justified; it should not be under threat. Yet it is, and we must fight to preserve and expand it, particularly at a moment when that infrastructure will be essential to mitigate the threat of a resurgence of mpox in the US.

This report clearly shows that HIV treatment clinics, PrEP programs and HIV-impacted communities were the backbone of the response, mobilizing outreach efforts, establishing vaccination clinics, sharing information, and navigating the system to prevent and treat mpox infections. This outbreak spread through close and sexual contact, a route of transmission that is often stigmatized, and used to set both the infection and the people who acquire it apart from an imaginary “general public.” Sexually transmitted infections associated with specific populations or behaviors are often stigmatized and seldom viewed as relevant to outbreak or pandemic responses in the wider population. As a result of this narrow framing, the lessons that STI and HIV “outbreaks” have for domestic health security are overlooked. Yet mpox was also an outbreak that became a national, and global, public health emergency and, like COVID-19, tested rapid response systems. The central role of STI clinics, HIV prevention, care and treatment services, and impacted communities in the outbreak response should not be overlooked.

It is important to note that the HIV infrastructure including providers, peer navigators, activists, and advocates, acted with almost no additional funding or resources. Clinics repurposed funds from Ryan White, CDC and SAMSHA grants; activists and academics worked around the clock with no additional support for mpox-specific activities. Effective public health responses cannot rely on volunteers and spare change from stretched budget lines. Cutting HIV funding jeopardizes the HIV response *and* responses to other outbreaks. Adding funds, including for a National PrEP Program, strengthens a robust, resilient prevention-focused network of providers and communities. As this report shows, components of this network exist; further investment is crucial for a safer and more equitable public health system in the United States.

Methodology

The World Health Organization Guidance for After-Action Review (AAR) states that “an AAR is a qualitative review of actions taken in response to an event of public health concern. An AAR is a means of identifying and documenting best practices and challenges demonstrated by the response to the event.” WHO further specifies that an AAR is “designed to be flexible” and that its success hinges on the ability to create spaces for reflection by relevant stakeholders.⁶

For this AAR, PrEP4All compiled information from three complementary information sources:

- 1) In-depth interviews – eight 30–60-minute interviews with individuals who were approached by PrEP4All, responded to our invitations to participate or were identified by interviewees as additional information sources. The interview used an oral history approach, inviting individuals to narrate their experience with the global mpox outbreak, identifying key timepoints, resources, challenges, and experiences.

⁶ Guidance for after action review (AAR). Geneva, Switzerland: World Health Organization; 2019 (WHO/WHE/CPI/2019.4).

- 2) Community-wide survey – 24 responses to a survey with multiple choice and open-ended questions provided insights into experiences from academics, impacted communities, providers and activists across the country.
- 3) A timeline of key events drawing on the public record, timepoints identified by individuals interviewed and surveyed for this report, and PrEP4All’s own records of this period.

Key findings and recommendations were shared with interviewees, survey respondents and members of ad-hoc community-organized forums that responded to mpox to validate and elucidate key content. PrEP4All is grateful to all of the interviewees and reviewers for their time and insight. The conclusions and recommendations expressed are solely those of PrEP4All.

About Mpox and the global outbreak of 2022

Mpox virus (MPXV) is a species of the Orthopoxvirus virus family that also includes smallpox. It was discovered in Denmark in 1958 in monkeys kept for research, with the first reported case in humans—a nine-month-old boy from the Democratic Republic of Congo—recorded in 1970. Sporadic cases and outbreaks of mpox have happened in west and central Africa for more than fifty years, including an outbreak that began in Nigeria in 2017¹.

Mpox is often described as a zoonotic disease, meaning that outbreaks and cases are caused as a result of animal to human contact. The original name for the virus (monkeypox) erroneously suggests that the animal reservoir is known to be non-human primates. In fact, the natural animal reservoir of the virus is unknown, and a 2019 study of the Nigerian outbreak suggested that the virus transmitted between humans, including through sexual contact, with no apparent animal source. These same investigations also noted that, in the Nigerian outbreak, the majority of people (four out of seven) who died of mpox also had HIV.¹¹

A range of factors including limited resources, competing health priorities and, potentially, stigma and discrimination associated with sexual transmission and same-sex sex, meant that the warning signs from the Nigerian outbreak were ignored.

In spite of this evidence for mpox as an infectious disease with potentially severe consequences in people living with HIV, and with potential to spread via sexual contact, many public health stakeholders paid limited attention to mpox prior to May 2022 when the global outbreak began. Ultimately spreading to 113 countries, the global outbreak resulted in 89,308 reported cases and 152 deaths, with the highest number of cumulative cases and the highest number of deaths occurring in the United States.¹

Limitations

This report covers a limited time period in a limited geography. Mpox began prior to 2022 and many of the issues that arose in the course of the global outbreak were identified by researchers who responded to the West African outbreak that began in 2017, including the potential for spread through sexual contact, and the over-representation of people living with HIV amongst those with severe disease, sometimes leading to death⁷ ⁸. This report does not address the factors that contributed to the global neglect of these findings prior to 2022, nor does it address the belated and inadequate attempts to address inequitable access to tests, treatments and vaccines that emerged from 2022 onwards, as countries in the global North experiencing sustained outbreaks for the first time offered countermeasures that had never been—and are not yet—available in the region of historic endemicity. Moreover, this report is not representative of all the work, care, organizing, activism and advocacy undertaken in the United States over the course of the response. We have described a finite set of examples of actions and collaborations that exemplify strategies and experiences that took place across communities impacted by mpox. Finally, this report focuses on the first seven months of the mpox outbreak; the virus continues to circulate to this day, with the greatest risk among immunocompromised people and the highest rates of death among Black men with advanced HIV disease⁹. Mpox is an ongoing threat and the lessons from the early responses to this crisis can and must be applied to a continued response that addresses inequities and improves health outcomes for all.

⁷ Yinka-Ogunleye A, Aruna O, Dalhat M, Ogoina D, McCollum A, Disu Yahyah, et al. Outbreak of human monkeypox in Nigeria in 2017-28: a clinical and epidemiological report. 2019 Aug; 19(8):872-879. (doi: [https://doi.org/10.1016/S1473-3099\(19\)30294-4](https://doi.org/10.1016/S1473-3099(19)30294-4), accessed March 18 2024).

⁸ Ogoina D, Yinka-Ogunleye A. Sexual history of human monkeypox patients seen at a tertiary hospital in Bayelsa, Nigeria. *Int J of STDs AIDS*. 2022 Sep;33(10):928-932. (doi: 10.1177/09564624221119335, accessed March 18 2024).

⁹ Riser AP, Hanley A, Cima M, et al. Epidemiologic and Clinical Features of Mpox-Associated Deaths — United States, May 10, 2022–March 7, 2023. *MMWR Morb Mortal Wkly Rep* 2023;72:404–410. DOI: <http://dx.doi.org/10.15585/mmwr.mm7215a5>.

The Mpox Outbreak in the United States, May 2022-January 2023

Non-Exhaustive Timeline of Activist, Media, Epidemiological and Public Health Events

PERIOD	MILESTONE
MAY 17 2022	First case of mpox in the US (in the context of 2022 outbreak) identified in Massachusetts ¹⁰
MAY 20 2022	The US HHS Biomedical Advance Research and Development Authority (BARDA) requests shipment of 36,000 doses of the 372,000 doses of US-owned JYNNEOS vaccine that are ready to administer ¹¹ .
MAY 23 2022	CDC activates emergency outbreak response ¹²
MID-MAY 2022 ONWARD	CDC organized six Clinician Outreach and Communication Activity calls to offer clinicians the most current information, for example information on images illustrating the various stages of mpox rashes on diverse skin tones ¹³ .
MID-LATE MAY 2022	Epidemiologist and activist Keletso Makofane writes a short research protocol for Institutional Review Board approval to collect data on sexual networks and where people at risk of mpox have sex in New York City. On August 20, Makofane and a team of queer, predominantly BIPOC researchers and activists, launches the RESPOND-MI Study . Makofane anticipates the need for this research due to his experience with data gaps and assumptions about men who have sex with men. “I know there are gaps. People say men who have sex with men are in dense sexual networks and that’s why [mpox spreads] this way. But no one has really measured that. So we thought we should measure it.” ¹⁴ ”
THIRD WEEK IN MAY 2022	US government begins negotiations with commercial labs to scale up mpox diagnostics, according to an unnamed Biden official interviewed after mpox testing emerges as major issue. The official tells The New York Times that it took time to issue contracts, scale up supplies and train personnel. During this period, providers must get clearance from state epidemiologists prior to sending samples for diagnosis; turnaround time

¹⁰ Technical Report 4: Multi-National Mpox Outbreak, United States, 2022. Atlanta: Centers for Disease Control and Prevention; October 27, 2022. (<https://www.cdc.gov/poxvirus/mpox/cases-data/technical-report/report-4.html>, accessed March 18 2024).

