

## Quick Links

*About Monkeypox and the Current Outbreak:*

<https://www.cnn.com/2022/08/05/health/monkeypox-questions-update/index.html>

*About monkeypox:* <https://www.cdc.gov/poxvirus/monkeypox/about.html>

*Monkeypox symptoms:* <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

*Monkeypox Data in California:*

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Data.aspx>

*2022 US Case Map and Case Counts:*

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

*2022 US Case Trends:* <https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html>

*New York Times Article Discussing Federal Government Failure to replenish vaccine stockpile:*

<https://www.nytimes.com/2022/08/01/nyregion/monkeypox-vaccine-jynneos-us.html>

*Experience seeking vaccine as well as getting the illness:*

<https://www.cnn.com/2022/08/05/health/monkeypox-gay-men/index.html>

*US Declares a National Public Health Emergency:*

[https://www.nytimes.com/2022/08/04/health/monkeypox-emergency-us.html?action=click&pgtype=Article&state=default&module=styln-monkeypox&variant=show&region=BELOW\\_MAIN\\_CONTENT&block=storyline\\_flex\\_guide\\_recirc](https://www.nytimes.com/2022/08/04/health/monkeypox-emergency-us.html?action=click&pgtype=Article&state=default&module=styln-monkeypox&variant=show&region=BELOW_MAIN_CONTENT&block=storyline_flex_guide_recirc)

## Panelist Bios



**Erica Pan, MD, MPH,  
FAAP State Epidemiologist  
Deputy Director, Center for Infectious Diseases**

Erica Pan, MD, MPH, FAAP, the Deputy Director of the Center for Infectious Diseases and State Epidemiologist, was sworn in July 13, 2020. She was the Acting State Public Health Officer from August 10, 2020 to January 3, 2021. Prior to joining CDPH, Pan served as the Alameda County Health Officer since July 2018, and the Director of the Division of Communicable Disease Control and Prevention, and Deputy Health Officer at the Alameda County Public Health Department since 2011.

Pan served in several positions, at the San Francisco Department of Public Health (SFDPH) from 2004 - 2011, including Director of the Public Health Emergency Preparedness and Response Section, Deputy Health Officer, and Director of the Bioterrorism and Infectious Disease Emergencies Unit in the Communicable Disease Control and Prevention Section.

She is also a Clinical Professor in the Department of Pediatrics, Division of Pediatric Infectious Diseases at the University of California, San Francisco. She maintained her clinical work at San Francisco General Hospital and at UCSF Benioff Children's Hospitals in San Francisco and Oakland in Infectious Diseases until 2019.

In 2012, Dr. Pan was chosen to be one of 30 California Health Care Foundation (CHCF) Leadership Fellows, and she completed her fellowship in 2014. As a Fellowship alumni, she continues to leverage opportunities within the CHCF network to collaborate with leaders from multiple healthcare sectors across California.

Her previous training includes completion of a Pediatric residency, chief residency, and Pediatric Infectious Disease, and Traineeship in AIDS Prevention Studies Fellowships at the University of California, San Francisco. She also completed a Medical Epidemiologist Trainee year at the SFDPH. She is board certified in both Pediatric Infectious Diseases and Pediatrics. She received her MD and MPH degrees from Tufts University School of Medicine, and completed her undergraduate education at Stanford University.

**Vivek Jain, MD, MAS – Associate Professor of Medicine, Division of HIV, Infectious Diseases & Global Medicine, San Francisco General Hospital, University of California, San Francisco**



Vivek Jain, M.D., M.A.S. is an Associate Professor of Medicine and Infectious Diseases in the Division of HIV, Infectious Diseases & Global Medicine at San Francisco General Hospital (SFGH) at the University of California, San Francisco. Dr. Jain is an infectious disease specialist focused on HIV, general infectious diseases, and internal medicine. He is the director of the SFGH Infectious Diseases Clinic, Co-Director of the SFGH Infection Control and Prevention Team, serves as an attending physician on the Infectious Diseases Consult Service, serves as an HIV-focused primary care doctor in the Positive Health Practice Clinic of SFGH, and is Co-director of the Communicable Diseases course in the UCSF Global Health Sciences Master's Degree program. He conducts clinical and implementation science research focused on developing and sustaining high performance systems of care for infectious diseases and emerging pandemic threats.

## **Dan Tavares Arriola – Council Member, City of Tracy**



Councilmember Dan Arriola was elected to the Tracy City Council in 2018. He also works as a Deputy District Attorney for San Joaquin County. At 29-years-old, he became the youngest Councilmember in the history of the City of Tracy, as well as the first openly LGBTQ elected official in the city.

As a Councilmember, Arriola has championed various policy initiatives including: establishing the Homelessness Strategic Plan; officially recognizing LGBTQ Pride Month and raising the Pride Flag for the first-time ever; legalizing commercial cannabis; approving the first affordable housing development in over 20 years; supporting the future ValleyLink light rail system to connect to BART; joining EBCE to procure city-wide green renewable energy; and authoring the “Tracy Equity & Empowerment Initiative” to address social equity and justice reform in the City of Tracy.

Councilmember Arriola currently serves as President of the League of California Cities LGBTQ Caucus. Arriola has also received national recognition on the “40 Best LGBT Lawyers Under 40” List by the National LGBT Bar Association; on the Young Elected Officials “35 Under 35” List by the YEO Network; and as a “Victory Empowerment Fellow” by the International LGBTQ Victory Institute.

## **David Watson – San Francisco Resident**

David is a Systems Business Analyst currently residing in San Francisco with his husband and two pit bulls. He was born in Kingston, Jamaica, and immigrated to the Boston Area in 1977. David holds a BS in Electronic Engineering Technology from the University of Hartford. He has been a resident of the Castro neighborhood since 2008. In early July, David contracted monkeypox. David has advocated strongly for increased resources and a more robust response to the outbreak for marginalized communities by recounting his experience with the illness and difficulties accessing vaccination, testing, and treatment for him and his loved ones.

## Grant Nash Colfax, MD



Grant Colfax, MD, is Director of Health for the City and County of San Francisco. For the past thirty years, Dr. Colfax has strived to improve health and wellness through his work in clinical medicine, research, policy and administration. A graduate of Harvard Medical School, he completed his residency in Internal Medicine at the University of California, San Francisco. In 1997, he joined the San Francisco Department of Public Health where his focus was on researching and implementing HIV prevention interventions. As Director of HIV Prevention and Research, he emphasized bringing an evidence-based, community-informed approach to addressing gaps in HIV care and prevention. From 2012 to 2014 he was a member of the Obama Administration, serving as Director of the Office of National AIDS Policy. As the President's primary adviser on domestic HIV policy, he coordinated Federal efforts to implement the National HIV/AIDS Strategy. From 2015 to 2019 he was Director of Marin County's Health and Human Services, leading the Public Health, Social Services and Behavioral Health divisions, with a focus of increasing health and wellness equity in Marin. He became director of the San Francisco Department of Public Health in February 2019, overseeing the city's largest department with a \$2.3 billion dollar budget and more than 8,000 employees, including Zuckerberg San Francisco General Hospital, Laguna Honda Hospital, 14 primary care clinics, behavioral health services, and population health and prevention.

**Muntu Davis, MD, MPH – County Health Officer, Los Angeles County Department of Public Health**



Dr. Muntu Davis serves as the Los Angeles County Health Officer at the Department of Public Health (DPH). In this role, Dr. Davis serves as the Department's medical expert regarding public health matters and provides guidance to leadership across the organization. Working in partnership with DPH colleagues and health professional organizations, he consults on, interprets, and enforces County and State laws and regulations to protect and promote the health and wellness of all Los Angeles County residents.

Dr. Davis comes to Los Angeles from the Alameda County Public Health Department (ACPHD) where he served as Director for six years and Health Officer since 2009. As the Director, he provided strategic and administrative leadership, direction and oversight to planning for a full range of public health activities for over 1.6 million county residents. In his role as County Health Officer, he led public health protection efforts; health policy development; and served as an advisor to elected and appointed officials, members of the medical profession, and the public on matters affecting public health and safety.

