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<https://www.youtube.com/watch?v=k4O-XUUXsvc>

Please scroll down this file to view a copy of the slides from the session.

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Mpox: Outbreak, Response, and Vaccine Effectiveness

Darrell H. S. Tan, MD FRCPC PhD

19JUN2023

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Disclosure

- My institution has received research grants for investigator-initiated studies from Abbvie, Gilead, and Viiv Healthcare
- I am a Site PI for clinical trials sponsored by Glaxo Smith Kline
- I receive salary support from the Canada Research Chairs program



PETERS '01



Sir Jeffrey Amherst, 1764: “Could it not be contrived to Send the *Small Pox* among those Disaffected Tribes of Indians? We must, on this occasion, Use Every Stratagem in our power to Reduce them”

Col. Henry Bouquet: “I will try to Innoculate the Indians by means of Blankets that may fall in their hands, taking care however not to get the disease myself.”



Sir Jeffrey Amherst: “You will Do well to try to Innoculate the Indians by means of Blanketts, as well as to try Every other method that can serve to Extirpate this Execrable Race.”



Polling question 1:

What sector do you work in?

- A. Medicine
- B. Nursing
- C. Public health (non-physician / non-nurse)
- D. Community
- E. Another profession not listed here

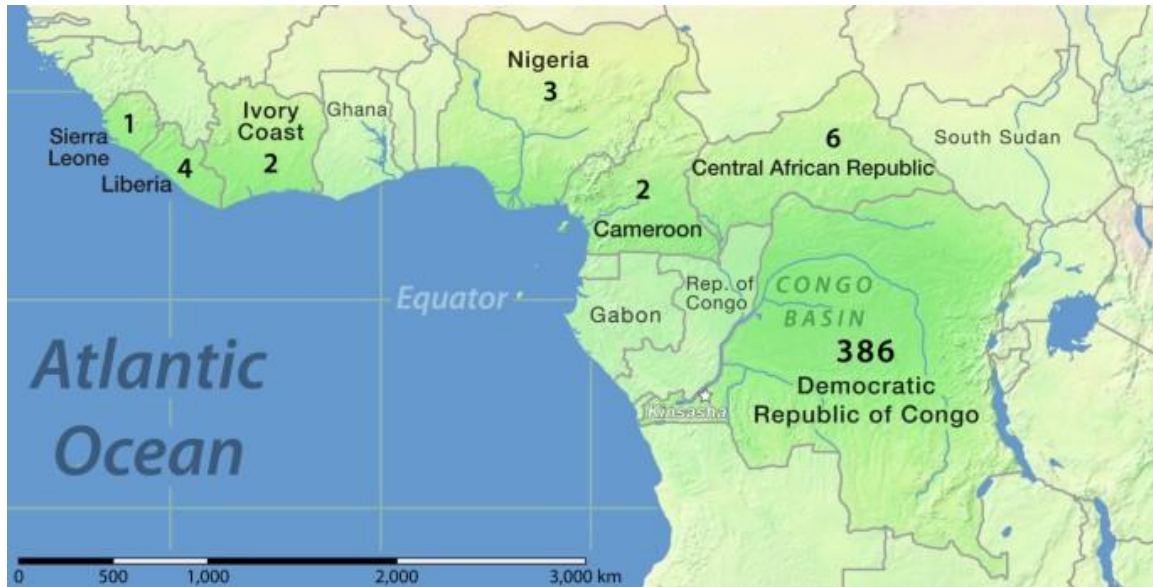
Outline

- 1. Describe the changing epidemiology and clinical presentation of Mpox in Ontario and globally
- 2. Identify the key clinical characteristics of mpox infection
- 3. Discuss recent evidence and advances in our understanding of medical countermeasures including antivirals and vaccines

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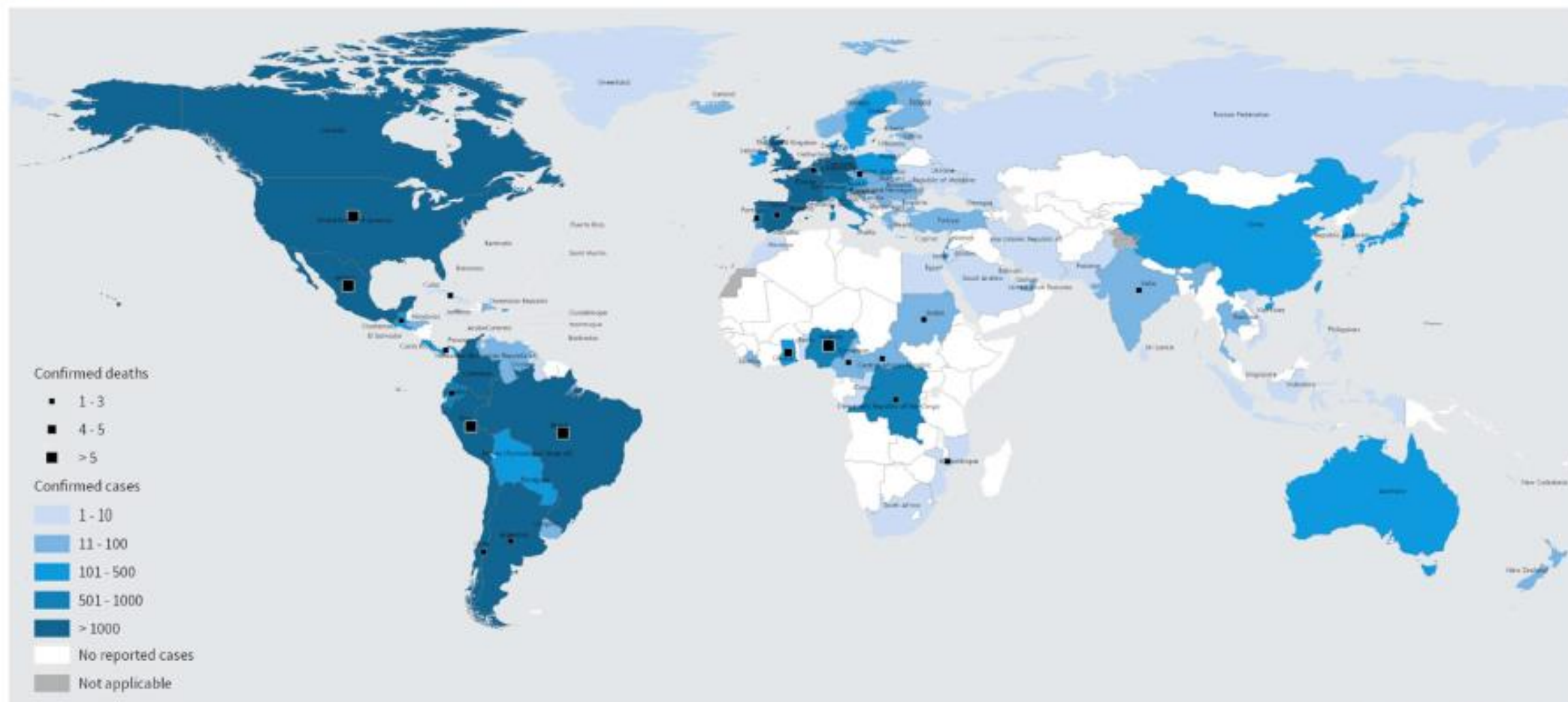
Mpox in the past...