¹¹ Fact Sheet: US Department of Health and Human Services Response to the Monkeypox Outbreak. Washington, DC: US Department of Health and Human Services; July 21, 2022. (<https://www.hhs.gov/about/news/2022/07/21/fact-sheet-us-department-of-health-and-human-services-response-to-the-monkeypox-outbreak.html>, accessed March 18 2024).

¹² McQuiston JH, Braden CR, Bowen MD, et al. The CDC Domestic Mpox Response — United States, 2022–2023. *MMWR Morb Mortal Wkly Rep* 2023;72:547–552. DOI: <http://dx.doi.org/10.15585/mmwr.mm7220a2>.

¹³ Ibid.

¹⁴ PrEP4All phone Interview with Keletso Makofane, August 11 2023, New York City.

	averages 15 days and contact tracing activities are not initiated until receipt of diagnosis ¹⁵ .
MAY 29 2022	James Krellenstein, Joseph Osmundson, and Keletso Makofane publish an op-ed in the New York Times calling for an mpox response that reflects lessons from COVID-19 and HIV pandemics, and specifically raising alarm about centralized testing restricted to public health labs, calling the CDC to release the details of its testing protocols so that other qualified labs can develop their own tests ¹⁶ . CDC takes this step on June 6 ¹⁷ .
JUNE 1 2022	AIDS activist David Barr, in collaboration with other members of the New York City COVID-19 Working Group, convenes emergency call of 60+ individuals; this group will meet monthly for the next six-seven months, including off the record conversations with White House, HHS, Food and Drug Administration. ¹⁸
JUNE 2022	During the month of June 2022, the US Laboratory Response Network (LRN) has capacity for 6,000 ¹⁹ -8,000 ²⁰ mpox tests per week. The LRN is a network of state and local public health, federal, U.S. Department of Defense (DOD), veterinary, food, and environmental testing laboratories.
EARLY JUNE 2022	David Barr, Gregg Gonsalves, Joe Osmundson participate in White House-convened call with Dr. Tony Fauci (NIAID), Dr. Rochelle Walensky (CDC), Dr. Raj Panjabi (White House) on the outbreak. “What we found is that while they were parroting our words, they were not interested in a dialogue that actually felt that they had something to learn from us. They were using I think the model of [government-activist collaboration on] HIV as aspirational but were not interested in enacting anything like that.” Joe Osmundson ²¹ .

¹⁵ Mandavilli, A. The US May Be Losing the Fight Against Monkeypox, Scientists Say. *The New York Times*, July 8, 2022. (<https://www.nytimes.com/2022/07/08/health/monkeypox-vaccine-treatment.html>, accessed March 18 2024).

¹⁶ Krellenstein, J., Osmundson J., and Makofane K. To Fight Monkeypox, Remember the Lessons of COVID and HIV. *The New York Times*, May 29, 2022. (<https://www.nytimes.com/2022/05/29/opinion/monkeypox-covid-and-hiv.html>, accessed March 18, 2024).

¹⁷ 06/13/2022: Lab Advisory: CDC Publishes Mpox Virus PCR Testing Procedure. Atlanta: Centers for Disease Control and Prevention; June 13 2022. (<https://www.cdc.gov/locs/2022/06-13-2022-Lab-Advisory-CDC-Publishes-Monkeypox-Virus-PCR-Testing-Procedure.html>, accessed March 18 2024).

¹⁸ PrEP4All staff members’ calendar, notes and records from participation in many of these meetings.

¹⁹ HHS orders additional vaccine, increases testing capacity to respond to monkeypox outbreak. Washington, DC: Department of Health and Human Services; July 15, 2022. (<https://www.hhs.gov/about/news/2022/07/15/hhs-orders-additional-vaccine-increases-testing-capacity-to-respond-to-monkeypox-outbreak.html>, accessed March 18 2024).

²⁰ Aden, Tricia A et al. “Rapid Diagnostic Testing for Response to the Monkeypox Outbreak - Laboratory Response Network, United States, May 17-June 30, 2022.” *MMWR. Morbidity and mortality weekly report* vol. 71,28 904-907. 15 Jul. 2022, doi:10.15585/mmwr.mm7128e1.

²¹ PrEP4All phone Interview with Joe Osmundson, May 17 2023.

JUNE 6 2022	CDC publishes a Real-Time PCR test procedure ²² to detect mpox virus, intended for “ international partners and any laboratories interested in pursuing a Laboratory Developed Test (LDT) .” An LDT is a test used in a single laboratory that meet specific standards.
JUNE 10 2022	<p>FDA clears additional reagents for use with the FDA-approved CDC orthopox virus test²³.</p> <p>BARDA orders an additional 36,000 US government-owned doses of JYNNEOS to be shipped from Bavarian Nordic’s facility in Denmark¹⁰.</p> <p>On a call convened by David Barr, activists Joe Osmundson and James Krellenstein learn from municipal health department participants that major cities can do a maximum of 20 tests per week and correctly deduce that the 7000-test-per-week* capacity that has been reported by CDC to call participants is nationally distributed (ie jurisdictions with high and low mpox prevalence have equal capacity), and inadequate in locations where mpox is surging²⁴.</p> <p><i>*Note: Subsequent publications^{18, 19} by HHS and US government put the tests-per-week estimate at 6000 or 8000; several activists involved in these discussions recall hearing 7000 per week at the time.</i></p>
MID TO LATE JUNE 2022 JUNE 15 2022	<p>BARDA requests shipment of the 300,000 remaining doses of JYNNEOS that are ready to administer¹⁰.</p> <p>PrEP4All Co-founder James Krellenstein along with a group of infectious disease experts writes to US FDA, HHS and CDC calling for an Emergency Use Authorization for TPOXX (tecovimirat) to be used as an antiviral treatment for mpox, citing animal data and comparable approval by the European Medicines Association, as well as denouncing the onerous paperwork requirements for prescribing under the Investigational New Drug (IND) protocol, which represent a major barrier to access for many individuals²⁵.</p>

²² Test Procedure: *Monkeypox virus* Generic Real-Time PCR Test. Atlanta: Centers for Disease Control and Prevention Poxvirus & Rabies Branch; June 2022). (https://www.cdc.gov/poxvirus/mpox/pdf/PCR-Diagnostic-Protocol-508.pdf?ACSTrackingID=USCDC_2146-DM84136&ACSTrackingLabel=Lab%20Advisory%3A%20CDC%20Publishes%20Monkeypox%20Virus%20PCR%20Testing%20Procedure&deliveryName=USCDC_2146-DM84136, accessed March 18 2024).

²³ Monkeypox (mpox) and Medical Devices. Washington, DC: Food and Drug Administration; January 7 2023. (<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/monkeypox-mpox-and-medical-devices>, accessed March 18 2024).

²⁴ PrEP4All phone interview with Joe Osmundson, May 17 2023.

²⁵ Lewis, T. “There Is an Effective Treatment for Monkeypox, But It’s Hard to Get.” *Scientific American*, July 29, 2022. (<https://www.scientificamerican.com/article/there-is-an-effective-treatment-for-monkeypox-but-it-rsquo-hard-to-get/>, accessed March 18, 2024).

JUNE 22 2022	CDC begins shipping orthopoxvirus tests to five commercial laboratories, claims it has capacity for up to 10,000 tests per day²⁶.
JUNE 24 2022	<p>FDA clears additional laboratories outside of the CDC Laboratory Response Network (LRN) to conduct mpox tests. A review of the testing conducted by the LRN in May and June notes, By the end of June 2022, <10% of the available nationwide LRN NVO testing capacity had been used. Despite the high capacity, some clinicians and patients reported challenges navigating public health testing procedures, including acquiring public health approvals for testing.²⁷</p> <p>PrEP4All Co-founder James Krellenstein contacts BARDA pushing for answers about the delays in US government orders of US-owned doses of JYNNEOS vaccine to meet need in the context of a growing outbreak. Krellenstein and collaborator Garrett Wilkenson (Partners in Health) learn, and will bring media attention to, a key cause of the delay: the US FDA had scheduled an inspection of the plant that was a prerequisite for vaccine importation for September 2022, essentially allowing the certification to lapse prior to the onset of the mpox outbreak.²⁸</p>
JUNE 28 2022	<p>HHS announces “enhanced” vaccination strategy, with 56,000 doses available immediately and an additional 240,000 “in the coming weeks.” HHS states it “expects” additional doses to be available over the course of the summer and fall²⁹.</p> <p>CDC activates Emergency Operations Center³⁰</p> <p>PrEP4All and Partners in Health send letter to White House, FDA and HHS calling for accelerated action to bring US-owned JYNNEOS vaccinations that are ready to be administered into the country, to pause freezing of other doses and accelerate the fill-finish timeline to meet urgent need³¹.</p>

²⁶ HHS Expanding Monkeypox Testing Capacity to Five Commercial Laboratory Companies. Washington, DC: Department of Health and Human Services; June 22, 2022. (<https://www.hhs.gov/about/news/2022/06/22/hhs-expanding-monkeypox-testing-capacity-five-commercial-laboratory-companies.html>, accessed March 18 2024).