For the past decade, he has contributed to statewide and national discussions around how to elevate and implement a health equity framework within government agencies. Dr. Davis practiced medicine in urban and rural primary care and urgent care clinics in Northern and Southern California. Dr. Davis has a MD from the University of California, Los Angeles, and a MPH from Harvard School of Public Health in Boston, Massachusetts.

## **Kimberly Saruwatari, MPH – Director, Riverside County Public Health**

Kim Saruwatari is the Director for Riverside University Health System – Public Health, otherwise known as the Riverside County Public Health Department.

Ms. Saruwatari began her career in Public Health over 25 years ago and has worked in Immunizations, HIV/AIDS, STD Control, Community Epidemiology and Outbreak Response, and Public Health Emergency Preparedness and Response. In 2015, Ms. Saruwatari was named the first ever director for the County of Riverside Emergency Management Department and was an integral contributor in developing the new emergency management model in Riverside County

Working with other administrators and outside agencies, Ms. Saruwatari led the development of plans for Public Health responses to emergencies such as a pandemic influenza, bio terrorism attacks and natural disasters. As part of the department's Health Equity Committee, Ms. Saruwatari helped develop a six-part training series for Public Health that is required for all Public Health employees and is considered a model for Public Health agencies nationwide. She has led the Public Health Department's response to the COVID-19 pandemic and Monkeypox outbreak, including the development of enhanced partnerships with community and faith-based organizations, the education sector and businesses throughout Riverside County.

She holds a B.A. in molecular and cell biology, and a M.P.H. in infectious diseases, both from the University of California, Berkeley.

**Elizabeth Hernandez, PhD – Director, Public Health Services, County of San Diego Health and Human Services Agency**



As Director of the County of San Diego, Public Health Services (PHS), Elizabeth Hernandez, Ph.D. oversees PHS operations and administrative functions, which includes Tuberculosis Control and Refugee Health, Preparedness and Response, Maternal, Child and Family Health Services, California Children’s Services, HIV/AIDS, STD and Hepatitis, as well as the Epidemiology and Immunization Branch. She provides leadership, direction, and support to PHS branches in the areas of budget development, fiscal processes, and accountability; contracting; quality management/quality improvement; Board Letter coordination; and human resources. The County’s PHS department consists of over 730 employees and a budget of \$210M, serving a county of 3.3 million residents. Prior to joining the County, Dr. Hernandez worked in the capacity of Vice President with the Neighborhood House Association (NHA), one of San Diego’s largest nonprofit organizations. During her eight-year tenure, she provided program oversight and management, ensuring that goals and objectives of the organization were met. She was responsible for the management of a combined \$10M budget and directed the performance of over 70 staff and 40 community partners. Prior to joining NHA, Dr. Hernandez consulted to organizations on program design and evaluation, curriculum and training design, and organizational assessment. Some of the clients that she has partnered with include the University of El Paso, Texas, Toyota Financial Services, school districts, health care consortiums, and utility and energy companies. She also worked in the non-profit sector as a psychological assistant, providing child, family, and one on one therapy. Dr. Hernandez holds a Bachelor of Arts degree in Psychology from Azusa Pacific University and a Masters and Doctorate in Dual Clinical/Industrial-Organizational Psychology from Alliant International University in San Diego, California.



**Oliver Bacon, MD, MPH – Senior Physician Specialist, San Francisco City Clinic, Disease Prevention and Control Branch, Population Health Division, San Francisco Department of Public Health**

Oliver Bacon, MD, MPH, is a physician at San Francisco City Clinic, the STI and sexual health clinic run by San Francisco Department of Public Health (SFDPH). He is also an Associate Clinical Professor of Medicine at University of California San Francisco in the Division of HIV, Infectious Diseases, and Global Medicine at San Francisco General Hospital. From 2015 to 2017 he led the RAPID initiative (immediate ART initiation for all persons newly diagnosed with HIV infection in San Francisco) for the Getting to Zero initiative and was Deputy Director of the Capacity Building Assistance Program for high impact HIV prevention at the SFDPH. He trained in Internal Medicine and Infectious Diseases. His areas of interest include diagnosis and treatment of sexually transmitted infections, antiretroviral therapy, management of opportunistic infections, new HIV testing strategies, early treatment of HIV infection, and biomedical prevention of HIV infection.

**Samuel Garrett-Pate – Managing Director of External Affairs, Equality California**

Samuel Garrett-Pate is the Managing Director of External Affairs for Equality California and Silver State Equality, where he oversees the organizations' strategic communications and media relations, state and federal legislative advocacy, political affairs and impact litigation. He is Equality California's principal spokesperson and previously served as communications director. Prior to joining Equality California, Sam was a Senior Account Executive at a strategic communications firm in Los Angeles, where he led public affairs, political strategy and litigation communications campaigns on behalf of the firm's clients. He previously served as a legislative and political aide to New York Congressman Sean Patrick Maloney. Sam received his BA in political science from the George Washington University. Outside of Equality California, he serves as the Co-Chair of LGBTQ Victory Fund's Victory Campaign Board and as a member of the Board of Directors.

### **Amber Parrish Baur – Executive Director, UFCW Western States Council**

A California native, Amber Parrish Baur has spent the last 18 years working in politics. After graduating from CSU Sacramento, she started the Masters Program at SFSU and began working for Noreen Evans in her bid for the State Assembly. Amber worked for in the North Bay for 5 years, first serving as Evans' Campaign Director and then District Director when she was elected.

As the Political Director for the San Francisco Labor Council for over 8 years, Amber was instrumental in building a strategic organization, designed to grow support for the contract, bargaining, and organizing goals of affiliates while developing and implementing political field and data operations.

Amber is currently the Executive Director of the United Food and Commercial Workers Union Western States Council. The Western States Council is composed of 185,000 UFCW members who work in the states of California, Arizona and Nevada. Mrs. Baur leads the UFCW's political and legislative efforts in the states that are affiliated with the council.

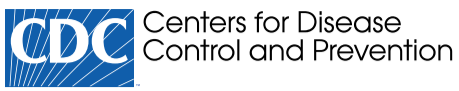
Amber lives with two young children in San Francisco.

### **Tyler TerMeer, PhD – CEO, San Francisco AIDS Foundation**

Tyler TerMeer, PhD, joined San Francisco AIDS Foundation as CEO in February 2022. Dr. TerMeer came to SFAF with nearly 18 years of experience in HIV and AIDS policy, advocacy, and nonprofit management. Previously, he served as CEO of Cascade AIDS Project, the largest community-based provider of HIV services in Oregon and southwest Washington. During his time at the helm of Cascade AIDS Project, Dr. TerMeer oversaw a merger with Our House of Portland, expanded the organization from one office to seven across two states, and launched Prism Health to serve the primary care and mental health needs of LGBTQ+ community members. Previously, Dr. TerMeer served as the Director of Public Policy and Government Relations at AIDS Resource Center Ohio, as Director of Ohio AIDS Coalition, and on a variety of HIV and AIDS policy organization councils and boards including Positive Pedalers (PosPeds), the National Association of People with AIDS, and the National Center for Innovation in HIV Care. He is currently the co-chair of the AIDS United Public Policy Council.

**Joe Hollendonner, MSW – CEO, Los Angeles LGBT Center**

Joe joined the Los Angeles LGBT Center team in July 2021 as the Executive Director, formerly serving as CEO of the San Francisco AIDS Foundation (SFAF), and before that he was chief of staff and first deputy commissioner at the Chicago Department of Public Health (CDPH), the nation's third largest health department. During Joe's tenure at SFAF, he spearheaded the adoption of a five-year strategic plan that prioritized the expansion of health and social services and established racial justice as a fundamental principle to guide the organization's growth. Prior to SFAF, Joe served in leadership roles at the CDPH and managed the department's operations and strategic initiatives to advance the city's public health agenda and improve the health of Chicago residents. During his tenure, CDPH was named "Health Department of the Year" and was the first large health department to receive accreditation by the Public Health Accreditation Board.