2003 outbreak in USA



Figure 2. Geographic distribution of confirmed cases of mpox reported to or identified by WHO from official public sources from 1 January 2022 to 05 June 2023, 17:00 CEST



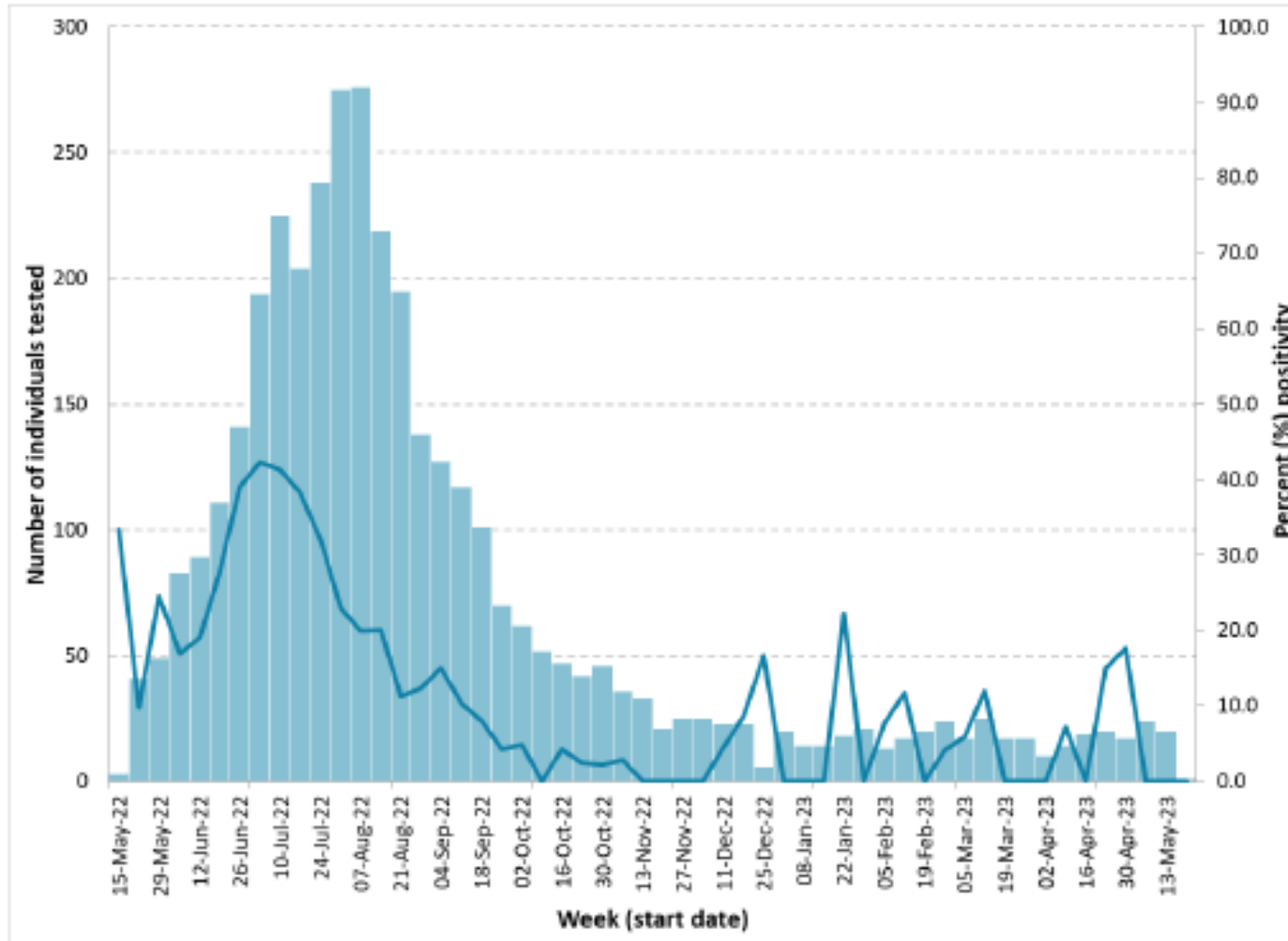
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 6 June 2023

ENHANCED EPIDEMIOLOGICAL SUMMARY

Mpox in Ontario: May 1, 2022 to May 23, 2023

- 99.2% male
- 41.7% aged 30-39
- 73.1% Toronto, 5.9% Ottawa



Data Source: Public Health Ontario Laboratory Information Management System.

Note: Week was assigned using sample collection date, if provided, and login date otherwise. Not all testing has been completed for the most recent week.

Table 4. Severity and outcome of mpox cases by year: Ontario, May 1, 2022 to May 23, 2023

Severity and outcome	2022 n (%)	2023 n (%)	Total n (%)
Hospitalized in ICU	2 (0.3)	0 (0.0)	2 (0.3)
Hospitalized (not in ICU)	19 (2.7)	1 (5.6)	20 (2.8)
Total hospitalized	21 (3.0)	1 (5.6)	22 (3.1)
Outcome: fatal	0 (0.0)	0 (0.0)	0 (0.0)

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Mpox rash

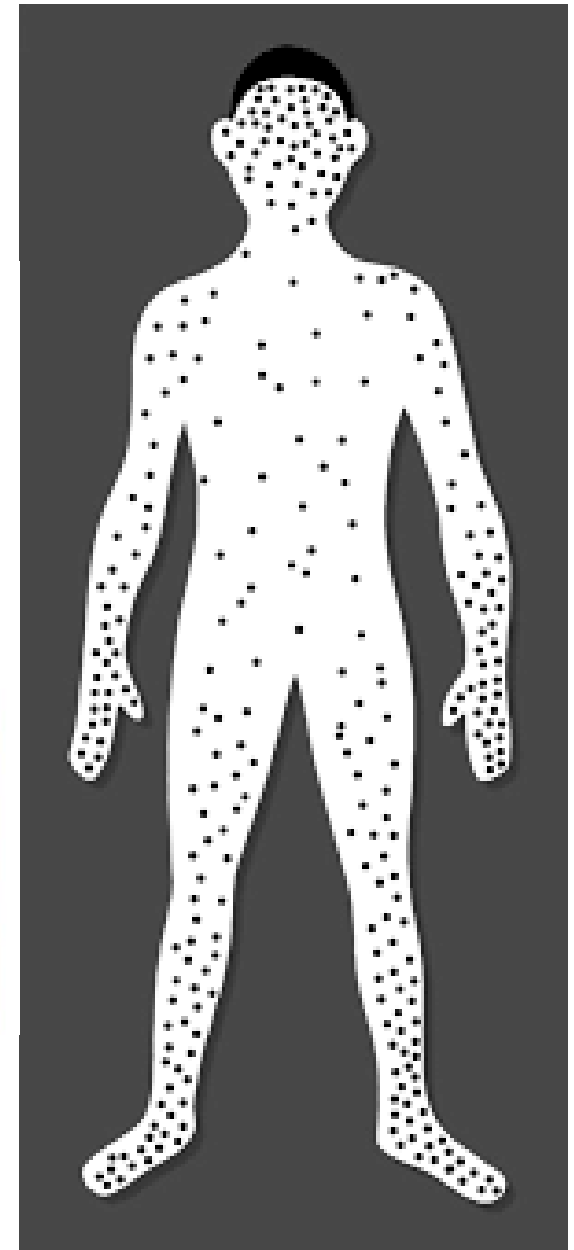
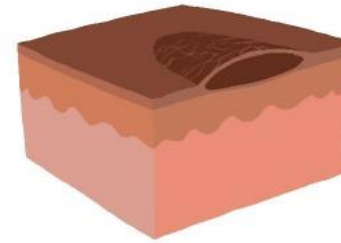
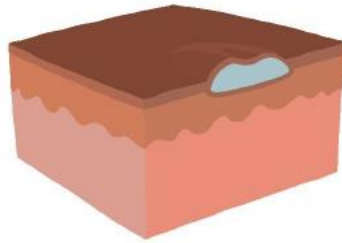
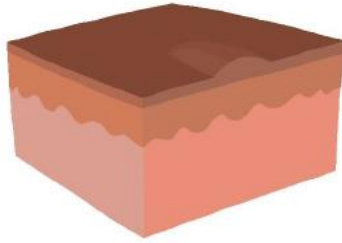
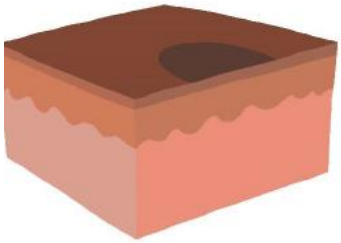
Macule

