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Additional 15,000 Doses of Monkeypox Vaccine Arriving in Chicago; CDPH Prioritizing Testing and First Dose Vaccinations

*Current Chicago case count at 202;
Most but not all cases among men who have sex with men*

CHICAGO – The Chicago Department of Public Health (CDPH) and clinical and community partners are collaborating on a response to the growing monkeypox (MPV) outbreak, and today provided an update on vaccine distribution and urged people to take precautions as the summer festival season continues. CDPH has been working with partners to target limited vaccine to those at highest risk and is expecting the delivery of more than 15,000 more MPV vaccines doses from the federal government as soon as tomorrow.

To date, CDPH has received 5,400 JYNNEOS™ vaccines, and has distributed all of them to clinical settings, community centers, and social venues in Chicago. The City is expected to receive an additional 15,440 doses from the federal government as soon as tomorrow, as well as 2,600 from the State of Illinois' allocation, as announced by Governor Pritzker on Thursday.

“While we are pleased to be receiving these additional doses, we simply need more vaccine in Chicago,” said CDPH Commissioner Allison Arwady, M.D. “CDPH, IDPH, and our Congressional delegation are all strongly advocating for more doses, so we can vaccinate all those who qualify.”

As of July 22, a total of 202 Chicagoans have been identified as being infected with MPV and Illinois has reported a total of 230 cases, among the top 5 states in the country. Most, though not all, of the cases in Chicago are in males, and the median age is 35 (patients range from 22 to 66 years old). About 5% of cases in Chicago have required hospitalization and there have been no known deaths from MPV.

Due to still-limited vaccine availability at the national level, CDPH continues to prioritize vaccine for ALL known close contacts of MPV cases, without restrictions. CDPH is employing a “Ring” strategy to control this outbreak via vaccination. This means vaccination efforts are focused on the most at-risk persons and as more vaccine becomes available, vaccinations will radiate outward to include more Chicagoans.



At this time those who should get the vaccine include gay, bisexual or other (cis or trans) men who have sex with men who ALSO have another risk factor: intimate or sexual contact with other men in a social or sexual venue; multiple or anonymous partners; or giving or receiving money or other goods/services in exchange for sex.

In addition, Chicago will prioritize first doses of vaccine to these highest-risk individuals in Chicago who are **not** known to be contacts of cases but who may have been exposed--rather than holding back vaccine to be able to give second vaccine doses. This practice of prioritizing first doses is consistent with the vaccine distribution strategy adopted in New York City, the UK, and Canada. Second doses will continue to be provided for those who are known contacts of cases or who are immunocompromised; second doses will be scheduled for all others when the city receives adequate vaccine supply.

MPV spreads through close, intimate contact. Currently, MPV is primarily affecting and spreading among gay, bisexual or other (cis or trans) men who have sex with men, who have intimate or sexual contact with other men in social or sexual venues, or who have multiple or anonymous partners. Settings where there is a higher likelihood of spreading MPV include enclosed spaces such as backrooms, saunas or sex clubs, where there is minimal or no clothing and where intimate sexual contact may occur.

“Some of the most effective methods we have for containing the MPV outbreak are avoiding skin-to-skin contact with anyone diagnosed with or showing signs of MPV infection, such as a rash or sores--and getting tested as soon as you notice a rash or sores or are not feeling well,” said Dr. Arwady. “We understand the concerns and fears, especially among GBT men, who have been disproportionately hit by this virus. We strongly encourage providers to provide a welcoming and affirming environment to any patient seeking care for MPV.”

CDPH is strongly encouraging **all** clinicians and healthcare providers throughout the city to test any patient with possible MPV symptoms. The recent major expansion of testing capability to large-scale labs such as Quest, LabCorp, and others greatly increases the ability to identify individuals with the virus and administer vaccines quickly and efficiently.

Monkeypox and smallpox viruses are genetically similar, which means that antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections. Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems. Providers should be aware that many patients experience severe pain which can be disproportionate to the appearance of lesions. For treatment guidance, visit chicagohan.org/monkeypox.

“The keys to controlling this outbreak are prevention education, testing for people with lesion presentation, support for people with MPV, and vaccine distribution targeting those most at risk, first,” said David Ernesto Munar, President and CEO of Howard Brown Health. “With limited vaccine supply nationwide, we must do all we can to reach people at risk with accurate



and affirming education about steps they can take to prevent MPV infection and respond early to possible signs of infection.”

Personal prevention measures and assessing one’s own risk factors are important frontline defenses against MPV. These **transmission** defense measures include:

- Talk to your intimate partner about any recent illnesses and be aware of any new or unexplained rash or sores on your body or your partner’s body. If you or your partners have recently been sick, currently feel sick or have a new or unexplained rash or sores, do not touch the rash and see your healthcare provider.
- If you are being tested or have been diagnosed with MPV, follow the treatment and prevention recommendations of your healthcare provider including staying home and separate from other people in your household until you no longer have active rash or other symptoms. Think about the people you had close intimate or sexual contact with during the last 21 days, so that your partners can watch their health and seek care if they develop monkeypox symptoms.
- If your partner has MPV, the best way to protect yourself and others is to avoid any kind of intimate contact; do not kiss or touch each other’s bodies while you are sick or share food or drinks. Do not share things like towels, bedding, clothing, fetish gear, sex toys, and toothbrushes.
- If you wish to lower the chance of getting MPV at places like clubs and festivals, where the general risk is very low, just consider how much close, personal, skin-to-skin contact is likely to occur at the event you plan to attend. Avoid any rashes or sores you see on others and consider minimizing skin-to-skin contact when possible. Settings where there is higher likelihood of spreading MPV include enclosed spaces such as backrooms, saunas or sex clubs, where there is minimal or no clothing and where intimate sexual contact occurs.

For additional information, visit the CDPH monkeypox website [Chicago.gov/monkeypox](https://www.chicago.gov/monkeypox): [Get the Facts: Monkeypox](#)

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