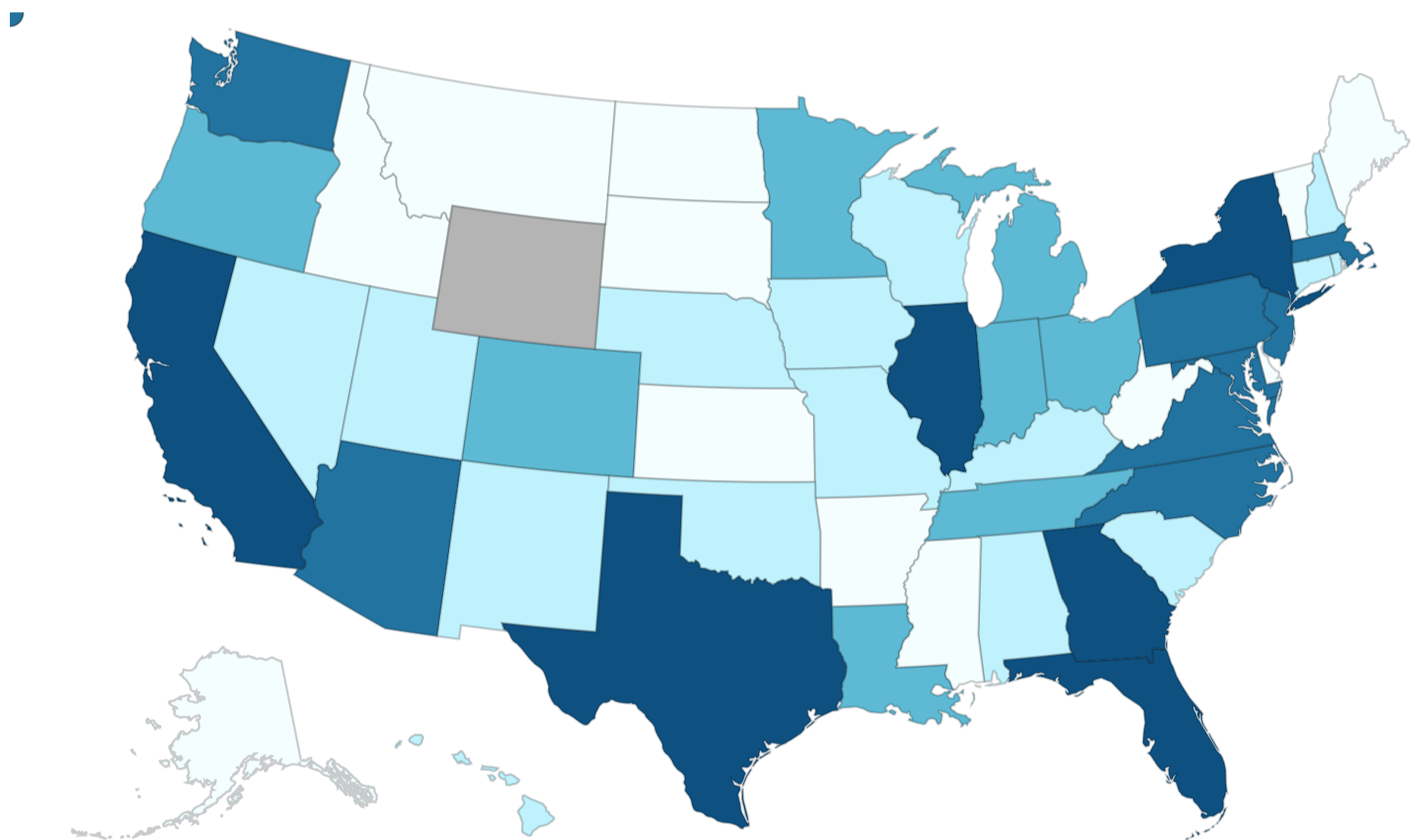


# 2022 U.S. Map & Case Count

Updated August 8, 2022

Total confirmed monkeypox/orthopoxvirus cases: **8,934**

\*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.



Territories  PR



### Case Range

- 0
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- >500

### Data Table

Location	Cases
● Alabama	21
○ Alaska	2
● Arizona	131
○ Arkansas	0

Location	Cases
● California	1,310
● Colorado	78
● Connecticut	48
○ Delaware	6
● District Of Columbia	303
● Florida	936
● Georgia	625
● Hawaii	11
○ Idaho	7
● Illinois	672
● Indiana	77
● Iowa	13
○ Kansas	2
● Kentucky	11
● Louisiana	83
○ Maine	2
● Maryland	215
● Massachusetts	174
● Michigan	70
● Minnesota	52
○ Mississippi	7
● Missouri	15
○ Montana	1
● Nebraska	14
● Nevada	39
● New Hampshire	15
● New Jersey	243
● New Mexico	13
● New York	1,960
● North Carolina	111
○ North Dakota	2
● Ohio	68
● Oklahoma	11
● Oregon	80
● Pennsylvania	234
● Puerto Rico	32
● Rhode Island	31
● South Carolina	39
○ South Dakota	1
● Tennessee	52
● Texas	702
● Utah	48
○ Vermont	1
● Virginia	145

Location	Cases
<input checked="" type="radio"/> Washington	183
<input type="radio"/> West Virginia	4
<input type="radio"/> Wisconsin	22
<input type="radio"/> Wyoming	0

[Download Data \(CSV\)](#)

Page last reviewed: August 8, 2022

# DIVISION OF COMMUNICABLE DISEASE CONTROL

## MONKEYPOX

### Monkeypox Data in California

Data are updated on Tuesdays and Thursdays. Last updated August 4, 2022.

#### Number of reported probable and confirmed monkeypox cases in California

Statewide Cases
1,310

By Local Health Jurisdiction	Cases
Los Angeles	431
San Francisco	398
Alameda	83
Sacramento	63
Santa Clara	61
San Diego	54
Riverside	35
Contra Costa	28
Orange	24
Long Beach	23
San Mateo	20
Sonoma	14

Hospitalized	N	Percents*
Yes	27	3.1
No	858	96.9
Missing/Unknown	425	-

Age Group	N	Percents*
Under 18 years	3	0.2
18-24	74	5.7
25-34	482	36.8
35-44	474	36.2
45-54	188	14.4
55-64	76	5.8
65 years and older	12	0.9
Missing/Unknown	1	-

Race/Ethnicity	N	Percent*
White	475	40.5
Hispanic or Latino	434	37.0

Solano	11
Berkeley	10
San Bernardino	8
Kern	6
Pasadena	6
San Joaquin	6
Santa Cruz	5
Fresno	4
Monterey	4
Marin	3
Ventura	3
Butte	2
Placer	2
Stanislaus	2
Tulare	2
Imperial	1
Napa	1

Black or African American	129	11.0
Asian	76	6.5
Other/Multiple Races**	60	5.1
Missing/Unknown	136	-