Papule

Vesicle

Pustule

Crust



Mpox lesions at the site of inoculation



Mpox lesions at the site of inoculation



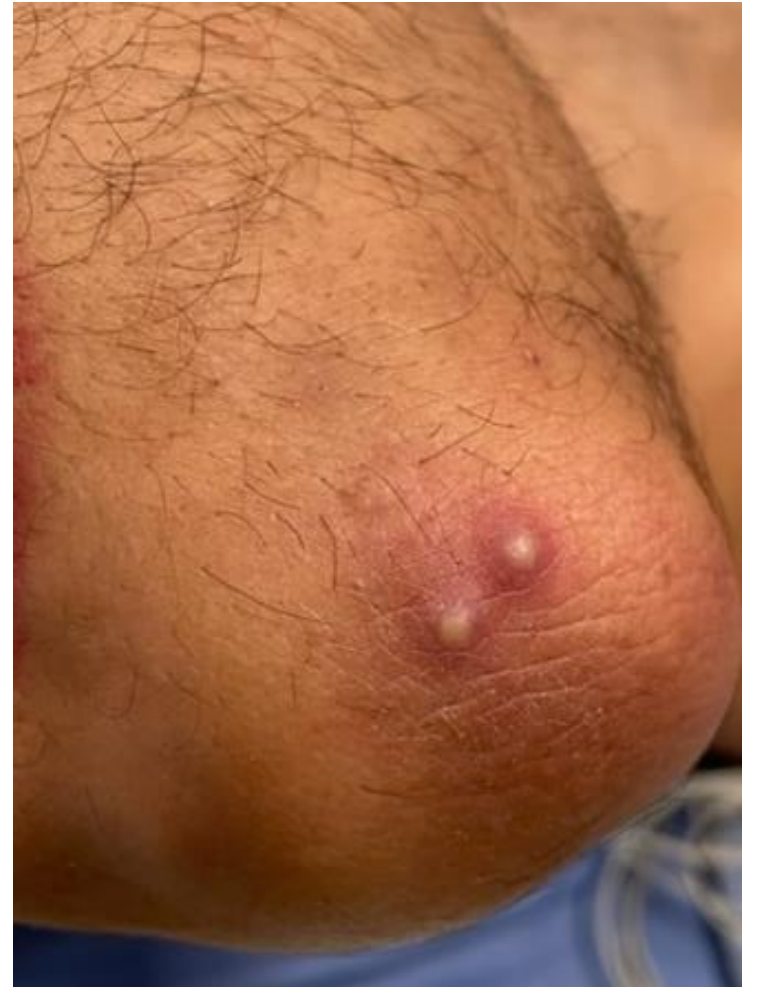
Mpox lesions at the site of inoculation



Disseminated mpox rash



Variation in skin lesions



Swollen glands (lymph nodes)



- Neck (cervical)
- Groin (inguinal)

Usual symptoms:
Rash, lymphadenopathy, flu-like symptoms

The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022

J.P. Thornhill, S. Barkati, S. Walmsley, J. Rockstroh, A. Antinori, L.B. Harrison, R. Palich, A. Nori, I. Reeves, M.S. Habibi, V. Apea, C. Boesecke, L. Vandekerckhove, M. Yakubovsky, E. Sendagorta, J.L. Blanco, E. Florence, D. Moschese, F.M. Maltez, A. Goorhuis, V. Pourcher, P. Migaud, S. Noe, C. Pintado, F. Maggi, A.-B.E. Hansen, C. Hoffmann, J.I. Lezama, C. Mussini, A.M. Cattelan, K. Makofane, D. Tan, S. Nozza, J. Nemeth, M.B. Klein, and C.M. Orkin, for the SHARE-net Clinical Group*