²⁷ Aden TA, Blevins P, York SW, et al. Rapid Diagnostic Testing for Response to the Monkeypox Outbreak — Laboratory Response Network, United States, May 17–June 30, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:904-907. DOI: <http://dx.doi.org/10.15585/mmwr.mm7128e>

²⁸ Sun, Lena and McGinley, Laura. “Nearly 800,000 doses of monkeypox vaccine may be in U.S. by end of July.” *The Washington Post*, July 13 2022. (<https://www.washingtonpost.com/health/2022/07/13/monkeypox-vaccine-800000-doses/>, accessed April 14 2024).

²⁹ HHS Announces Enhanced Strategy to Vaccinate and Protect At-Risk Individuals from the Current Monkeypox Outbreak. Washington DC: Department of Health and Human Services; June 28 2022. (<https://www.hhs.gov/about/news/2022/06/28/hhs-announces-enhanced-strategy-vaccinate-protect-at-risk-individuals-from-current-monkeypox-outbreak.html>, accessed March 18 2024).

³⁰ CDC Emergency Operations Centers Activations. Atlanta: Centers for Disease Control and Prevention; June 28 2022. (<https://emergency.cdc.gov/recentincidents/index.asp>, accessed March 18 2024).

³¹ PrEP4All and Partners in Health Letter to White House. June 28 2022 (<https://www.documentcloud.org/documents/22073794-prep4all-and-partners-in-health-letter-to-white-house>, accessed March 18, 2022).

JULY 1, 2022	Bavarian Nordic A/S (OMX: BAVA) announces that the U.S. Biomedical Advanced Research and Development Authority (BARDA), has ordered for an additional 2.5 million doses of JYNNEOS® to be prepared from the raw materials at the plant for mpox. The announcement states that deliveries are “scheduled to commence in the fourth quarter of 2022 [...] however, the majority of vaccine doses under this contract are planned for delivery in 2023.” ³²
JULY 6 2022	LabCorp becomes the first national laboratory offering mpox testing allowing providers to order tests through normal channels, rather than via public health labs ³³ ; Quest Diagnostics follows on July 13 ³⁴ .
JULY 7 2022	Call of ad-hoc group convened by David Barr in which providers and peers discuss the excruciating pain people are experiencing, often disproportionate to the size or number of lesions, and the challenges in obtaining tests, treatments and vaccines ³⁵ .
JULY 8 2022	New York Times reports on how the US “may be losing the fight” against monkeypox ¹⁴ .
JULY 11 2022	New York State and City Health Commissioners Dr. Mary Bassett and Dr. Ashwin Vasan hold “Mpox Townhall ³⁶ ”.
JULY 18 2022	New York Times chronicles “excruciating pain” of people with mpox and enormous hurdles to obtaining testing and TPOXX ³⁷ .
JULY 19 2022	California Health and Human Services Agency at the California Department of Health writes to Dr. Rochelle Walensky, head of CDC, requesting 600,000-800,000 additional doses of JYNNEOS and informing CDC that at present the state is effectively rationing vaccines due to limited supplies ³⁸ .
MID-JULY 2022	Melvin Cauthen, Montgomery County Ryan White HIV/AIDS Program Coordinator, is assigned by local public health leaders to take on coordination of the mpox response, including vaccination distribution. For

³² US Government Orders Additional Monkeypox Vaccines from Bavarian Nordic. Copenhagen: Bavarian Nordic; July 1 2022. (<https://www.bavarian-nordic.com/investor/news/news.aspx?news=6590>, accessed March 19 2024).

³³ Labcorp First National Laboratory to Offer Monkeypox Test. Burlington: Labcorp; July 6 2022. (<https://ir.labcorp.com/news-releases/news-release-details/labcorp-first-national-laboratory-offer-monkeypox-test>, accessed March 19 2024).

³⁴ Quest Diagnostics to Begin Monkeypox Testing Today, Increasing Nationwide Testing. Atlanta: Centers for Disease Control and Prevention; July 13 2022. (<https://www.cdc.gov/media/releases/2022/s0711-monkeypox-quest.html>, accessed March 19 2024).

³⁵ PrEP4All internal documentation from participation in the call.

³⁶ Monkeypox Overview and Update. New York City: New York State Department of Health and New York City Department of Health and Mental Hygiene; July 11 2022. (<https://www.youtube.com/watch?v=pH3aBUqiOEK>, accessed March 18 2024).

³⁷ Otterman, S. For Monkeypox Patients, Excruciating Symptoms and a Struggle for Care. *The New York Times*, July 18 2022. (<https://www.nytimes.com/2022/07/18/nyregion/new-york-monkeypox-vaccine.html>, accessed March 19 2024).

³⁸ California Health and Human Services Agency/California Department of Public Health Letter to Dr. Rochelle Walensky, MD, MPH, Director Centers for Disease Control and Prevention, July 19, 2022. (<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/California-Monkeypox-Vaccine-7.19.2022.pdf>, accessed March 19 2024).

	<p>Cauthen, who did not have experience with immunization delivery, the need to act was clear³⁹.</p>
JULY 20 2022	<p>PrEP4All works with Congressional staffers to shape content and key asks for letters from members of Congress to the White House calling for action on mpox.</p> <p>PrEP4All launches the <i>Mpox Alert</i> to provide information for activists mobilizing responses in their communities. Issue #1⁴⁰ focuses on testing, treatment and offers “three steps to increase vaccine supply in the US and worldwide.”</p> <p>PrEP4All hosts first Mpox community meeting, a hybrid event attended by over 100 people. Activists share anger, fear and information.</p> <p>PrEP4All launches a “community monitoring project” focused on experiences accessing tests, treatments and vaccines for mpox.</p>
JULY 21 2022	<p>PrEP4All, ACT UP NY and other groups rally in New York City to call for more government action to combat the spread of mpox⁴¹</p>
JULY 22 2022	<p>CDC announces streamlined process for accessing TPOXX (tecovirimat), reducing forms from 6 to 2, removing the requirements of photographs of lesions, confirmatory diagnosis and complete filed paperwork prior to prescribing⁴².</p> <p>KFF Policy Watch analysis of jurisdiction requests for mpox vaccine compared to allocation by BARDA finds some states with high rates of mpox have requested less than 50 percent of doses but concludes “Overall there are not enough vaccine doses to meet demand right now and most jurisdictions are maxing out or exceeding their allocation and, in some cases, still unable to meet demand.”⁴³</p>
JULY 23 2022	<p>WHO Director-General declares the ongoing mpox outbreak a Public Health Emergency of International Concern.⁴⁴</p>

³⁹ PrEP4All phone interview with Melvin Cauthen, August 4, 2023.

⁴⁰ Mpox Alert Issue#1. PrEP4All, July 20, 2022. (<https://prep4all.org/wp-content/uploads/2023/10/M-Pox-Alert-1.pdf>, accessed March 24 2024).

⁴¹ Tracy, M. Activists Escalate Pressure on Government Over Monkeypox Response. Gay City News, July 22, 2022. (<https://gaycitynews.com/activists-monkeypox-government-pressure/>, accessed March 19 2024).

⁴² New Streamlined Process to Provide Tecovirimat (TPOXX) for Treatment of Monkeypox. *COCA NOW: CDC Clinician Outreach and Communication Activity*, July 22, 2022. (<https://emergency.cdc.gov/newsletters/coca/072222.htm>, accessed March 19 2024).

⁴³ Dawson, L and Kates J. Monkeypox Vaccine Roll-out in the US – Are Jurisdictions Requesting All Their Doses? *KFF Policy Watch*, July 29 2022. (<https://www.kff.org/policy-watch/monkeypox-vaccine-roll-out-in-the-u-s-are-jurisdictions-requesting-all-their-doses/>, accessed March 19 2024).