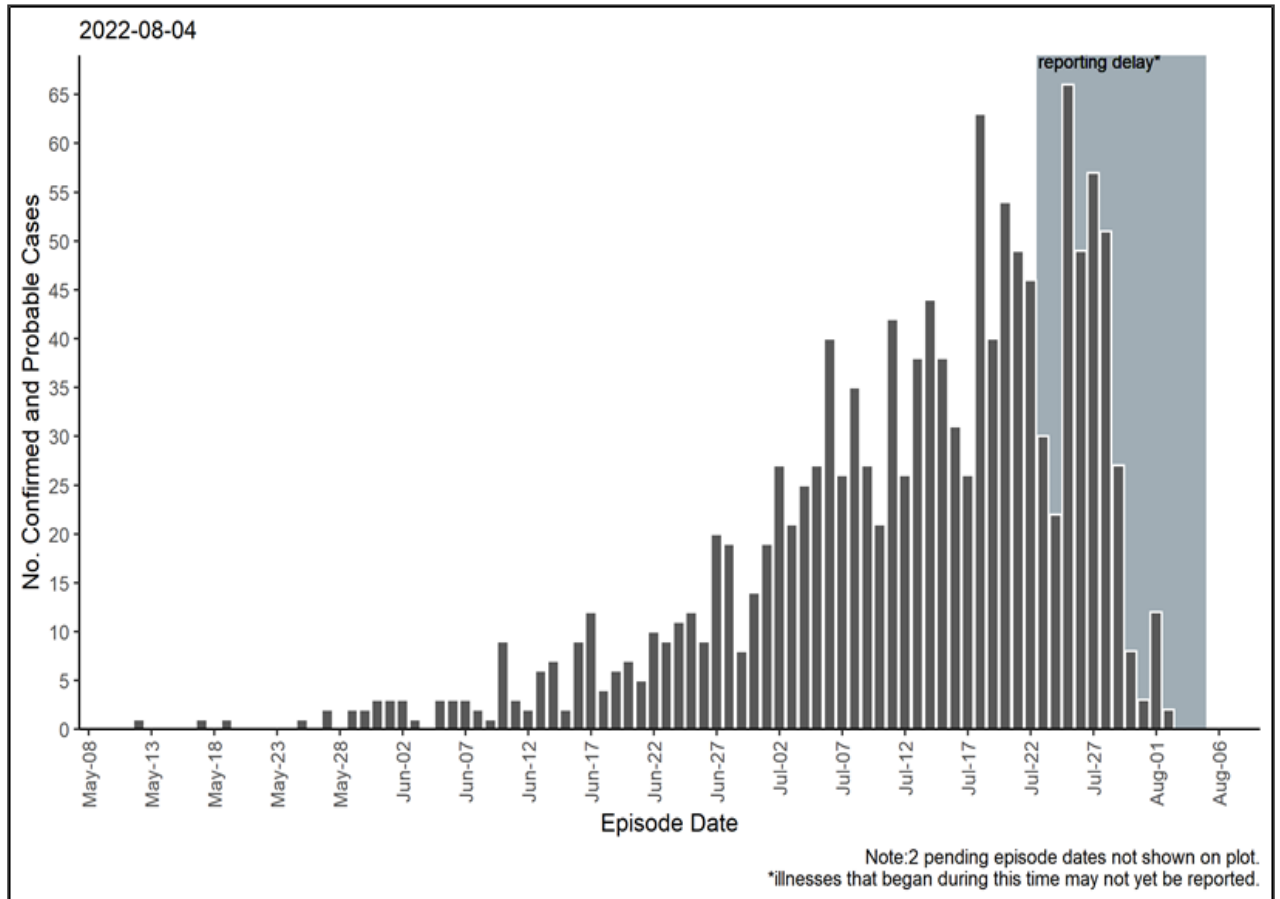
Gender	N	Percent*
Male	1,275	98.3
Transgender Male	6	0.5
Female	7	0.5
Transgender Female	4	0.3
Genderqueer/Non-Binary	5	0.4
Missing/Unknown	13	-

Sexual Orientation	N	Percent*
Gay, Lesbian or same gender loving	853	91.1
Bisexual	55	5.9
Heterosexual or straight	21	2.2
Other	7	0.7
Missing/Unknown	374	-

\* Among cases with available data

\*\* includes groups with small numbers of reported cases





Episode date is the date the event is estimated to have taken place. It is the most accurate source of data over time.

Page Last Updated : August 4, 2022



# Signs and Symptoms

Updated August 5, 2022

## Monkeypox symptoms

People with monkeypox get a rash that may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butthole) and could be on other areas like the hands, feet, chest, face, or mouth.

- The rash will go through several stages, including scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.

Other symptoms of monkeypox can include:

- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)

You may experience all or only a few symptoms

- Sometimes, people have flu-like symptoms before the rash.
- Some people get a rash first, followed by other symptoms.
- Others only experience a rash.

## How long do monkeypox symptoms last?

Monkeypox symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1-4 days later.

Monkeypox can be spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

### If You Have a New or Unexplained Rash or Other Symptoms...

- Avoid close contact, including sex or being intimate with anyone, until you have been checked out by a healthcare provider.
- If you don't have a provider or health insurance, visit a public health clinic near you.
- When you see a healthcare provider, wear a mask, and remind them that this virus is circulating in the area.



# Monkeypox Rash Photos



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo Credit: NHS England High Consequence Infectious Diseases Network





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Page last reviewed: August 5, 2022



health

Audio Live TV



# How should I worry about monkeypox? Our medical analyst explains

By **Katia Hetter**, CNN

🕒 Updated 6:22 AM ET, Fri August 5, 2022

## Monkeypox concern level is a 10 out of 10, HHS secretary says 04:01

**(CNN)** — Monkeypox is spreading in the United States and around the world. There are at least 26,000 infections documented in over 80 countries. The [World Health Organization](#) has declared it a public health emergency of international concern. The US Centers for Disease Control and Prevention is reporting [more than 6,600 infections](#), just two months after monkeypox was first detected in this outbreak, and on Thursday, the Biden administration [officially declared monkeypox to be a public health emergency](#) in the United States.



**Related Article:** Monkeypox is spreading faster than the data about it, hindering

How much should people worry about contracting monkeypox? Should everyone be trying to get the vaccine? Who are the groups most at risk, and what actions should they take? How exactly is monkeypox spread and how can people prevent from trying to get it? What are common symptoms to look out for?

To help us better understand monkeypox and the risk it poses, I spoke with CNN Medical Analyst Dr. Leana Wen, an emergency physician and professor of health policy and management at the George Washington University Milken Institute School of Public Health. She is also author of "[Lifelines: A Doctor's Journey in the Fight for Public Health](#)."

now?

**Dr. Leana Wen:** Monkeypox is not spread like Covid-19. As we know by now, Covid-19 is highly transmissible and can be spread through microscopic aerosols. That means you could be infected by someone who you're having a casual conversation with or even someone who happens to be in the same conference room or restaurant as you.

Monkeypox is primarily spread through prolonged, direct, skin-to-skin contact. Most cases thus far have been linked to sexual activity though this is not considered a sexually transmitted infection. Rather, individuals can spread monkeypox through intimate contact, such as kissing, hugging, cuddling and sexual intercourse.



KATERINA KON/SCIENCE PHOTO LIBRARY/AP

This illustration shows monkeypox virus particles, which are composed of a DNA genome surrounded by a protein coat and lipid envelope.

Individuals who have lesions can also shed virus onto bedsheets, towels and other linens that can spread the virus to others. This is why people with active monkeypox lesions are instructed [not to share](#) potentially contaminated items like linens, towels, drinking glasses and eating utensils with others.

### CNN: What kinds of symptoms do patients with monkeypox have?

**Wen:** People who contract monkeypox often first start developing fever, headache, muscles aches and overall fatigue — similar to many other viral illnesses. Many people also have lymph node swelling. They then develop a rash that progresses into blisters, pimples or sores. The lesions can be all over the body or only in one part. It could be localized to just the anal or genital area, on the face, inside the mouth, or any other part of the body.

A large study recently published in the [New England Journal of Medicine](#) examined 528 infections across 43 sites in 16 countries. It found that the most common symptoms are fever, tiredness, muscle aches and lymph node swelling. Nearly all had a rash with blisters, though some individuals only had one lesion while others had several or more. Some people only had sores inside their mouth or in their anal or genital areas.

Clinicians seeing patients with a fever and new rash should have a low threshold for testing for monkeypox, especially if the patient is in a high-risk group for contracting monkeypox. Importantly, the recent study also found that 29% of people diagnosed with monkeypox had a sexually transmitted infection. To me, this means that just because a patient is diagnosed with one thing doesn't mean they can't have another, too, and patients in high-risk groups who have new lesions need to get tested to rule out monkeypox.

### CNN: What started monkeypox, and how widespread is



MARY ALTAFFER/AP/FILE

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### it in the United States?

**Wen:** Monkeypox is a virus that is in the same family as the smallpox virus. It was first discovered in 1958 in monkeys, hence the name, though its usual animal hosts are rodents and other small mammals. It first appeared in humans in 1970 in East Africa. It has been endemic in countries in sub-Saharan Africa, with outbreaks sometimes occurring when infected travelers bring back the disease to their home countries. There was a big outbreak in the United States in 2003 due to imported rodents.





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### CNN: Has anyone died from monkeypox?

**Wen:** Monkeypox usually has a [fatality rate of 3% to 6%](#), according to the World Health Organization. Thankfully, no one has died from monkeypox in the United States yet, but this is a painful disease that can and does lead to severe illness and death. Those particularly vulnerable include pregnant women, young children and immunocompromised people.