Thornhill et al., NEJM 2022;387:679

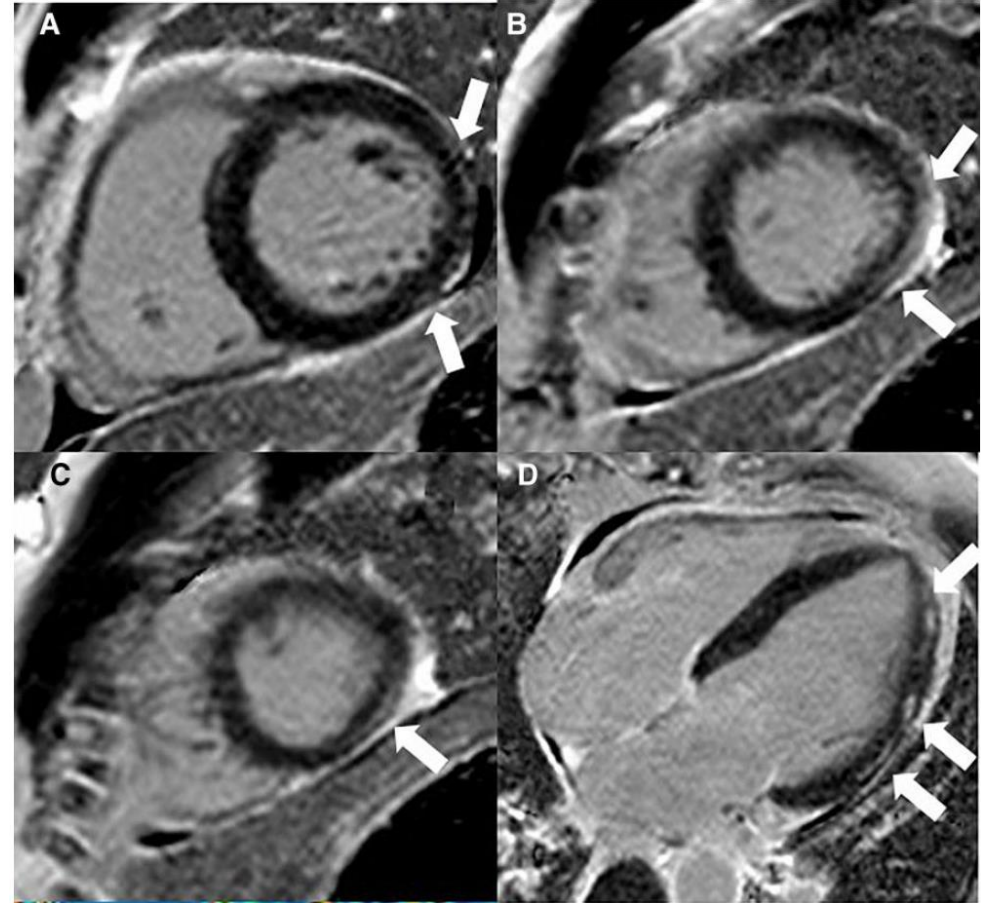
Unusual manifestations

Open Forum Infectious Diseases

BRIEF REPORT

Atypical Clinical Presentation of Monkeypox Complicated by Myopericarditis

Darrell H. S. Tan,^{1,2,3} Shelby Jaeranny,⁴ Maggie Li,⁵ Sharon S. Sukhdeo,³
Juan Carlos Monge,^{3,6} Matias F. Callejas,⁷ Maan Hasso,⁸ Ramzi Fattouh,⁹
Spencer D. Lalonde,^{3,6} Jeffrey Lam,¹⁰ and Sharmistha Mishra^{1,2,3}



Unusual manifestations



Esophagus

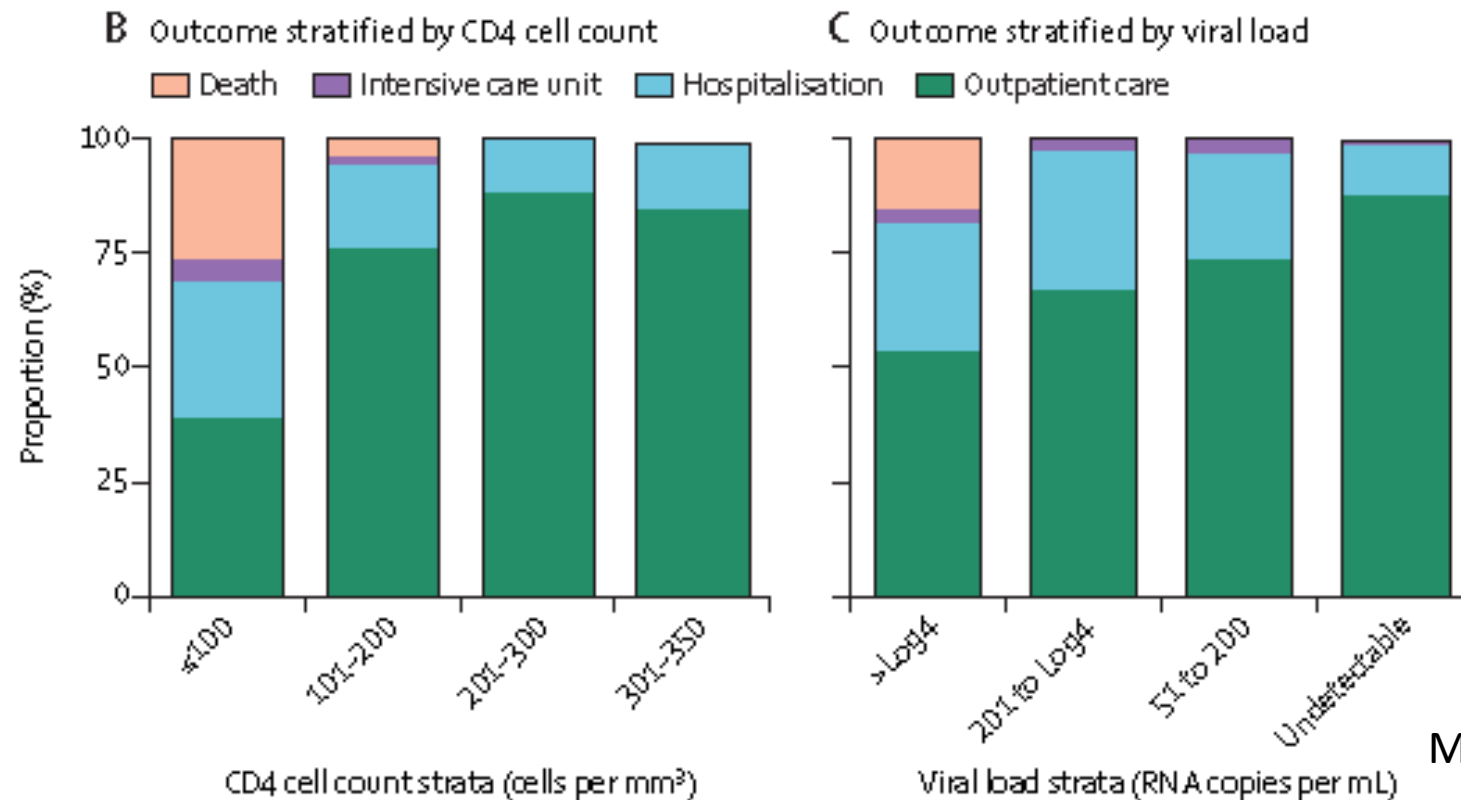


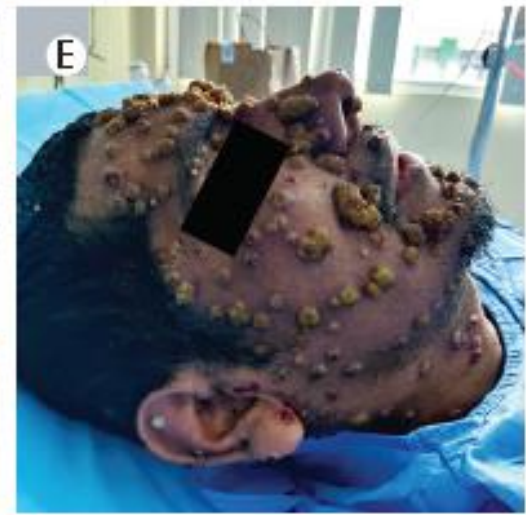
Cornea



Mpox in people with advanced HIV infection: a global case series

Oriol Mitjà*, Andrea Alemany*, Michael Marks*, Jezer I Lezama Mora, Juan Carlos Rodríguez-Aldama, Mayara Secco Torres Silva, Ever Arturo Corral Herrera, Brenda Crabtree-Ramirez, José Luis Blanco, Nicolo Girometti, Valentina Mazzotta, Aniruddha Hazra, Macarena Silva, Juan José Montenegro-Idrogo, Kelly Gebo, Jade Ghosn, María Fernanda Peña Vázquez, Eduardo Matos Prado, Uche Unigwe, Judit Villar-García, Noah Wald-Dickler, Jason Zucker, Roger Paredes, Alexandra Calmy, Laura Waters, Cristina Galvan-Casas, Sharon Walmsley, Chloe M Orkin, on behalf of SHARE-NET writing group