⁴⁴ WHO Director-General's statement at the press conference following IHR Emergency Committee regarding the multi-country outbreak of monkeypox - 23 July 2022. Geneva: World Health Organization. 2022. (<https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-press-conference-following-IHR-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox--23-july-2022>, accessed March 19 2024).

JULY 25 2022	CDC's first Technical Report on the US mpox outbreak reports 3,487 cases in 45 states, the District of Columbia, and Puerto Rico. Nearly two thirds of all cases are in BIPOC individuals. ⁴⁵
JULY 27 2022	PrEP4All hosts second Mpox Community Meeting
JULY 28 2022	New York Health Commissioner declares mpox outbreak an imminent threat to public health
JULY 29 2022	Noting that New York has one of the highest mpox transmission rates in the country, with 1383 cases to date, New York Governor Kathy Hochul proclaims mpox a state disaster emergency ⁴⁶ .
AUGUST 2022	On August 1, 568 mpox cases are recorded—the highest daily number at any point in the outbreak. Over the course of the month the 7-day moving average (the average of case numbers over the past seven days) peaks ⁹ . More than two-thirds of cases are now in BIPOC individuals. New York City Department of Health launches mobile mpox vaccination units in consultation with partners working with the LGBTQIA+ community, including pride and wellness centers, health clinics and youth and adult shelters. Activist and researcher Joe Osmundson serves as liaison between organizers of queer sex parties and the city department. At some events, as many as 40 to 60% of attendees received vaccinations. Over 70% of doses administered at sex parties were second doses, building high immunity among New Yorkers at greatest risk of MPV infection ⁴⁷ .
AUGUST 1 2022	Illinois Governor JB Pritzker proclaims state of emergency in response to mpox ⁴⁸ . 7603 laboratory confirmed cases. This number will more than double over the course of the month ⁴⁹ . California proclaims state of emergency to support state's response to mpox ⁵⁰

⁴⁵ Technical Report 1: Multi-National Mpox Outbreak, United States, 2022. Atlanta: Centers for Disease Control and Prevention; July 25 2022. (<https://www.cdc.gov/poxvirus/mpox/cases-data/technical-report/report-1.html#summary>, accessed March 19 2024).

⁴⁶ Executive Order 20: Declaring a Disaster in the State of New York. Albany: Office of the Governor of New York State, July 29 2022. (<https://www.governor.ny.gov/executive-order/no-20-declaring-disaster-state-new-york>, accessed March 24 2024).

⁴⁷ NYC Health + Hospitals Administers over 15,000 MPV Vaccinations at Hospital and Mobile Clinics. New York City: NYC Health + Hospitals; November 17, 2022. (<https://www.nychealthandhospitals.org/pressrelease/health-hospitals-administers-over-15000-mpv-vaccinations-at-hospital-and-mobile-clinics/>, accessed March 24 2024).

⁴⁸ Choi, J. "Illinois Gov Declares State of Emergency Over Monkeypox." *The Hill*, August 1, 2022. (<https://thehill.com/homenews/state-watch/3583235-illinois-gov-declares-state-of-emergency-over-monkeypox/>, accessed March 24 2024).

⁴⁹ Technical Report 2: Multinational Mpox Outbreak, United States, 2022. Atlanta: Centers for Disease Control and Prevention; September 1 2022. (<https://www.cdc.gov/poxvirus/mpox/cases-data/technical-report/report-2.html>, accessed March 24 2024).

⁵⁰ Governor Newsom Proclaims State of Emergency to Support State's Response to Monkeypox. Sacramento: Office of Governor Gavin Newsom; August 1 2022. (<https://www.gov.ca.gov/2022/08/01/74502/>, accessed March 24 2024).

AUGUST 2 2022	Activists at AIDS 2022 conference in Montreal take the stage during a presentation by Dr Demetre Daskalakis demanding more urgent action and global equity, calling for the US government to “share the shots.” ⁵¹ President Biden appoints FEMA’s Dr. Bob Fenton and CDC’s Dr. Demetre Daskalakis as Coordinator and Deputy Coordinator respectively of the White House National Mpox Response ⁵² .
AUGUST 3 2022	PrEP4All’s Mpox Alert #2 shares information on how sustained pressure by PrEP4All and allies, including extensive media outreach and engagement, led CDC to reduce the paperwork clinicians are required to fill out to prescribe TPOXX, an antiviral available to treat mpox symptoms ⁵³ .
AUGUST 4 2022	Outbreak declared US Public Health Emergency by US Dept of Health and Human Services . In this announcement, HHS reports that it has shipped more than 602,000 doses of vaccine to states and jurisdictions, and accelerated delivery of an additional 150,000 doses of JYNNEOS vaccine from November to September. ⁵⁴
AUGUST 8 2022	Queer and trans activists and academics involved in the Respond-MI study send President Biden an 11-point plan of action for the newly declared federal emergency response in an open letter, writing, “While this is long overdue, we welcome you and your team and we want you to now it is not too late to stop the spread of mpox.” ⁵⁵ US Department of Health and Human Services (HHS) sends letter to Ryan White HIV/AIDS Programs (RWHAP) stating that RWHAP funds can be used for mpox vaccination, treatment and testing, including covering the costs of copays and commercial laboratory fees for underinsured

⁵¹ King, Mark S. “WATCH: Monkeypox Activists Disrupt AIDS2022 with Rageful Protest.” *Poz*, August 1, 2022. (<https://www.poz.com/blog/watch-monkeypox-activists-disrupt-aids2022-rageful-protest>, accessed March 24 2024).

⁵² President Biden Announces Team to Lead Monkeypox Response. Washington DC: Office of the White House; August 2 2022. (<https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/02/president-biden-announces-team-to-lead-monkeypox-response/>, issued March 24 2024).

⁵³ Mpox Alert #2. New York City: PrEP4All, August 3 2022. (<https://prep4all.org/wp-content/uploads/2023/10/Mpox-Alert-2.pdf>, accessed March 24 2024).

⁵⁴ Biden-Harris Administration Bolsters Mpox Response; HHS Secretary Becerra Declares Public Health Emergency. Washington DC: US Department of Health and Human Services; August 4, 2022. (<https://www.hhs.gov/about/news/2022/08/04/biden-harris-administration-bolsters-monkeypox-response-hhs-secretary-becerra-declares-public-health-emergency.html>, accessed March 24 2024).

⁵⁵ An open letter to the Biden administration on mpox. *Harvard Public Health Bulletin*: August 8 2022. (<https://harvardpublichealth.org/equity/an-open-letter-to-the-biden-administration-on-monkeypox/>, accessed March 24 2024).

AUGUST 9 2022	<p>individuals⁵⁶. Mpox response coordinator Dr. Demetre Daskalakis will later describe this action as part of a “syndemic response” to mpox⁵⁷.</p> <p>US Department of Health and Human Services issues a “564 determination” that allows the Food and Drug Administration to issue an emergency use authorization for intradermal (between the layers of the skin) administration of JYNNEOS vaccine⁵⁸. Up until this date, the vaccine had been administered subcutaneously (under all the layers of the skin). The shift, which allows five doses to be administered from a single vial, is undertaken to stretch highly limited vaccine supply. The move raises concerns among activists, including PrEP4All. Concerns include impact on vaccine confidence, especially among BIPOC communities who have been under-represented in vaccination to date; need for provider training on ID dosing and use of multiple doses from a single vial. Activists bring these concerns to HHS and FDA.</p>
AUGUST 12 2022	<p>PrEP4All Mpox Alert #3 focused on vaccine supply and dose sharing states that the proposed shift to ID dosing is “poorly planned and poses risks of vaccine hesitancy and mistrust.”⁵⁹”</p>
MID-AUGUST 2022	<p>Julie Patterson, AIDS activist and director of the AIDS Funding Collaborative in Cleveland, returns from AIDS2022 conference—which featured strong mpox activism—and begins to organize locally, collaborating with other activists including former PrEP4All staffer Kenyon Farrow to organize a townhall at the Cleveland LGBT center⁶⁰.</p>
AUGUST 18 2022	<p>RESPOND-MI team writes to Drs Mary Bassett and Ashwin Vasani, New York State and City Health Commissioners, raising “serious concerns” about the roll out of intradermal vaccination for mpox; the city and activists concur that the introduction can only be done safely if it is not rushed and allows time for training in the new route of administration⁶¹. The city makes patient education cards on blebbing and, with activist support, sources images of blebs on non-white skin⁶². “So the federal</p>

⁵⁶ Department of Health and Human Services Letter to Ryan White HIV/AIDS Program Colleagues. August 8, 2022. (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/monkeypox-guidance-dear-colleague.pdf>, accessed March 24 2024).