### CNN: How much should people worry about monkeypox?

**Wen:** Because of the way that monkeypox is spread, it is not yet a concern for most Americans. However, individuals who are gay, bisexual and other men who have sex with men, who have intimate contact with multiple or anonymous people, are at high risk.

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[four days of exposure](#), the vaccine can prevent someone from developing monkeypox. If given within two weeks, it lessens the likelihood of progression to severe illness.

Soon, I hope there will be enough vaccine so that people in high-risk groups are able to access it. But given the way that monkeypox is spread, most Americans are not likely to contract it, and a mass vaccination campaign

### CNN: Who are the individuals in the high-risk groups for contracting monkeypox?

**Wen:** Thus far, monkeypox has predominantly affected gay, bisexual and other men who have sex with men. In the [New England Journal of Medicine](#) international case series, 98% of people with monkeypox were gay or bisexual, and the transmission was linked to sexual activity in 95% of the cases. The [US Centers for Disease Control and Prevention](#) has said that the "vast majority" of cases in the United States are in men who have sex with men, with a median age of 36.

Currently individuals at high risk are men who have sex with men and who have sex with multiple or anonymous partners. There are also reports in the United States of some women and [two children](#) who have contracted monkeypox, who are all believed to be direct contacts of men who have sex with men.

These individuals should immediately seek testing if they have a new rash or sore, and they should avoid close physical contact in the meantime. People who wish to reduce their risk [should avoid](#) crowded clubs, raves, sex parties and other places where there is prolonged skin-to-skin or face-to-face contact with many people who may be wearing less clothing.

### CNN: Should everyone try to get the monkeypox vaccine?

**Wen:** No. First of all, the monkeypox vaccine is extremely limited right now. About 600,000 doses of the two-dose vaccine have been delivered thus far, much less than the 1.5 million to 1.6 million people the CDC says are eligible.

Those who should definitely get the vaccine are those with known exposure to someone with monkeypox. [If given within](#)

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### CNN. IS monkeypox going to be yet another virus that will be endemic in the United States?

**Wen:** I really hope not. It is still possible to contain monkeypox through testing and vaccination. I hope that the WHO's declaration of a global health emergency will spur more countries, including ours, to put every effort to try to prevent monkeypox from taking hold and becoming endemic here. And I think the Biden administration's declaration will make a difference, too, to improve coordination and marshal needed resources.

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# Gay men are lining up as early as 2 a.m. for monkeypox vaccines. Many leave empty-handed

By [David Culver](#) and [Elizabeth Joseph](#), CNN

🕒 Updated 3:09 PM ET, Fri August 5, 2022

**San Francisco (CNN)** — The line begins to form before sunrise outside Zuckerberg San Francisco General



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They wear face masks, and keep a social distance from others, obeying the ground rules from the early days of the Covid-19 pandemic -- when the desperate need for vaccines far outweighed what federal and state governments could supply.

This line of mostly men is waiting for the monkeypox virus vaccine. The illness is spreading rapidly and on Thursday the Biden administration [declared it a public health emergency](#).

Many however will leave empty-handed as local hospitals and clinics have had to rely on an inconsistent and insufficient supply of vaccines, a dilemma that has infuriated patients and advocates.



San Francisco General opens the clinic doors at 8 a.m. and the line inches forward slowly. The hospital will distribute the available doses until the supply runs out.

For Cody Aarons, 31, it was his third attempt. He stood calmly with more than 100 people already in front of him.

"I was in New York for the past month for work, and I tried with their online portal system and was unsuccessful in getting a vaccine," said the health care worker who thought he might have a better chance in San Francisco.

**Related Article:** Now should I worry about monkeypox? Our medical analyst explains

But 45 minutes after starting the day's distribution, a hospital staff member passed by with an announcement. "Folks we have reached our limit for today," he shouted. "However, we will try to find you more shots."

Although with no guarantee of getting the monkeypox vaccine that day, Aarons -- and just about everyone in line -- stayed put.

"People want their vaccine," said Rafael Mandelman, a member of the San Francisco Board of Supervisors. "I know one person who was in that line four different days before he finally got his vaccination."

Mandelman, who got up at 4:30 a.m. and waited for hours before getting his vaccine shot days earlier, is frustrated with the rollout.

"After having come through a pandemic where we were able to discover a new vaccine, [and] distribute tens of millions of doses within a matter of months, the fact that with an existing known vaccine we cannot get more than these paltry little dribbles out is very frustrating to people," he said.

In California, the [vast majority of those infected](#) -- more than 98% -- are men, with more than 91% of patients identifying as LGBTQ. Mandelman feels he and others in the gay community have been left to advocate on their own, without support from the federal government.



# Desperate and fearful

For health care workers, the outbreak is a frustrating new chapter after the punishing Covid-19 pandemic.

"At the peak of Covid vaccinations, we averaged 1,400 to 1,500 (doses) a day. So we are completely used to the mass vaccination process," nurse manager Merjo Roca said.



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A sign reads 'Monkeypox vaccines here' at San Francisco hospital on August 2022.

distribution.

San Francisco health officials initially requested 35,000 doses, but say they've only gotten 12,000 from the federal stockpile. The state of California informed city leaders that San Francisco will receive 10,700 more in the next allotment, yet there's no clear indication when those doses will arrive or how many will reach San Francisco General Hospital for



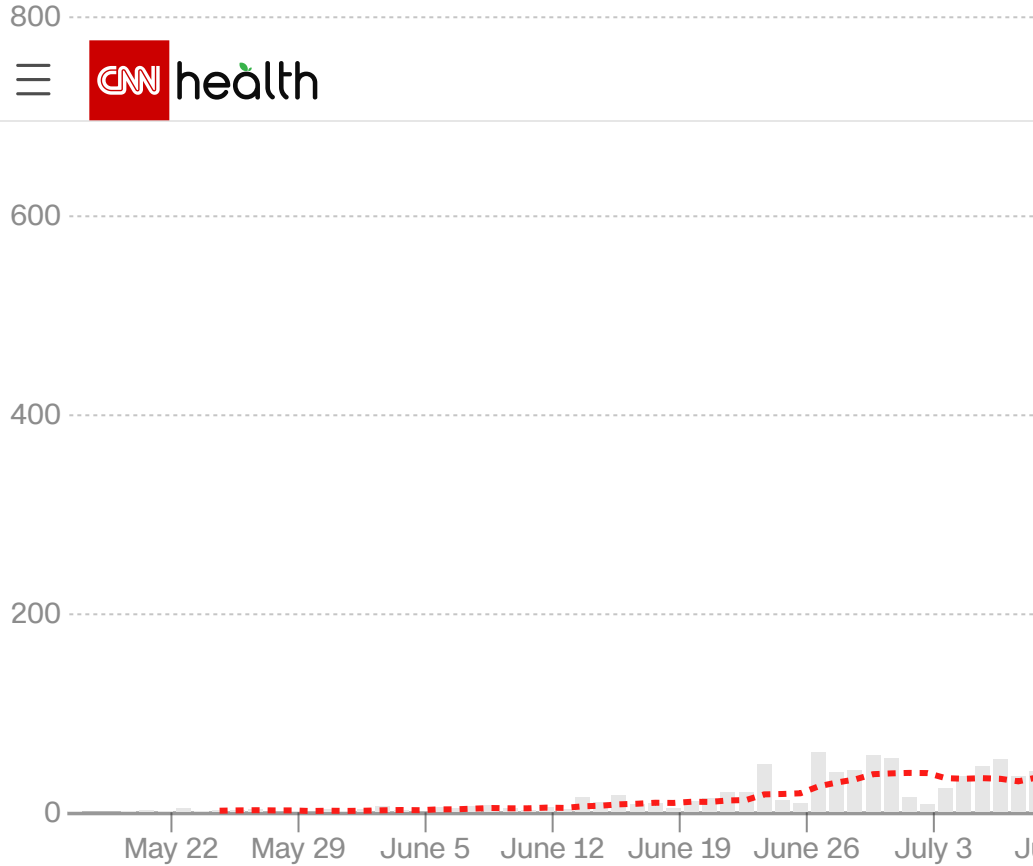
"I think one of our biggest challenges is really just the inconsistency of the supply," Roca said. "Our vaccine clinic prides itself on being able to help and vaccinate people when they come through our doors. So, it's super hard for all of our staff not to be able to do that and have to turn people away and not even have information to say when we will get the doses next."