F

Day 33

Day 44

Day 33

Day 44



However, similar outcomes if HIV well controlled

Source	Number of PLWH (%)	Median CD4 cell count (IQR)	PLWH with VL> 200 copies/mL (%)
Thornhill et al.	218/528 (41)	680 (513- 861)	5/190 (3)
Tarin-Vicente et al.	72/181 (40)	(8/72 had CD4<500	na
Hoffmann et al.	256/546 (47)	691 (185-1603)* (7/244 had CD4<350	4/236 (2)
Angelo et al.	92/226 (41)	713 (500-885) (1/92 had CD4<200)	7/83 (8)
Curran et al.	755/1969 (38)	639 (452–831) (25/755, 3% had CD4<200)	137/755 (18)
Ogoina et al.	9/40 (22) [†]	(at least 7/9 had CD4<350)	>5/9 (>55)
Silva et al.	109/205 (53)	527 (379-827)	8/87 (9)

Detection of Monkeypox Virus in Anorectal Swabs From Asymptomatic Men Who Have Sex With Men in a Sexually Transmitted Infection Screening Program in Paris, France

Table. Screening for Sexually Transmitted Infections and MPXV Infection in 706 MSM Visiting the Sexual Health Clinic Between 5 June and 11 July 2022

Variable	MSM With No Symptoms of MPXV Infection	MSM With Symptoms Suggesting MPXV Infection
Total number of MSM visiting between 5 June and 11 July 2022	323	383
<i>C trachomatis</i> infections detected on anal swab, n/N (%)	32/323 (9.9)	Not tested
<i>N gonorrhoeae</i> infections detected on anal swab, n/N (%)	24/323 (7.4)	Not tested
<i>C trachomatis</i> and <i>N gonorrhoeae</i> co-infection detected on anal swab, n/N (%)	8/323 (2.5)	Not tested
<i>C trachomatis</i> infections detected on first-void urine sample or urethral swab, n/N (%)	6/323 (1.9)	Not tested
<i>N gonorrhoeae</i> infections detected on first-void urine sample or urethral swab, n/N (%)	3/323 (0.9)	Not tested
<i>C trachomatis</i> and <i>N gonorrhoeae</i> co-infection detected on first-void urine sample or urethral swab, n/N (%)	1/323 (0.3)	Not tested
MPXV-positive test result, n/N (%)	13/200* (6.5)	271/383 (71)

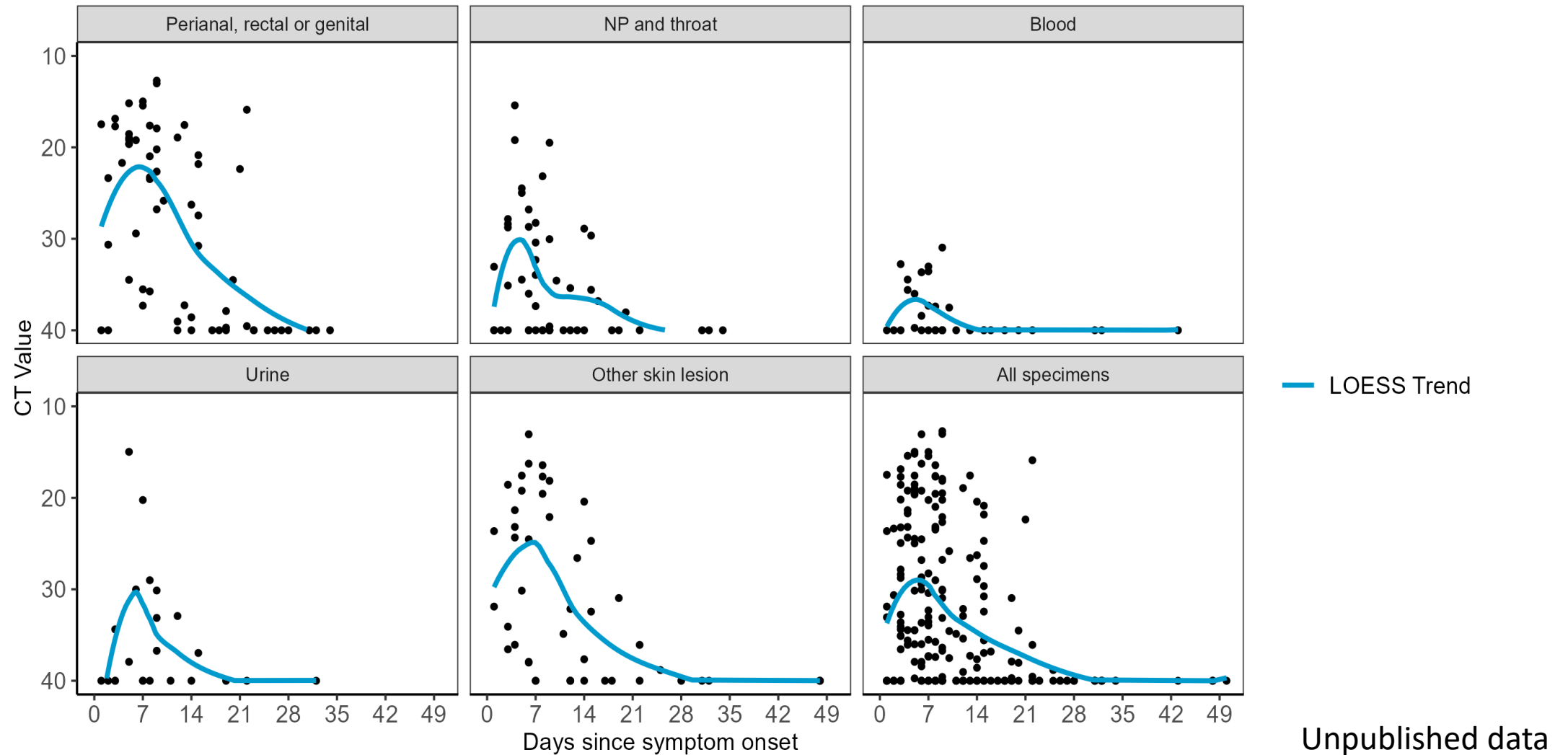
C trachomatis = *Chlamydia trachomatis*; MPXV = monkeypox virus; MSM = men who have sex with men; *N gonorrhoeae* = *Neisseria gonorrhoeae*.

* All 200 of the asymptomatic participants who were tested for MPXV were negative for both *C trachomatis* and *N gonorrhoeae* on anal swab.

MPOCS ™

**MPX PROSPECTIVE
OBSERVATIONAL
COHORT STUDY**

Viral shedding data from 232 specimens, Toronto



Outline

- 1. Describe the changing epidemiology and clinical presentation of Mpox in Ontario and globally
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Vaccine



Polling Question 2: What is the effectiveness of a single dose of Imvamune™ at preventing mpox?