⁵⁷ The White House National Mpox Response: Where We Have Been, Where We Are, Where We Need to Go. Slide Deck for Briefing presented July 18 2023. (<https://pandemicresponse.columbia.edu/wp-content/uploads/2023/07/PRI-Mpox-Presentation-Daskalakis-Optimized.pdf>, accessed March 24 2024).

⁵⁸ HHS Secretary Becerra issues 564 determination paving way for emergency use authorization of mpox vaccines. Washington DC: US Department of Health and Human Services; August 9, 2022. (<https://www.hhs.gov/about/news/2022/08/09/hhs-secretary-becerra-issues-564-determination-paving-way-for-emergency-use-authorization-monkeypox-vaccines.html>, accessed March 24 2024).

⁵⁹ Mpox Alert #3. New York City: PrEP4All, August 12, 2022. (<https://prep4all.org/wp-content/uploads/2023/10/Mpox-Alert-3.pdf>, accessed March 24 2024).

⁶⁰ PrEP4All phone interview with Julie Patterson July 10 2023.

⁶¹ Respond-MI letter to Dr. Vasani and Dr. Bassett, August 18, 2022. (https://static1.squarespace.com/static/62a22d6005b37c4b261d19e9/t/6304aeea3533ac3cd303b554/1661251306824/VaccineEquityNY_8_18_22_22.pdf, accessed March 24 2024).

⁶² Intradermal vaccines, when correctly administered, lead to a “bleb” or small blister immediately after dosing. An ID vaccine dose that doesn’t result in a bleb may have been given improperly.

	government told municipalities that if they did not switch to 90% intradermal dosing in five days, they would get no more vaccine. And New York City said no. ⁶³ ” – Joe Osmundson
AUGUST 26 2022	PrEP4All Mpox Alert #4 calls attention to the new CDC data showing racial disparities in access to TPOXX/tecovimrat, the antiviral used to treat mpox ⁶⁴ . The report notes that, as of August 14, Black people make up 33.3% of the US population diagnosed with monkeypox, but only 15.6% of people with monkeypox who have received treatment. “Black people with monkeypox are not being prescribed in proportion with the number of cases in the Black community,” says Kenyon Farrow, PrEP4All Managing Director. “This gap opened up during the same period in which cases in the United States tripled. Black communities impacted by monkeypox are not receiving the resources for peer and provider education, and jurisdictions around the country are dragging their heels in providing treatments and vaccines. Black people are bearing the brunt of this inaction.”
AUGUST 29- SEPT 5 2022	The Preparedness and Response Team for Southern Decadence, a major Southern pride event held in Louisiana, collaborates with CDC and local public health professionals to deliver mpox vaccines in a range of locations, seeking to reduce stigma and increase awareness of mpox. The non-traditional sites (outside of “Health Hub clinics” draw more BIPOC individuals, but vaccine recipients in all locations are disproportionately white ⁶⁵ .
AUGUST 24-26, 2022	In Cuyahoga County, Cleveland health officials say they are rolling out mpox vaccination slowly to emphasize equity—as 60 percent of confirmed cases have occurred in Black men. Venues include board of health offices, a nightclub⁶⁶ and the Metrohealth Cleveland clinic, where staffers notice that people appearing for vaccines are disproportionately white. “I remember walking through the atrium and going, ‘Oh yeah, this is not reflective of our patient population,’” Jennifer McMillen Smith, MetroHealth System social worker ⁶⁷ . “It looked a lot like [racial disparities in uptake of] PrEP,” AKeem Rollins, PrEP Navigator, MetroHealth System ⁶⁸ . Later that month, Rollins turns to Black queer event organizers and arranges to bring a mobile vaccination van to Black Pride. A full day

⁶³ PrEP4All phone interview with Joe Osmundson, May 17 2023.

⁶⁴ Mpox Alert #4. New York City: PrEP4all, March 24 2024.

⁶⁵ Soelaeman, Rieza H et al. “Characteristics of JYNNEOS Vaccine Recipients Before and During a Large Multiday LGBTQIA+ Festival - Louisiana, August 9-September 5, 2022.” *MMWR. Morbidity and mortality weekly report* vol. 71,43 1379-1381. 28 Oct. 2022, doi:10.15585/mmwr.mm7143e3

⁶⁶ Dennis, Justin. “Where to get the monkeypox vaccine this week near Cleveland.” *Fox 8*, August 24 2022. (<https://fox8.com/news/where-to-get-the-monkeypox-vaccine-this-week-near-cleveland/>, accessed March 24, 2024).

⁶⁷ PrEP4All phone interview with Jennifer McMillen Smith, August 17 2023.

⁶⁸ PrEP4All phone interview by phone with AKeem Rollins, August 14 2023.

drive results in four immunizations (including Rollins and a social media influencer, who are both Black.) “If you've been paying any attention to the medical community’s relationship with Black people in America at all—all of the reasons [for vaccine hesitancy] came up.”

[CDC reports 17,432 cumulative cases in all 50 states, the District of Columbia, and Puerto Rico; roughly 98 percent of all cases are in cisgender men, two thirds of the cases are in people who identify as Black or Hispanic; of people with known sexual orientation, 93.3 percent are gay or bisexual men⁴⁷.](#)

**AUGUST 29,
2022**

HHS pledges approximately \$11 million to support the first U.S.-based fill and finish manufacturing of JYNNEOS vaccine at Grand River Aseptic Manufacturing (GRAM) in Grand Rapids, Michigan⁶⁹.

**LATE AUGUST
2022**

Cleveland-based social worker Jennifer McMillen Smith uses residual COVID funds and community connections to remove barriers to isolation for clients with severe mpox, including housing and access to food. “I called up [the director of the food pantry] and said, ‘I have this guy who's being discharged, he needs to isolate at home. His mpox is terrible. He can't stay at his house if he doesn't have food. People were afraid to deliver the food to him, and I knew it could be done safely.’⁶²”

**AUGUST 30
2022**

[MPX NYC study developed by RESPOND-MI team of queer and trans researchers and activists launches to compensate for “a slapdash response” by government officials⁷⁰.](#) “There is a limited supply of vaccines for MPX and no strategy for distributing it in a way that maximizes equity and epidemiologic impact. The results of this community-based participatory research will yield a map of the sexual networks of queer and trans people, allowing for purposeful interventions to stop the outbreak of MPX,” states Dr. Keletso Makofane, RESPOND-MI Principal Investigator.

**SEPTEMBER
2022**

Clinical consultants at CDC began to receive queries about treatment of patients who were severely ill with mpox, including persons with disseminated infections attributed to uncontrolled viral replication due to severe immunocompromise, particularly in persons with advanced HIV disease¹¹.

⁶⁹ HHS Funds US-Based Production of Smallpox and Monkeypox Vaccine. Washington DC: US Department of Health and Human Services; August 29, 2022. (<https://www.hhs.gov/about/news/2022/08/29/hhs-funds-us-based-production-of-smallpox-and-monkeypox-vaccine.html>, accessed March 24, 2024).

⁷⁰ Queer and Trans Scholar-Activists of RESPOND-MI Study Team Launch MPX NYC, A Community-Led Campaign and Survey to Prevent Monkeypox and Inform Distribution of Vaccines. New York City: Respond-MI; August 30, 2022. (<https://mailchi.mp/638400b8278d/press-release-mpx-nyc>, accessed March 24, 2024)

SEPTEMBER 6 2022	The HHS announces it has awarded a contract to AmerisourceBergen to support the Strategic National Stockpile (SNS) shipments of mpox vaccine and treatment to an expanded number of locations nationwide⁷¹.
SEPTEMBER 7 2022	National Center for HIV, Viral Hepatitis, STD and TB Prevention sends letter to recipients of funds awarded under selected CDC “Notice of Funding Opportunities” that resources may be used for the mpox response⁷².
	HHS Secretary Xavier Becerra signs a declaration under section 564 of the Federal Food, Drug, and Cosmetic Act enabling the FDA Commissioner to grant emergency use authorizations for in vitro diagnostics, which will expand the availability of mpox tests⁷³.
SEPTEMBER 9 2022	PrEP4All publishes Mpox Alert #5 . With case numbers declining, PrEP4All lays out strategy for long-term, equitable response that rests with establishment of a National PrEP Program ⁷⁴ .
SEPTEMBER 15 2022	The CDC launches the Mpox Vaccine Equity Pilot Program (VEPP) to explore innovative approaches for addressing mpox vaccination disparities among communities most impacted by the disease including groups like Black/African American and Hispanic/Latino gay, bisexual, and other men who have sex with men, as well as transgender individuals ⁷⁵ . Six days later (see September 23) CDC reports major racial disparities in mpox cases and vaccine uptake.
SEPTEMBER 20 2022	Nearly 700,000 doses of JYNNEOS are administered in the 48 jurisdictions with available data. This covers 22 percent of the required doses to safeguard the estimated 1.6 million high-risk Americans⁷⁶.
SEPTEMBER 23 2022	CDC reports that that 70 percent of new confirmed mpox cases are occurring in Black and Hispanic men, compared to 37 percent in May

⁷¹ HHS Awards \$20 Million Contract to AmerisourceBergen to Expand, Quicken Distribution of Vaccines and Treatments for Monkeypox. Washington DC: US Department of Health and Human Services; September 6, 2022. (<https://www.hhs.gov/about/news/2022/09/06/hhs-awards-20-million-contract-amerisourcebergen-expand-quicken-distribution-vaccines-treatments-for-monkeypox.html>, accessed March 24 2024).