With many of those in line fearful about monkeypox's rapid rise in cases, the clinic staff feel an added burden by not being able to deliver for everyone.

**Related Article:** California and Illinois declare states of emergency over monkeypox outbreak

# Tracking the spread of monkeypox in the United States

The **gray bars** represent the number of new monkeypox cases reported each day. The **dashed red line** shows the seven-day moving average.



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Note: Data updated weekly. Last update: Aug. 4, 2022

Source: Centers for Disease Control and Prevention

"It's very hard to listen to someone explaining why they want the vaccine and why they need the vaccine and we just don't have it," Roca added.




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Kevin Kwong shows his monkeypox lesions. He recently recovered from monkeypox after being diagnosed in early July.

## "It was like someone taking a hole-puncher all over my body"

The government argues it acted urgently and with the data. And there are clear differences between the response now and the response to HIV/AIDS. But some advocates say the perceived lack of governmental urgency in addressing a public health crisis that impacts queer communities today mirrors what gay men were experiencing decades ago.

Between October 1980 and May 1981, five young men from across Los Angeles -- [described by the US Centers for Disease Control and Prevention](#) at the time as "active homosexuals" -- were diagnosed with an unusual lung infection and two of them died.

It was the first time [acquired immunodeficiency syndrome](#) -- the devastating advanced-stage of HIV infection that would go on to claim the lives of more than 40 million people globally -- was first reported in the US.

Exchanges between then-President Ronald Reagan's press secretary and reporters in 1982 and 1983 indicate that the nation's top officials and mainstream society viewed the disease as a joke and not an issue of great concern.

That stemmed from the perception of AIDS as a "gay plague" -- a condition thought to be tied to the lifestyles and behaviors of gay men -- even though cases had also been reported in women, infants, those with hemophilia and people who injected drugs.

Now, more than 40 years later, the gay community is once again grappling with feeling ostracized and neglected by their own government.



KATERINA KON-SCIENCE PHOTO LIBRARY/AP

≡ **CNN** health

**Related Article:** Dr. Sanjay Gupta: While monkeypox cases rise, why are we waiting for the cavalry to rescue us?

lessons learned from the battles we've fought -- from COVID response to wildfires to measles, and will tackle this outbreak with the urgency this moment demands."

Monkeypox is a poxvirus, related to smallpox and cowpox and it generally causes pimple- or blister-like lesions and flu-like symptoms such as fever, according to the CDC.

The lesions typically concentrate on the arms and legs, but in the latest outbreak, they're showing up more frequently on the genital and perianal area, which has raised some concerns that monkeypox lesions may be confused with STDs.

"I had between 600 to 800 lesions all over my body ... It was like someone taking a hole-puncher all over my body. There were points where I couldn't walk, couldn't touch things," said Kevin Kwong, who recently recovered from monkeypox after being diagnosed in early July.

He chronicled his ordeal on social media to bring awareness to the outbreak and now wants to "focus on destigmatizing the gay community."

"We have a responsibility to not further stigmatize or politicize this issue for a community that has long faced many issues, has long been marginalized in our community," said Tyler TerMeer, CEO of the San Francisco AIDS Foundation. "Dating all the way back to the earliest days of the HIV epidemic in our country, we saw our community abandoned by federal government in their response," he said.

The foundation opened its doors in 1982 "in a moment of crisis in our community when the federal government

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"President Biden has called on us to explore every option on the table to combat the monkeypox outbreak and protect communities at risk," said White House National Monkeypox Response Coordinator Robert Fenton. "We are applying





People line up get vaccinated against the monkeypox virus last month at the Ted Watkins Memorial Park in Los Angeles.

The [first case of monkeypox](#) in the US was announced on May 18 in a patient hospitalized in Massachusetts who had traveled to Canada in private transportation.

Less than three months later there are more than 7,000 confirmed cases of the outbreak across the country, identified in all but two states -- Montana and Wyoming, [according to the CDC](#).

# Tracking monkeypox cases across the United States

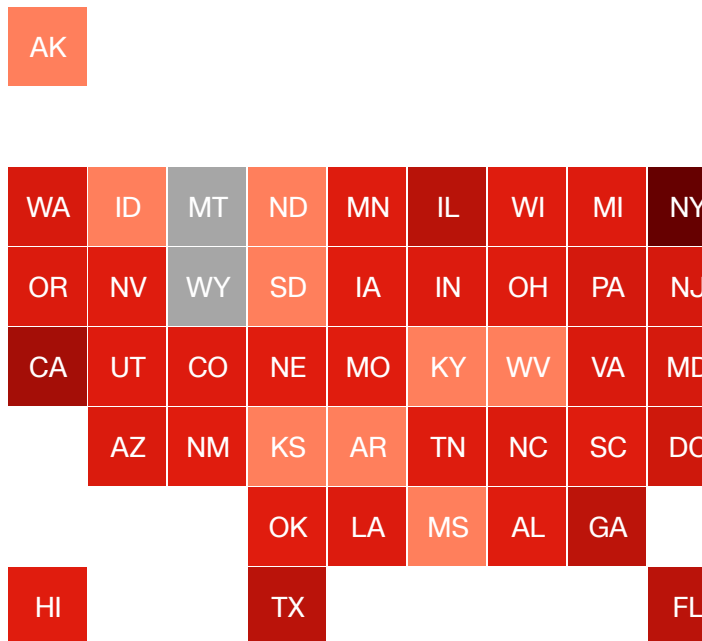
The Monkeypox outbreak has rapidly spread throughout the country since the first case reported in May.



## Reported cases

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Data as of Aug. 3, 2022

Since the start of June, [the CDC says it has been doing extensive education](#) and outreach to the LGBTQ community, including working with local Pride organizations, releasing educational videos and creating campaigns on social media sites and dating apps popular in the gay community.

According to the World Health Organization, there have been 25,054 cases confirmed by a laboratory as of August 3, and 122 probable cases.

"For the moment this is an outbreak that's concentrated among men who have sex with men, especially those who have multiple partners," World Health Organization Director-General Tedros Adhanom Ghebreyesus said in late July [when WHO declared monkeypox a public health emergency](#) of international concern.

**Related Article:** 'We need vaccines, and we need them yesterday': Frustration builds in LGBTQ community over government response to monkeypox

But while the outbreak has disproportionately impacted some gay communities, there is growing concern over the spread of infection.

The CDC in late July reported the [first two monkeypox cases in children](#). Two other pediatric cases have been [confirmed in Indiana](#), and another in [Long Beach, California](#), earlier this

week.

"This is a reminder that everyone, regardless of age or sexual orientation, can get monkeypox if they come into



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community with higher rates of infection."

There are over 500 cases of the outbreak identified across California, Florida, Georgia, Illinois, New York and Texas, [the latest CDC figures show](#). New York has the distinction of having the most cases -- 1,748 -- followed by California with 826 confirmed cases.

"We need everyone to be rallying behind this issue and quickly," TerMeer said "There is an imminent window of time by which we can get ahead of the fast spread of monkeypox across our country and that window continues to close."

*CNN's Harmeet Kaur, Augie Martin, Jen Christiansen, Carma Hassan, and Carolyn Sung contributed to this story.*

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## As Monkeypox Spreads, U.S. Declares a Health Emergency

The designation will free up emergency funds and lift some bureaucratic hurdles, but many experts fear containment may no longer be possible.



By Sheryl Gay Stolberg and Apoorva Mandavilli

Aug. 4, 2022

WASHINGTON — The Biden administration on Thursday declared the growing monkeypox outbreak a national health emergency, a rare designation signaling that the virus now represents a significant risk to Americans and setting in motion new measures aimed at containing the threat.

The declaration by Xavier Becerra, President Biden's health secretary, marks just the fifth such national emergency since 2001, and comes as the country remains in a state of emergency over the coronavirus pandemic. The World Health Organization declared a global health emergency over the outbreak late last month.

