

Monkeypox Response Update: Equity Data Report on Cases, Vaccines and Testing

NCDHHS | AUGUST 10, 2022

KEY TAKEAWAY: While anyone can get monkeypox, nearly all of North Carolina's monkeypox cases are currently in men who have sex with men. And while 70% of cases are in Black men, Black North Carolinians are receiving less than a quarter of the vaccinations.

Introduction

The first goal in the <u>NCDHHS strategic plan</u> is to advance health equity. And collecting demographic data and sharing it with the public is a foundational step in building an equitable monkeypox response. Science and individual cases reveal how the virus is spreading, but demographic data is essential to shine a light on where the virus is spreading and which communities are feeling the most impact. With health equity data, we draw attention to health disparities, we mobilize action to inform and protect North Carolinians currently most at risk, and we create ongoing accountability.

Because data is critical to guiding our monkeypox response and data transparency is the foundation of accountability, NCDHHS will publish demographic data weekly to provide insight into who in North Carolina is getting monkeypox and vaccines.

DATA SNAPSHOT AS OF 8/8/2022

CASES OVERVIEW

- 111 confirmed cases
- **Nearly all** cases are in men who have sex with men
- 70% of cases are in Black men
- 19% of cases are in White men

VACCINATIONS OVERVIEW

- **3,048** people have received the vaccine
- Black residents have received **24%** of vaccinations
- White residents have received **67%** of vaccinations

Data

MONKEYPOX CASES

Anyone can get monkeypox, most commonly through close skin-to-skin contact. That includes sex, but also non-sexual contact. The period from exposure to first symptoms is usually seven to 14 days but can range from five to 21 days.

Key Takeaways:

- Right now, there are 111 confirmed cases in the state, and the virus is not impacting everyone equally.
- All cases in North Carolina are in adult males, and nearly all cases are in men who have sex with men.
- Monkeypox is disproportionately impacting Black men, who represent 70% of cases.

MONKEYPOX CASE DEMOGRAPHICS

UPDATED 8/8/22





CASES

		# OF CASES	
	Male	111	
Sex/	Female	0	
Gender	Other than sex assigned at birth	0	
	0-17	0	
1	18-29	41	
Age	30-49	65	
	50+	5	
	Hispanic	4	
Ethnicity	Non-Hispanic	95	
Ethnicity	Unknown	10	
	Missing	2	

		# OF CASES
- - - - - - - -	American Indian or Alaskan Native	1
	Asian	0
	Black or African American	78
	Native Hawaiian or Pacific Islander	0
	White	21
	Other	3
	Unknown	4
	Multi-Racial	4
	Missing	0
Total Cases		111

MONKEYPOX VACCINATIONS

JYNNEOS is a safe and effective monkeypox vaccine. The vaccine requires two doses and it takes 14 days after getting the second dose of JYNNEOS to reach maximum immune protection. People who have already been exposed to monkeypox, but do not have symptoms, can be vaccinated to prevent illness or lead to milder symptoms if it is given within 14 days after exposure. Currently, vaccine supply is limited and we are prioritizing people with monkeypox exposure and at higher risk of exposure. <u>Click here for a list of vaccine locations</u>.

Key Takeaways:

7.5%

- Black men account for 70% of cases but Black North Carolinians have received less than a quarter of the vaccine doses.
- White men account for only 19% of cases but White North Carolinians have received 67% of the vaccine doses.



3.2%

89.3%

		# OF RECIPIENTS
	American Indian or Alaska Native	15
	Asian	85
	Black or African-American	719
Race	Native Hawaiian or Other Pacific Islander	3
	Other Race	107
	Prefer not to answer	80
	White	2,039
Ethnicity	Hispanic or Latino	228
	Not Hispanic or Latino	2,721
	Prefer not to answer	99
Total Vacci	nations	3,048

MONKEYPOX TESTING

Testing is widely available and encouraged if you had close contact with someone who has been diagnosed with monkeypox, or have symptoms of monkeypox including <u>unexplained bumps</u>, <u>sores</u>, <u>blisters</u>, <u>or pimples that look like monkeypox</u>. There is no shortage of tests. People with symptoms should go to their health care provider or <u>local health department</u> to get tested. Multiple laboratories in NC now offer monkeypox testing including the State Laboratory of Public Health.

The data presented below is only representative of testing results through the State Laboratory of Public Health. These data do not include all testing that is has been conducted in North Carolina.