⁷² Supporting Monkeypox Funding Update. Atlanta: Centers for Disease Control and Prevention; September 7 2022. (https://www.cdc.gov/nchhstp/dear_colleague/2022/supporting-monkeypox-funding.html, accessed March 24 2024).

⁷³ Monkeypox (mpox) Emergency Use Authorizations for Medical Devices. (Washington DC: US Food and Drug Administration, September 7 2022). (<https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/monkeypox-mpox-emergency-use-authorizations-medical-devices>, accessed March 24 2024).

⁷⁴ Mpox Alert #5. New York City: PrEP4All, September 9, 2022. (<https://prep4all.org/wp-content/uploads/2023/10/M-Pox-Alert-5.pdf>, accessed March 24 2024).

⁷⁵ Mpox Vaccine Equity Pilot Program. Atlanta: US Centers for Disease Control and Prevention; April 13 2023. (<https://www.cdc.gov/poxvirus/mpox/health-departments/vaccine-equity-pilot.html>, accessed March 24 2024).

⁷⁶ Monkeypox Appears to Recede, but Risks and Uncertainties Linger. *The Transmission: Global Center for Health Security*, September 28 2022. (<https://www.unmc.edu/healthsecurity/transmission/2022/09/28/monkeypox-appears-to-recede-but-risks-and-uncertainties-linger/>, accessed March 24 2024).

	2022. Black men have received 9 percent of vaccine doses, and Hispanic men have received 16 percent ⁷⁷ .
SEPTEMBER 26 2022	Substance Abuse and Mental Health Services Administration (SAMSHA) sends letter advising grantees that SAMSHA resources including funds and staff may be used for mpox-related activities⁷⁸.
SEPTEMBER 27 2022	PrEP4All joins more than 50 activist, public health advocacy and faith-based groups in a letter calling on Congress to deliver additional funding for SARS CoV-2 and mpox⁷⁹.
AUGUST – OCTOBER 2022	CDC offers clinical consultations for 57 hospitalized patients who presented severe manifestations of monkeypox. The majority of these patients were Black men with AIDS ⁸⁰ .
OCTOBER 3 2022	PrEP4All Mpx Alert #6 calls with urgency for US government to include funding for responses to mpox and COVID-19 in the upcoming budget request and for action on a research agenda, warning that “we haven’t learned anything from the epidemic.” ⁸¹
	Xavier Becerra, the Secretary of the U.S. Department of Health and Human Services (HHS), amends the Public Readiness and Emergency Preparedness Act (PREP Act) declaration concerning smallpox medical countermeasures to expand the categories of healthcare providers authorized to administer vaccines and therapeutics for smallpox, mpox virus, and other orthopoxviruses during a declared emergency, enabling pharmacists and a wide range of other health workers to deliver care, prevention and treatment⁸².

⁷⁷ Technical Report 3: Multinational Mpox Outbreak, United States, 2022. Atlanta: Centers for Disease Control and Prevention, September 23, 2022. (<https://www.cdc.gov/poxvirus/mpox/cases-data/technical-report/report-3.html>, accessed March 24 2024).

⁷⁸ SAMSHA grantees may use SAMSHA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMSHA supported activities. Rockville: Substance Abuse and Mental Health Services Administration; September 26, 2022. (<https://www.samhsa.gov/sites/default/files/colleague-letter-monkeypox.pdf>, accessed March 24 2024).

⁷⁹ Please deliver urgently needed funding for COVID-19 and monkeypox virus. Coalition sign on letter sent to ranking members of Congress on Appropriations Committees. (<https://www.citizen.org/wp-content/uploads/cso-letter-to-congress-supporting-covid-mpox-funding.pdf>, accessed March 24 2024).

⁸⁰ Miller MJ, Cash-Goldwasser S, Marx GE, et al. Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1412–1417. DOI: <http://dx.doi.org/10.15585/mmwr.mm7144e1>

⁸¹ Mpox Alert #6. New York City: PrEP4All; October 3 2022. (<https://prep4all.org/wp-content/uploads/2023/10/M-Pox-Alert-6.pdf>, accessed March 24 2024).

⁸² HHS amends PREP Act declaration increasing workforce authorized to administer monkeypox vaccines. Washington, DC: US Department of Health and Human Services; October 3, 2022. (<https://www.hhs.gov/about/news/2022/10/03/hhs-amends-prep-act-declaration-increasing-workforce-authorized-to-administer-monkeypox-vaccines.html>, accessed March 24 2024).

OCTOBER 25 2022	PrEP4All Mpox Alert #7 calls attention to the disparities in racial and demographic uptake of mpox vaccine, including the first publication of disparities in uptake of second shots which had been reported to PrEP4All and in briefings but not published on the CDC website ⁸³ .
DECEMBER 2022	Ad-hoc Mpox working group meeting covers concerns about mpox in people with advanced HIV disease, state of funding allocated for mpox responses, global access to medical countermeasures, multiplex testing for mpox (a PCR test that would allow for testing of mpox along with other STIs), with action steps for follow up with White House mpox response coordinators.
DECEMBER 2 2022	Xavier Becerra, the Secretary of the U.S. Department of Health and Human Services (HHS), announces that the mpox public health emergency will end on January 31 2023 ⁸⁴ .
DECEMBER 15 2022	PrEP4All Mpox Alert #8 , the final bulletin in the series, focused on mpox in people with advanced HIV disease, who are at the highest risk of severe mpox symptoms, as well as death, writing “Mpox does not threaten the lives of most people infected with the virus, but for some people it does. As long as this is happening, the outbreak remains an emergency—for all of us.” ⁸⁵

Narrative

Reviewing the chronology in the timeline from the perspective of activist-government actions and interactions, we identify three phases.

Mid-May through mid-June 2022: Rapid, anticipatory community action and alarm unmatched by government action.

Summary

During this phase, communities impacted by mpox moved more quickly than public health authorities, identifying research needs, assessing supply chains, adapting outreach strategies to address inequities—*before the relevant authorities took the same steps*. Prior activist networks and collaborations were repurposed and expanded to address mpox with little to no additional funding. While cross-fertilization and collaboration occurred, these collaboratives had distinct racial, age, and geographic demographics.

Notable events

Within two weeks of CDC confirmation of the first case of mpox in the US, queer-identified activists with a range of professional backgrounds identify key needs including:

⁸³ Mpox Alert #7. New York City: PrEP4All; October 25, 2022. (<https://prep4all.org/wp-content/uploads/2023/10/M-Pox-Alert-7.pdf>, accessed March 24 2024).

⁸⁴ Statement from HHS Secretary Becerra on mpox. Washington, DC: US Department of Health and Human Services; December 2 2022. (<https://www.hhs.gov/about/news/2022/12/02/statement-from-hhs-secretary-becerra-on-mpox.html>, accessed March 24 2024).

⁸⁵ Mpox Alert #8. New York City: PrEP4All; December 15, 2022. (<https://prep4all.org/wp-content/uploads/2023/10/M-pox-Alert-8.pdf>, accessed March 24 2024).

- A rapid and proactive government response to increasing testing capacity
- Community-based and -led research to better understand the sexual networks through which the virus might spread.
- The need for the US government to avail itself of the vaccines and treatments it already owns as part of the strategic national stockpile for smallpox, that would be needed for an effective mpox response.

Within four weeks, community raised concerns and drew media attention to:

- Onerous paperwork for accessing TPOXX, major challenges in accessing testing,
- Misleading US government information about testing capacity
- The US lapse in certification of the Danish plant where vaccine doses were manufactured and stored as a major barrier to access.