- A) approximately 85%
- B) approximately 50%
- C) approximately 30%
- D) it has not been studied

Real-world effectiveness of a single dose of mpox vaccine in males

Received: 15 November 2022

Accepted: 20 January 2023

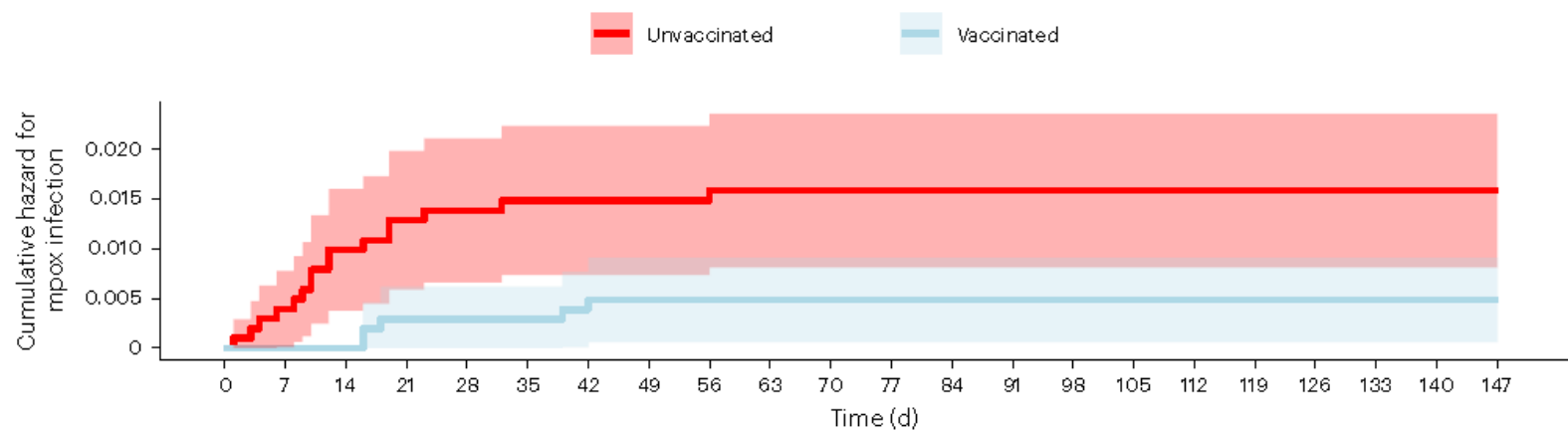
Published online: 31 January 2023

Yael Wolff Sagy^{1,12}, Roy Zucker^{2,3,12}, Ariel Hammerman^{2,12}, Hila Markovits⁴,
Noa Gur Arieh⁴, Wiessam Abu Ahmad^{1,5}, Erez Battat¹, Noga Ramot¹, Guy Carmeli⁶,
Avner Mark-Amir⁷, Gal Wagner-Kolasko⁷, Hadar Duskin-Bitan^{2,6,8}, Shlomit Yaron²,
Alon Peretz^{2,9}, Ronen Arbel^{2,10,13}✉, Gil Lavie^{1,11,13} & Doron Netzer^{2,13}

- Retrospective population-based study of electronic records from integrated healthcare organization in Israel (serves 52% of population)
- Eligibility: Males aged 18-42 on Pre-Exposure Prophylaxis (PrEP) OR HIV+ with a Sexually Transmitted Infection (STI) in past 6 months
- Vaccinated yes/no 31JUL2022-26SEP2022 plus 90 day follow-up

Sagy et al., Nat Med 2023

<https://doi.org/10.1038/s41591-023-02229-3>



	0	7	14	21	28	35	42	49	56	63	70	77	84	91	98	105	112	119	126	133	140	147
Number at risk																						
Unvaccinated	1,017	1,013	1,007	1,004	1,003	1,002	1,002	1,002	1,002	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001	1,001
Vaccinated	1,037	1,037	1,037	1,034	1,034	1,034	1,033	1,029	1,026	1,024	1,018	1,013	996	932	875	830	787	739	689	617	504	76
Cumulative number of events																						
Unvaccinated	0	4	10	13	14	15	15	15	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Vaccinated	0	0	0	3	3	3	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

86% risk reduction in adjusted analyses

Fig.1 | Cumulative hazard for mpox infection (95% CIs). For unvaccinated participants, time zero corresponds to 31 July 2022, when the vaccination campaign was initiated. For vaccinated participants, time zero corresponds to the date of vaccine uptake. The shaded areas indicate the 95% CIs.

Note: All diagnoses in vaccinated group occurred within 21-47 days after vaccine, suggesting true breakthrough (NB analysis assigned date of infection = 5d prior to diagnosis)

Sagy et al., Nat Med 2023

<https://doi.org/10.1038/s41591-023-02229-3>

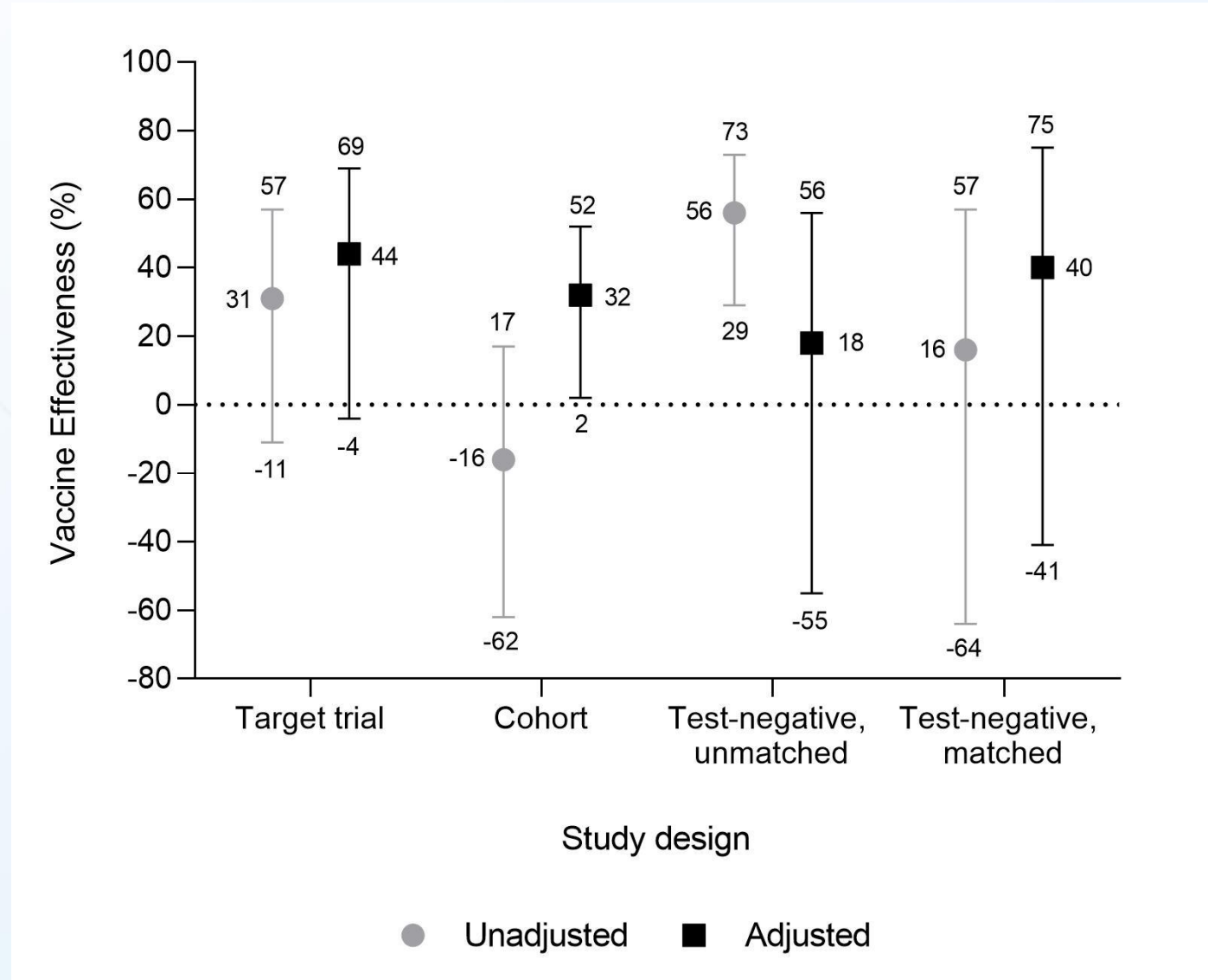
Vaccine effectiveness (VE) of Imvamune[®] against mpox infection