Key Takeaways:

- Anyone who has symptoms or was a close contact with someone who has been diagnosed with monkeypox should get tested.
- Case disproportionality is not a result of only testing men who have sex with men. Anyone who is a close contact or has symptoms gets tested.
- While women and children have been tested, there have been no cases in these groups yet.
- While plenty of testing capacity exists in the state, health care providers should readily test for monkeypox to ensure access.

STATE LABORATORY OF PUBLIC HEALTH MONKEYPOX TESTING DEMOGRAPHICS

UPDATED 8/8/22

		POSITIVE	NEGATIVE	INDETERMINATE	TOTAL	(%)
Age	Adult	47	105	2	154	(95%)
	Pediatric	0	8	0	8	(5%)
Gender	Female	0	30	0	30	(19%)
	Male	47	81	2	130	(80%)
	Gender Identity not Listed	0	2	0	2	(1%)
Race	American Indian or Alaska Native	2	0	0	2	(1%)
	Asian	0	5	0	5	(3%)
	Black or African American	28	34	1	63	(39%)
	White	11	63	1	75	(46%)
	Missing/Unknown	6	11	0	17	(10%)
Ethnicity	Hispanic	2	18	0	20	(12%)
	Non-Hispanic	33	77	2	112	(69%)
	Missing/Unknown	12	18	0	30	(19%)
Total	·	47	113	2	162	(100%)

Steps NCDHHS is taking to advance equity

Viruses often impact historically marginalized communities first, not because of who they are, but because of systemic inequities that made them vulnerable in the first place. We must understand how this disease spreads and work together to prioritize our resources where they are most needed, helping those most vulnerable immediately, and all of us over time.



OUTREACH

NCDHHS will continue to educate providers and the public through multiple communication methods, engage with community partners, and work with vaccine providers to close disparities. Leveraging the NCDHHS historically marginalized populations advisory group and other stakeholder groups, NCDHHS is working with community partners to reach North Carolinians most at risk for getting monkeypox, including hosting a <u>virtual townhall</u> with EqualityNC, publishing an <u>op-ed</u> in Charlotte, Raleigh, and Durham newspapers about the current situation, and Secretary Kinsley and NCDHHS health officials visited Mecklenburg County Health Department, where roughly half of cases have been located, to discuss ongoing response efforts. NCDHHS will also be launching ads on social media platforms, websites, and dating apps often used in the LGBTQ+ community to encourage awareness and prevention.



PRIORITIZING THOSE AT HIGHER RISK FOR VACCINES

North Carolina has a limited supply of vaccine provided by the federal government; therefore, NCDHHS works closely with local health departments to identify how to equitably deploy vaccine to ensure it is getting to the communities most at risk for further spread of the virus. <u>Monkeypox vaccine eligibility</u> was expanded to help protect more people at higher risk for spread.



COMMITMENT TO PUBLISHING OF EQUITY DATA

NCDHHS will regularly update and share equity data. The data is essential in shining a light on known and emerging health disparities so NCDHHS and partners can act to serve North Carolinians more equitably in the monkeypox response.

Steps partners should continue taking



INDIVIDUALS: Get checked, get tested, and get vaccinated, especially if you are at higher risk. Encourage friends and family to do the same, especially if they may be at higher risk. Be on the <u>lookout for symptoms</u> and know how the virus spreads. Share accurate, empathetic information about monkeypox and help create an environment where testing and vaccination are encouraged.



HEALTH CARE PROVIDERS: Test anyone with suspicious sores, facilitate treatment, and encourage patients at higher risk to get vaccinated. This is especially important at community health centers and clinics serving communities at higher risk.



LOCAL HEALTH DEPARTMENTS: Partner with local LGBTQ+ and Black and African American organizations to craft messaging and strategy. Go together in partnership to where people at highest risk gather to share information, answer questions, and schedule vaccine appointments. Make access to vaccines and testing easy and confidential, including allowing people to schedule appointments online and co-locating services so it isn't obvious why someone is standing in line.



LOCAL BUSINESSES: Offer space to local health departments for clinics, grant money to local LGBTQ+ centers and clinics who serve minority populations, and get out the word through employee resource groups and distribution of approved communications materials.



COMMUNITY-BASED ADVOCACY ORGANIZATIONS: Obtain and share information on monkeypox with your members. (The <u>NCDHHS monkeypox response</u> webpage is a great resource for NC-focused updates and information.) Partner with local health departments to host vaccine events and partner with local businesses to get out the word. Consult with LGBTQ+ community-based organizations to address stigma and messaging. Work with students to promote information and safer engagement practices. Share mental health guidance, best practices, and resources to address the mental health impacts of isolation and quarantine.