Many of the actions requested required government cooperation and leadership. This was not forthcoming. For example:

- It took 37 days after activist intervention regarding TPOXX for the US government to simplify the prescriber protocol from six forms to two. The government refused, at any point in the crisis and up to the present, to issue an Emergency Use Authorization.
- It took 24 days after activists warned of testing shortages for the CDC to make it possible for commercial labs to test for mpox; it took 101 days after this warning for HHS to issue an Emergency Use Authorization for mpox diagnostics that expands the number and type of tests available in the US, including rapid, point of care tests.

Activist/community actions

In this period, activists reactivated a COVID Working Group which included academics, researchers and clinicians as well as activists and advocates—many with an HIV/AIDS background; activists also established new groups, including the RESPOND-MI collaborative whose founder, Keletso Makofane, drafted a protocol for sexual and social network analysis in May 2022 that launched within 60 days. These structures both built on pre-existing relationships and established new collaborations. They were almost entirely unfunded/volunteer at the outset. The group that emerged out of the COVID Working Group and met regularly thereafter was majority white and acquired new members through network expansion—ie individuals inviting peers and collaborators. The RESPOND-MI collaborative was majority BIPOC individuals and acquired new members through outreach on social media. The MPOX working group membership was older, overall, than the RESPOND-MI membership.

Mid-June through August 2022: Communities face preventable crisis as Federal government takes belated action.

“It [was] almost using that old HIV activist part of my brain. And so in a sense I made it [responding to mpox] my mission. Which, if I weren’t here, I don’t know how that would happen.” – Melvin Cauthen, Montgomery County, Maryland

“Because mpox coincided with the tail end of all the COVID influx of resources, we had COVID dollars that could temporarily put someone in a hotel.” Jennifer McMillen Smith, Cleveland, Ohio

“When I did the mpox vaccination event [on Black Pride weekend], I worked 24 hours between Friday, Saturday and Sunday, from 8:30 AM to almost 2:00 AM. It felt like it the realm of what I do because (A), I’m gonna do it because I go up for my people and (B) it still felt like it was within the realm of early intervention.” AKeem Rollins, Cleveland, Ohio

“Lack of doses available [was a major challenge]. People who wanted the vaccine in upstate South Carolina had to wait a month plus for their first dose.” – Anonymous respondent to PrEP4All online survey.

Summary

During this phase, case numbers climbed, vaccination sites opened with limited slots that often disappeared within minutes when posted for online availability. Many of the first immunizations in this period were delivered to white cisgender men. Community-based providers and activists took note of this and began deploying new strategies, including sending SMS messages and calling clients, reaching out to organizers of sex parties and pride events to set up vaccine points, and using the media, townhalls, and public protest to shine a light on the shortages which were driven not by actual supply challenges, but by US government delays in shipping doses, certifying the plant where the vaccine was produced, and establishing domestic capacity to fill and finish doses. COVID resources including residual funds and health cadres are used for local responses—sometimes without formal approval or reallocation.

Notable events

This phase saw an expansion of vaccine availability, from approximately 50,000 doses distributed in June 2022, to one million distributed in July 2022. In many instances, HIV and STI clinics and service providers and LGBTQI+ organizations play an active role in setting up vaccine clinics and campaigns. Activist-initiated coordination in New York City with the Department of Health brings mobile vaccination vans to sex parties. As initial vaccine campaigns roll out, there is disproportionate uptake by white cisgender men, prompting a range of efforts designed by and for BIPOC communities to improve uptake. These have some success but also meet challenges rooted in systemic racism and its manifestations in the health system. The COVID-19 vaccine infrastructure including appointment scheduling, health workforce, and immunization sites is not available/adaptable for the mpox response. Instead, because of the association with sexual transmission and the preponderance of cases in men who have sex with men, the responsibility for reaching individuals at risk and in need of vaccination, diagnosing and treating people with mpox falls primarily on HIV/STI providers and service points, including Ryan White HIV/AIDS Programs.

Activist/community dynamics

Impacted communities organize protests; ad-hoc and informal government engagement with officials at FDA, the White House, CDC and BARDA continues, with participation in these calls often based on personal connections and prior relationships. The pressure exerted in these dialogues is cited by government officials as a contributing factor to the appointment, in August 2022, of White House-based response coordinators.

August 2022-January 2023: Community pressure catalyzes government innovation and collaboration

Summary

Following the late-July declaration of a national Public Health Emergency, the White House appoints Dr. Bob Fenton and Dr. Demetre Daskalakis as coordinator and deputy coordinator of a national response. Almost immediately, the team shifts the dynamics of the response to date, including taking several steps that could have been taken weeks or months prior. This period of innovation unfolds as cases peak and begin to decline, and as community activism centered on mpox also subsides.

Notable events

Almost immediately, the White House Coordinators changed the tenor and pace of the US government response. Within days, they reached out to US agencies including SAMSHA, CDC grantees, HRSA and RWHAPs conveying that resources including funds and staff can be used by these programs for mpox-related activities. Where agencies or grantees are hesitant or concerned, the coordinators encourage legal review of existing contracts to affirm that mpox, which disproportionately impacts gay men and other men who have sex with men and people living with HIV, is in scope for their activities. This action formalizes the “braided” response that frontline providers had already been utilizing via reallocation of COVID resources for hotels for isolation, for example. There was no new funding to these entities for these activities. Daskalakis also begins to hold community forums to facilitate information exchange; he and Fenton, along with other government officials, attend the Mpox working group meetings and, at the request of members, take steps to develop a symposium on mpox research held in March 2023. At the same time, communities that have taken note of disparities in vaccine uptake continue to try to shift demographics in recipients of both first and second shots of the vaccine. While new cases decline and vaccine availability expands, data on severe disease and death make it clear that Black men with advanced HIV disease are bearing the burden of mpox-related morbidity and mortality. Mpox is declared an opportunistic infection on September 28, 2022.⁸⁶

Activist/community dynamics

Visible, media-engaged activism on mpox followed the trajectory of cases—peaking in early August at the International AIDS Conference in Montreal, with a protest that highlighted global and local vaccine scarcity. Many conference participants who were unable to access vaccines in the United States obtained them at immunization sites set up at the conference. In the weeks and months that follow, as the acute shortage of tests and vaccines wanes and formal channels for government engagement emerge, activist and advocacy responses return to more local and, often, demographically distinct agendas. Racial inequities in uptake of second shots, morbidity and mortality from severe mpox disease do not catalyze significant new action that captures media attention. An emergency response largely mobilized through volunteer time and reallocated bandwidth shifts to other priorities. However, some groups work to institutionalize and/or document particularly effective elements of local responses, including those, like the mobile

⁸⁶ O'Shea J, Daskalakis D, Brooks JT. The emergence of mpox as an HIV-related opportunistic infection. *Lancet*. 2023 Apr 15;401(10384):1264. doi: 10.1016/S0140-6736(23)00395-1. PMID: 37061263; PMCID: PMC10424250.

sexual health clinics in New York City, that were funded under the city's state of emergency and ceased to function when that was lifted.

Discussion and Recommendations

The US mpox outbreak that began in 2022 was far more severe than it needed to be. From the earliest days of the epidemic, LGBTQI+, HIV, and STI activists used lived and professional experience to raise alarms, share analyses and call for government action. Had the government acted more rapidly, vaccine shortages could have been averted, testing could have been significantly and rapidly brought to scale, and individuals with mpox could have avoided intense often excruciating pain. Many of the steps that the government ultimately took were ones that activists identified and shared with officials. Until the appointment of the White House coordinators, this engagement was largely ad hoc; some of the most challenging and pointed exchanges that PrEP4All participated in happened in calls of three to five individuals. Social media, particularly the platform formerly known as Twitter, was used to share some information and analysis in real time, and ad-hoc collectives with affinities including prior collaboration, BIPOC identity, and research interests, also emerged. The speed and dynamism of this early response very likely shortened timelines to government action and filled in gaps in information about why vaccines, tests and treatments were in short supply, and what to demand and expect of local and federal public health authorities. Following the appointment of White House-based coordinators, the Federal response focused on delivering a syndemic-oriented approach by emphasizing that SAMSHA, HRSA and Ryan White HIV/AIDS Care Programs could use available resources to address mpox and making grants to improve vaccine equity. This belated response unfolded after case numbers peaked; nevertheless, it shows what is possible, and a similar syndemic-oriented response should be mobilized immediately when future outbreaks emerge. At every stage in the outbreak, impacted communities used lived experience and localized social and personal networks to share information, address equity issues, and alleviate pain and suffering. The work was impactful and under-resourced; when the urgency of the issue diminished, attention shifted. Based on the experiences to date, three key recommendations emerge:

- 1) Cultivate and incorporate community-government information sharing channels as part of domestic biodefense and biosecurity activities; activate these channels as soon as a CDC emergency response is triggered and utilize them for relevant updates after the emergency has lifted.**

The CDC emergency response for mpox launched on May 23; within a week, the White House and senior public health officials from various government agencies convened a call with a select set of HIV/AIDS activists. This early engagement should, in the future, be followed by immediate establishment of a focal person in government who is accessible for both public and smaller, off the record dialogues with impacted communities, and who has the power to convene and coordinate relevant agencies—as Drs. Daskalakis and Fenton did when they were appointed two months later. As of July 2023, when the White House announced a new Office of Pandemic Preparedness and Response that is effectively a permanent “home” for the type of coordinating activity led by Drs. Daskalakis and Fenton; this office could be responsible for establishing this communication channel, however, to date it has not done so. The CDC's December 2023

Health Action Network alert⁸⁷ about the ongoing outbreak in the Democratic Republic of Congo (DRC) did not prompt engagement between the OPPR office and advocates in the US to delve into this development, even as advocates raised concerns about equitable access to countermeasures in DRC. In May 2024, CDC issued an updated warning affirming advocates' recent concerns⁸⁸—as this report went to press, the communication channels used in the 2022 outbreak had still not been reactivated.