- Sarah Buchan
 - Ann Burchell
 - Lindsay Friedman
 - Jonathan Gubbay
 - Jeff Kwong
 - Cindy Lau
- Sharmistha Mishra
 - Sharifa Nasreen
 - Christine Navarro
 - Evaezi Okpokoro
 - Darrell Tan

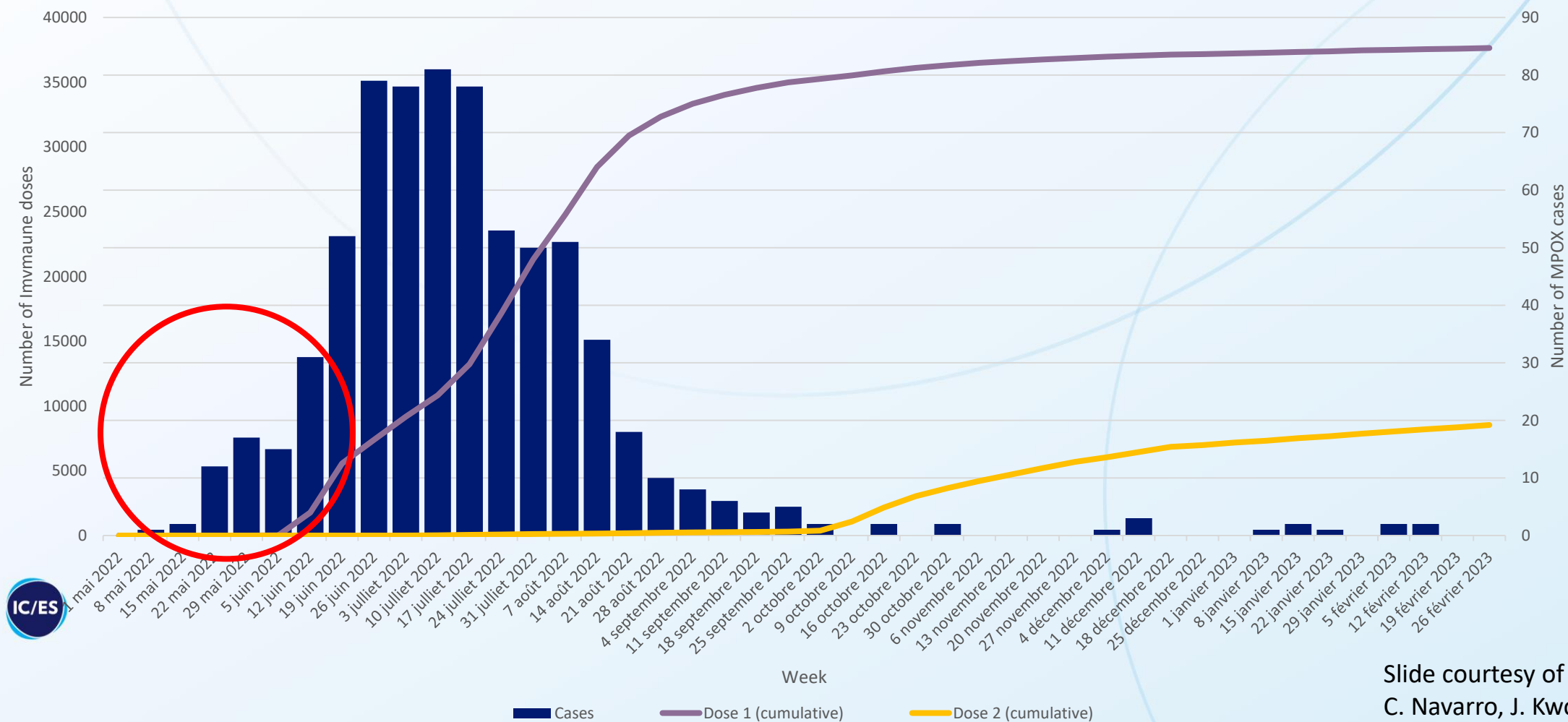


Data
Discovery
Better Health

VE Estimates for Imvamune[®] Vaccine



VE may be biased upward if vaccinated persons experienced lower risk of infection than unvaccinated