Mr. Becerra's announcement, at an afternoon news briefing where he was joined by a raft of other top health officials, gives federal agencies power to quickly direct money toward developing and evaluating vaccines and drugs, to gain access to emergency funding and to hire additional workers to help manage the outbreak, which began in May.

"We're prepared to take our response to the next level in addressing this virus," Mr. Becerra said, adding that "we urge every American to take monkeypox seriously, and to take responsibility to help us tackle this virus."

Mr. Biden has faced intense pressure from public health experts and activists to move more aggressively to combat monkeypox, which has infected more than 6,600 people in the United States. Lawrence O. Gostin, a health law expert at Georgetown University, called Thursday's declaration "a pivotal turning point in the monkeypox response, after a lackluster start."

Supplies of the monkeypox vaccine, called Jynneos, have been severely constrained, and the administration has been criticized for moving too slowly to expand the number of doses. Less than a decade ago, the United States had 20 million Jynneos doses; by May, the vast majority of them had expired.

In echoes of the early coronavirus response, tests have been difficult to obtain, surveillance has been spotty and it has been challenging to get an accurate count of cases. The administration has also been faulted for not doing enough to educate people in the L.G.B.T.Q. community, who are at high risk, before gay pride celebrations in June.

"We have 5 percent of the world's population and 25 percent of the world's cases," said Dr. Carlos del Rio, an infectious disease physician at Emory University in Atlanta. "That, to me, honestly, is a failure. We were caught sleeping at the wheel."

To address the vaccine shortage, Dr. Robert Califf, the Food and Drug Administration commissioner, who joined Mr. Becerra on Thursday, said his agency was exploring a strategy that would expand the number of available Jynneos doses by administering the shots differently — into layers of the skin, rather than the fat underneath. If it works, one-fifth of the current dose could be used to protect against the virus.

Dr. Califf said the agency was optimistic about the idea and expected to make a final decision "within the next few days," adding, "It's important to note that overall safety and efficacy profile will not be sacrificed for this approach."

Under current regulations, doctors have to navigate byzantine rules to request tecovirimat, the drug recommended for treating the disease, for their patients. The declaration does not change those rules, and federal officials have said they believe the regulations are necessary to ensure that the drug is safe and effective in patients.

Monkeypox, a virus similar to smallpox but with symptoms that are less severe, has in the past primarily been found in parts of Central and West Africa. But in the current outbreak, the United States has the world's largest number of monkeypox cases, and the virus is spreading fast. Less than a month ago, there were about 700 cases; now there are nearly 10 times that many.

More than 99 percent of people infected with monkeypox in this country are men who have sex with men, which has posed a delicate task for public health officials communicating with the public about the threat. They do not want to stigmatize gay people, as happened in the early days of the H.I.V./AIDS epidemic, but neither do they want to downplay their particular risk.

This week, Mr. Biden named a veteran emergency response official, Robert Fenton, and an infectious disease specialist, Dr. Demetre Daskalakis, to coordinate the response from the White House — a sign that the administration was stepping up its attention to the outbreak. Dr. Daskalakis, who is gay, has built deep credibility in the L.G.B.T.Q. community over his career. Both he and Mr. Fenton were on Thursday's call.

Monkeypox is transmitted mostly during close physical contact. The infection is rarely fatal — no deaths have been reported in the United States — but it can be very painful. The number of cases is expected to rise as the virus continues to spread and as surveillance and testing improve, Dr. Rochelle Walensky, the director of the Centers for Disease Control and Prevention, said on Thursday.

“Two things are happening at once that I think can account for the rise in cases that we’re seeing: One is more widely available testing, and two, potentially more infections that are actually happening,” Dr. Walensky said, adding that “it’s hard to disentangle those right now.”

The emergency declaration that Mr. Becerra issued on Thursday falls under a specific section of federal law that allows the health secretary to declare an emergency that generally lasts for 90 days, but may be extended. But it does not grant the F.D.A. authority to give emergency authorization to vaccines, tests and treatments; that requires a separate declaration.

“It should help galvanize more testing and more health care provider awareness, especially in places outside the big cities where the level of attention to this has been far less,” said Tom Inglesby, the director of the Johns Hopkins Center for Health Security at the Bloomberg School of Public Health, who has helped the Biden administration with its coronavirus response.

Anne Rimoin, an epidemiologist at the University of California, Los Angeles, and a member of the W.H.O.’s advisory panel on monkeypox, said the declaration would send “a strong message that this is important, that it must be dealt with now.”

Dr. Rimoin is one of the scientific advisers who urged the W.H.O. to categorize monkeypox as a “public health emergency of international concern,” a designation the organization has used only seven times since 2007. With panelists divided on the matter, Dr. Tedros Adhanom Ghebreyesus, the W.H.O.’s director general, overruled the advisers to declare monkeypox a global emergency, a status currently held by only two other diseases, Covid-19 and polio.



“We’re prepared to take our response to the next level in addressing this virus,” said Xavier Becerra, the health and human services secretary. Pete Marovich for The New York Times

In the United States, demands for stronger action against monkeypox have intensified recently and several states — California, Illinois and New York — have declared their own health emergencies. Recently, Representative Adam B. Schiff, Democrat of California, called on the Biden administration to step up the manufacturing and distribution of vaccines, and develop a long-term strategy for combating the virus.

Senator Patty Murray, Democrat of Washington and the chairwoman of the Senate health committee, pushed the Department of Health and Human Services to provide a detailed account of the steps it is taking to contain the outbreak.

Gay rights activists, who have been sharply critical of the administration, have been demanding an emergency declaration for weeks. “This is all too late,” said James Krellenstein, a founder of PrEP4All, an advocacy group that works to expand treatment for people with H.I.V. “I don’t really understand why they didn’t do this weeks ago.”

The F.D.A.’s plan to consider fractional doses of Jynneos took some federal scientists by surprise.

There is some data to suggest that injecting one-fifth of a regular dose of Jynneos between skin layers would be just as effective as the approach being used now, administering a full dose under the skin. The skin is rich in immune cells that mediate the response to vaccines, so this approach is sometimes used, especially with vaccines in short supply, although it requires more skill.

Researchers at the National Institutes of Health had planned to test the strategy for Jynneos in a clinical trial that was set to begin in a few weeks, with results expected later in the fall.

“That was our plan, so we’ll have to see how it fits into the new landscape, which has changed,” said Dr. Emily Erbelding, who directs the N.I.H.’s division of microbiology and infectious diseases. “We thought that there was a desire to get a more robust data set, but if it’s a race against time, then this is a different situation.”

“Things are moving fast,” she added.

Declaring an emergency gives the C.D.C. more access to information from health care providers and from states.

During the outbreak, federal health officials have regularly shared information on testing capacity or on the number of vaccines shipped to states. But the C.D.C.’s data on the number of cases lags that of local public health departments, and the number of people vaccinated, or their demographic information, is mostly unavailable.

“We are again really challenged by the fact that we at the agency have no authority to receive those data,” Dr. Walensky, the C.D.C.’s director, said recently at an event hosted by The Washington Post.

The agency is working to broaden its access to state data, but in the meantime, the information is spotty and unreliable. Local health departments are underfunded, understaffed and exhausted after more than two years of grappling with the Covid-19 pandemic.

“A declaration of this monkeypox outbreak as a public health emergency is important, but more important is to step up the level of federal, state and local coordination, fill our gaps in vaccine supply and get money appropriated from Congress to address this crisis,” said Gregg Gonsalves, an epidemiologist at the Yale School of Public Health and an adviser to the W.H.O. on monkeypox.

“Otherwise,” he said, “we’re talking about a new endemic virus sinking its roots into this country.”

## *U.S. Could Have Had Many More Doses of Monkeypox Vaccine This Year*

The Department of Health and Human Services delayed asking the manufacturer to process the bulk vaccine the government already owned into vials.



By Sharon LaFraniere, Noah Weiland and Joseph Goldstein

Aug. 3, 2022

WASHINGTON — The shortage of vaccines to combat a fast-growing monkeypox outbreak was caused in part because the Department of Health and Human Services failed early on to ask that bulk stocks of the vaccine it already owned be bottled for distribution, according to multiple administration officials familiar with the matter.