The experiences documented here are highly relevant to the implementation of the National Biodefense Strategy and Implementation Plan.⁸⁹ Goal 3 of the plan, [Ensure biodefense enterprise preparedness to reduce the impacts of bioincidents, includes the objective:](#)

Develop, exercise, and update risk communication plans and promote consistent, plain language messaging to inform key audiences, expedite desired response actions, and address public uncertainty and fear.

Driven by impacted communities, the mpox response in 2022 exemplified impact in this objective area. The best practices included innovative, responsive and community-engaged government officials. These should be documented, retained and expanded. The evidence to date suggests that this is not happening. This is a dangerous precedent for US biosecurity and biodefense. With regard to the ongoing global mpox outbreak, particularly in the Democratic Republic of the Congo, this inaction also jeopardizes the health and safety of mpox-impacted communities in the US.

- 2) **Fund accountability-focused activism and advocacy including resources for outbreak response and mobilization within HIV and LGBTQI+ networks and communities.** Much of the rapid response work documented in this report drew on experience, volunteer time, and personal connections. It is essential to institutionalize and support activist and advocacy work that pushes for accelerated timelines to deliver tests, treatments, and diagnostics. The presence of informed, organized, and engaged activists made a crucial difference in mpox. The same communities can and will respond to other health and environmental threats. They already are, but funding is often short term and tied to emergencies when it should be long term and supportive of actions that build confidence, connections, and expertise between crises. Investments in this expertise will also expand the number of activists and advocates who are known to each other and to officials on “day 1” of the next outbreak. Growing and making visible such a community is one strategy for shifting the racial and gender demographics of the individuals engaged by the Federal government for early communications.

⁸⁷ <https://emergency.cdc.gov/han/2023/han00501.asp>

⁸⁸ Mandivilli, A. “CDC Warns of a Resurgence of Mpox.” New York Times, May 16 2024. (<https://www.nytimes.com/2024/05/16/health/cdc-mpox-congo.html>, accessed May 17 2024).

⁸⁹ National Biodefense and Implementation Plan for Countering Biological Threats, Enhancing Global Security, and Achieving Global Health Security. Washington DC: The White House, October 2022. (<https://www.whitehouse.gov/wp-content/uploads/2022/10/National-Biodefense-Strategy-and-Implementation-Plan-Final.pdf>, accessed May 17 2024).

3) **Fund prevention equity for queer and BIPOC people—including a National PrEP Program and programs that remove barriers to routine and outbreak-related vaccine access for adults.**

At the outset of the US mpox outbreak that began in 2022, white men were disproportionately represented among vaccinees; by December 2022, the rate of immunization (at least one dose of JYNNEOS) was higher among Black and Hispanic men than it was among white men. This shift seems to underscore the equity focused efforts, including those funded through CDC grants and those undertaken by individuals and groups prior to this funding window. However, the absolute numbers of vaccine recipients do not tell the whole story. Rates of mpox were higher among Black and Hispanic men. With higher incidence, there is a greater need for vaccination. But the rates of vaccination in these demographics did not meet this need. Instead, the CDC Mpx Emergency Response team concluded that “substantially higher vaccination rates among Black and Hispanic males are needed to address the disproportionate incidence and unmet vaccination needs in these groups.” The surveys and interviews conducted for this after-action report point to several surmountable obstacles to expanding vaccine coverage. These include:

- Addressing network sufficiency: 60 percent of survey respondents said that location of services contributed to challenges in obtaining vaccines, tests, or treatment.
- Building knowledge among providers: half of survey respondents cited provider awareness/training or willingness to prescribe as a challenge in accessing needed services.
- Resourcing communities as long-term partners: 60 percent of survey respondents cited activist networks as crucial to addressing challenges during mpox; 78 percent turned to social and personal networks for support. In open-ended answers about aspects of the response that worked, multiple respondents cited queer-led and -designed interventions. In our interviews, BIPOC providers and peer educators underscored the need to make long term investments in outreach and education to address concerns, mis- and disinformation.

These obstacles would be substantially addressed by the National PrEP Program proposed by a national coalition of HIV advocates. Additionally, Vaccines for Adults programs⁹⁰, which exist in some states⁹¹, and for some viruses⁹², should be scaled up and made standard nationwide. These programs provide un- and underinsured individuals with ready access to necessary vaccines.

Conclusion

Almost two years after the onset of the mpox outbreak in the United States, the emergency and sense of urgency has subsided, and the lessons from that outbreak have, in many instances, failed

⁹⁰ <https://www.americanprogress.org/article/the-u-s-needs-a-federal-program-to-expand-vaccine-access-and-equity-for-adults/>

⁹¹ <https://www.floridahealth.gov/programs-and-services/immunization/vaccines-for-adults/index.html>

⁹² <https://www.hhs.gov/about/news/2023/07/13/cdc-launch-bridge-access-program-fall-2023-provide-free-covid-19-vaccines-treatments-uninsured-underinsured-adults.html>

to prompt lasting change. This is particularly concerning as an increase in global Clade II infections alongside a novel outbreak of the more serious Clade I virus in Central Africa reaffirms the threat of mpox for global health security. Across the board, the frontline responders interviewed for this report took on mobilization, case management and outreach without additional programmatic funding. HIV/AIDS treatment and prevention programs and staff solved problems, built systems and improvised approaches to address disparities and reduce suffering. Activists did the same, relying on personal connections, prior organizing around HIV and COVID-19, and the leeway afforded some jurisdictions by the public health state of emergency.

None of the community-led innovations used in mpox have received additional long-term funding as part of genuine efforts to reduce health disparities and increasing preparedness in communities most impacted by emergent and ongoing pandemics. Instead, the HIV funding that made this work possible is at risk of being cut—a casualty of today’s divided Congress.

The US government no longer has White House-based mpox coordinators. As this report went to press, the Democratic Republic of Congo was in the throes of an ongoing outbreak.⁹³ Driven by sexual transmission of Clade I MPXV, which is more virulent than Clade II (the primary clade associated with the global outbreak that began in 2022), and which has not previously been associated with sexual transmission,⁹⁴ This outbreak prompted the US CDC to issue an advisory, however the head of the White House Office of Pandemic Preparedness and Response has not made any outreach (to PrEP4All’s knowledge) to community activists to discuss the situation, its risks for the US and the steps that the government is taking to support access to vaccines, tests and treatments.

The community-government connections needed for effective responses aren’t strong enough to support routine updates and ongoing dialogue about how to address a continuing global outbreak.

However there are also sources of energy and optimism. AIDS activism is, incredibly to those who lived through the early decades of the epidemic, often confined to history books. Yet the tactics, including social network-based organizing, a strong media game and rigorous research to shine light on government obfuscation, still deliver. New configurations of activists working locally and nationally and with attention to racial dynamics within organizing spaces are taking on challenges because our lives—still—depend on it. It is only a matter of time before the next outbreak occurs, and when it does, queer and BIPOC people will be on the frontline once again. This review tells the story of what happened before and points the way to what is possible. Taking action on the recommendations now will blunt future crises, build equity and save lives.

⁹³ World Health Organization. Mpox (monkeypox) in the Democratic Republic of the Congo. November 23, 2023. <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON493>

⁹⁴ Kibungu EM, Vakaniaki EH, Kinganda-Lusamaki E, et al. Clade I-Associated Mpox Cases Associated with Sexual Contact, the Democratic Republic of the Congo. *Emerg Infect Dis*. Published online November 29, 2023. [doi:10.3201/eid3001.231164](https://doi.org/10.3201/eid3001.231164)

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