By the time the federal government placed its orders, the vaccine's Denmark-based manufacturer, Bavarian Nordic, had booked other clients and was unable to do the work for months, officials said — even though the federal government had invested well over \$1 billion in the vaccine's development.

The government is now distributing about 1.1 million doses, less than a third of the 3.5 million that health officials now estimate are needed to fight the outbreak. It does not expect the next delivery, of half a million doses, until October. Most of the other 5.5 million doses the United States has ordered are not scheduled to be delivered until next year, according to the federal health agency.

To speed up deliveries, the government is scrambling to find another firm to take over some of the bottling, capping and labeling of frozen bulk vaccine that is being stored in large plastic bags at Bavarian Nordic's headquarters outside Copenhagen. Because that final manufacturing phase, known as fill and finish, is highly specialized, experts estimate it will take another company at least three months to gear up. Negotiations are ongoing with Grand River Aseptic Manufacturing, a Michigan factory that has helped produce Covid-19 vaccines, to bottle 2.5 million of the doses now on order, hopefully shaving months off the timetable, according to people familiar with the situation.

Health and Human Services officials so miscalculated the need that on May 23, they allowed Bavarian Nordic to deliver about 215,000 fully finished doses that the federal government had already bought to European countries instead of holding them for the United States.

At the time, the nation had only eight confirmed monkeypox cases, agency officials said. And it could not have used those doses immediately because the Food and Drug Administration had not yet certified the plant where the vaccine, Jynneos, was poured into vials.

But it could now. Some states are trying to stretch out doses by giving recipients only one shot of the two-dose vaccine. California, Illinois and New York have declared public health emergencies. In New York City, every available slot for a monkeypox shot is taken.

Lawrence O. Gostin, a former adviser to the Centers for Disease Control and Prevention who has consulted with the White House about monkeypox, said the government's response has been hobbled by "the same kinds of bureaucratic delays and forgetfulness and dropping the ball that we did during the Covid pandemic."

The obstacles to filling and finishing vials follow other missteps that have limited vaccine supply. The United States once had some 20 million doses in a national stockpile but failed to replenish them as they expired, letting the supply dwindle to almost nothing. It had 372,000 doses ready to go in Denmark but waited weeks after the first case was identified in mid-May before requesting the delivery of most of those doses. Another roughly 786,000 doses were held up by an F.D.A. inspection of the manufacturer's new fill-and-finish plant but have now been shipped.

The government also owns the equivalent of about 16.5 million doses of bulk vaccine produced and stored by Bavarian Nordic. But by the time the health agency ordered 500,000 doses worth to be vialled on June 10, other countries with outbreaks had submitted their own orders and the earliest delivery date was October.

Another order for 110,000 doses for European nations soon followed. When the United States came back with two more orders of 2.5 million doses each on July 1 and July 15, the bulk could only be delivered next year.



Xavier Becerra, who oversees both the C.D.C. and the Food and Drug Administration, has been under attack for months for what critics describe as his hands-off approach to public health crises. Pete Marovich for The New York Times

Mr. Gostin, who now directs the O’Neill Institute for National and Global Health Law at Georgetown University, predicted that President Biden’s decision to appoint two new monkeypox response coordinators would help “light a fire” under federal health agencies. The White House announced Tuesday that Robert Fenton, an administrator at the Federal Emergency Management Agency, and Dr. Demetre Daskalakis, a C.D.C. official, will lead the response.

Mr. Gostin said the nation’s public health agencies have been “kind of asleep at the wheel on this,” and the new coordinators should help with “unblocking all of the obstacles to procuring and delivering vaccines and drugs, which has been deeply frustrating.”

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Two senior federal officials, who requested anonymity in order to speak frankly, said Mr. Biden is upset by the vaccine shortage. His administration has often touted its success delivering hundreds of millions of coronavirus shots to Americans, and is stung by criticism that a lack of foresight and management has left gay men — the prime risk group for monkeypox — unprotected.

Some critics blame a failure of leadership at the Health and Human Services Department, saying the department’s secretary, Xavier Becerra, has taken a hands-off approach to an increasingly serious situation. His department not only oversees both the C.D.C. and the Food and Drug Administration, but also runs the Biomedical Advanced Research and Development Authority, or BARDA, which helps develop and buys vaccines, tests and treatments to protect against highly contagious viruses, bioterrorism and other hazards.

During a press call on monkeypox last week, Mr. Becerra said his department is doing all it can to ensure that “we not only stay ahead of this virus but that we end this outbreak.” He noted that he had recently elevated the agency’s Office of Strategic Preparedness and Response so it can respond more quickly to public health emergencies.

Sarah Lovenheim, the department’s chief spokeswoman, said in a statement: “Our response has accelerated to meet evolving needs on the ground, and it will keep accelerating. We will use every lever possible to continue allocating doses ahead of timelines, as possible.”

So far, according to the C.D.C., 6,326 cases of monkeypox have been reported. For now, the virus is spreading almost entirely among gay and bisexual men, and those with multiple or anonymous partners are considered especially at risk. Mr. Becerra noted that while more than a million Americans have died of Covid-19, no one in the United States has died of monkeypox.

The official case count is widely considered an underestimate. Not only is testing limited, but public health officials like Dr. Joseph Kanter, the top medical official in Louisiana, said that monkeypox can be hard to diagnose. “It can be one or two solitary lesions, so if it’s not on a clinician’s radar,” he said, it can be missed.



With too few doses, health officials apparently plan to rely heavily on the “test and trace” strategy that figured heavily in the early stages of the Covid pandemic. As the pandemic escalated, the sheer torrent of cases overwhelmed the ability of health officials to contact people who might have been infected by someone who had tested positive for the coronavirus. Once Covid vaccines became available, they became the cornerstone of the administration’s pandemic response.



Working on a monkeypox vaccine at a laboratory near Munich on Tuesday. Lukas Barth/Reuters

Through early June, Health and Human Services officials appeared firmly convinced that the United States had more than enough supply of the monkeypox vaccine, called Jynneos, to handle what appeared to be a handful of cases.

Bavarian Nordic was able to develop the vaccine, which also works against smallpox, largely thanks to the federal government’s backing, which surpassed \$1 billion in 2014 and is now edging toward \$2 billion. Dawn O’Connell, the federal health agency’s assistant secretary for preparedness and response, told reporters in early June: “The world has Jynneos because we invested in it.”

The company opened a new \$75 million fill-and-finish plant in 2021 that is now bottling as many as 200,000 to 300,000 doses a week. At the time, the United States was counting on Jynneos to protect against smallpox, not monkeypox, and the government had a large stockpile of another effective smallpox vaccine. No F.D.A. inspection was scheduled until after the monkeypox outbreak, and it did not conclude until July 27.

In early June, Health and Human Services officials agreed to essentially loan back about 215,000 finished doses of vaccine to Bavarian Nordic so the firm could supply them to European countries that were suffering outbreaks.

“It didn’t make sense while we were waiting for F.D.A. to get the inspection done — which is coming — that we sit on doses that our international colleagues in Europe could actually use,” Ms. O’Connell said on June 10. Now the government is trying to reschedule delivery of those doses for later this year, a company spokesman said.

The final stage of putting the liquid vaccine into vials accounts for a substantial share of the cost of vaccine production. Some federal officials say the health department was slow to submit its orders for that work because officials at BARDA argued they were short on funds.

When the demand for vaccines became an outcry, though, the agency found the money to pay for five million more doses to be vialled. Officials are now contemplating shifting half the work to another firm that may be able to finish and fill doses more than twice as fast.

Some experts say it can take as long as six to nine months for a plant to gear up to handle a vaccine like Jynneos, which contains a live virus in a weakened state. Carlo de Notaristefani, who oversaw coronavirus vaccine manufacturing for the federal government until last year, said that such factories must operate at a high “biological safety level,” including a fully enclosed, segregated manufacturing line.

But he and other experts said it should be possible to streamline the transfer of Bavarian Nordic’s process so another plant could be ready in about three months. A company spokesperson said Bavarian Nordic agreed to pay \$10 million of the cost of such a transfer after federal officials said they did not have the budget for it.

Kitty Bennett contributed research.