Slide courtesy of
C. Navarro, J. Kwong, PHO

Subtle mpox lesions in the setting of prior vaccination

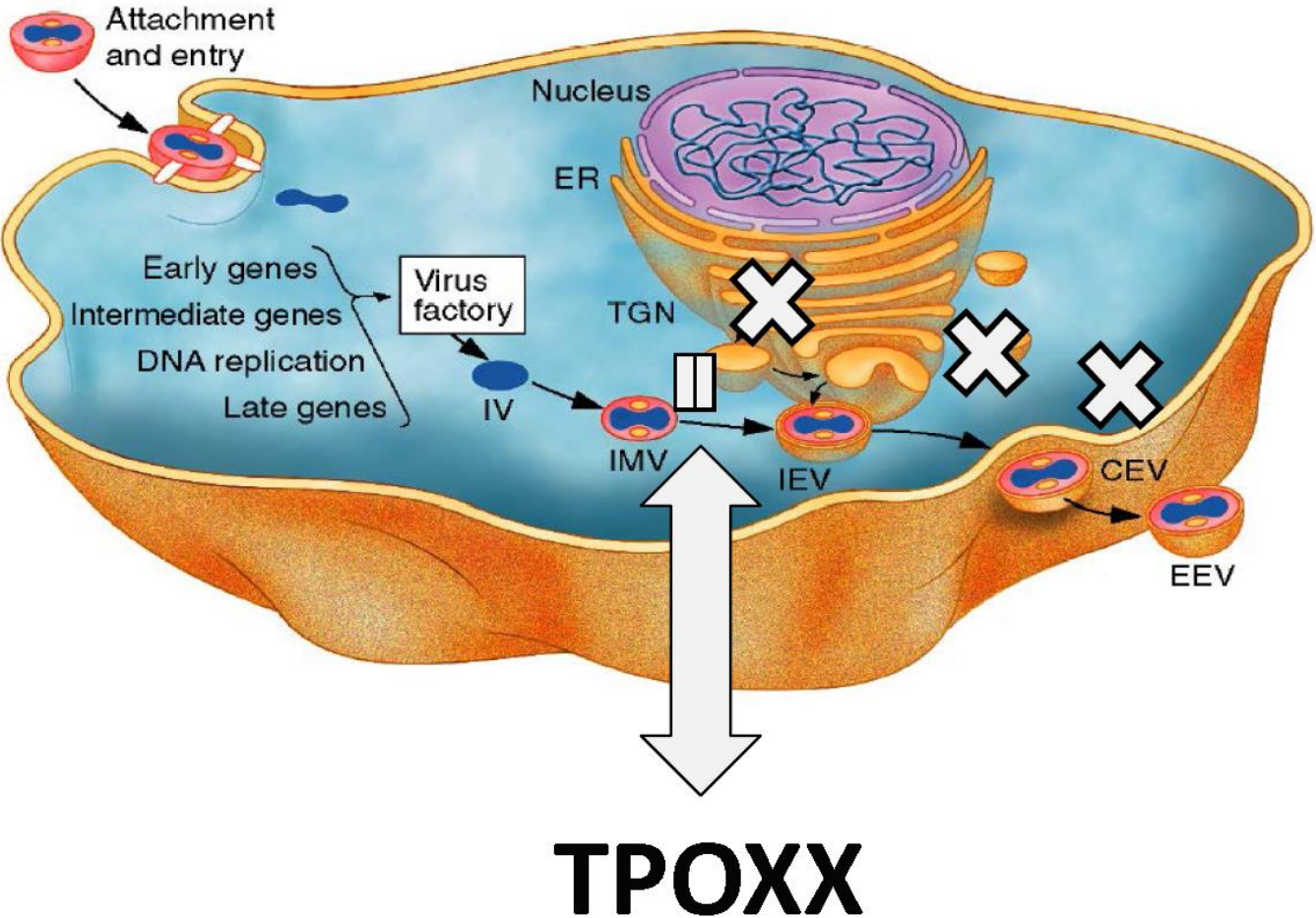
- Early pustule on the chest



- Small papules on the hip



Tecovirimat (TPOXX™)





PLATINUM-CAN

Placebo-controlled randomized trial of tecovirimat
in non-hospitalized monkeypox patients

CTN 338



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publique du Canada



M[i]⁴-CRP
Clinical Research Platform

Centre universitaire
de santé McGill
Institut de recherche



McGill University
Health Centre
Research Institute



the CTN
CIHR Canadian
HIV Trials Network

Interim Clinical Treatment Considerations for Severe Manifestations of Mpox — United States, February 2023

Agam K. Rao, MD¹; Caroline A. Schrodt, MD¹; Faisal S. Minhaj, PharmD^{1,2}; Michelle A. Waltenburg, DVM³; Shama Cash-Goldwasser, MD²; Yon Yu, PharmD⁴; Brett W. Petersen, MD¹; Christina Hutson, PhD¹; Inger K. Damon, MD, PhD³

- Drugs discussed:
 - Tecovirimat
 - Cidofovir
 - Brincidofovir
 - Trifluoridine
 - Vaccinia IVIG



Community engagement



Regional
HIV/AIDS
Connection



“Can we say gay?”

HEALTH | News

Monkeypox fears could stigmatize
LGBTQ2S+ community, expert says





SILENCE = DEATH

Acknowledgements

All our study participants who make this research possible

- Options Lab
 - Cassandra Bertucci
 - Katie Griffin
 - Abby Li
 - Samantha Myers
 - Reva Persaud
 - Oscar Pico Espinosa
 - Attia Qamar
 - Shreya Shah
- Mishra Lab
 - Sharmistha Mishra
 - Mackenzie Hamilton
 - Hui Ting Ma
- St. Michael's Hospital
 - Sahar Ehshetam
 - Shelby Jaeranny
 - Danielle Kasperavicius
- Kozak lab
 - Rob Kozak
 - Jacklyn R. Hurst
 - Maedeh Naghibosadat
- IC/ES
 - Jeff Kwong
 - Cindy Lau
 - Sharifa Nasreen
- TAHSN Hospitals
 - Adrienne Chan
 - Allison McGeer
 - Sharon Walmsley
- University of Toronto
 - Natasha Christie
 - Jessica Lam
 - Angel Ly
- Toronto Public Health
 - Herveen Sachdeva
 - Rita Shahin
- McGill University
 - Marina Klein
 - Hansi Peiris
- Gay Men's Sexual Health Alliance
 - Dane Griffiths
 - Adam Awad
- Public Health Ontario
 - Christine Navarro
- Public Health Ontario Laboratory
 - Jonathan Gubbay
 - Maan Hasso
 - Samir Patel
- Trainees
 - Maggie Li
 - Sharon Sukhdeo



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC



CIHR IRSC



IDRC | CRDI

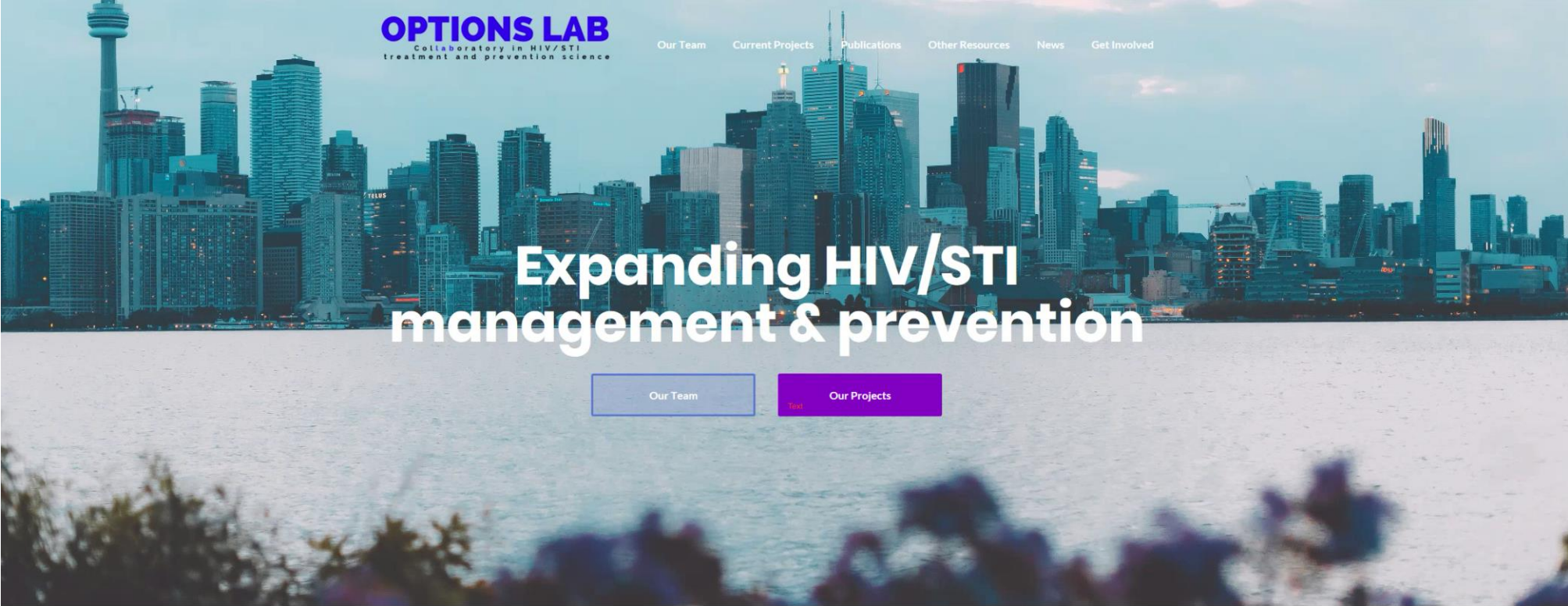


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UNIVERSITY OF
TORONTO



OPTIONS LAB
Collaboratory in HIV/STI
treatment and prevention science

[Our Team](#) [Current Projects](#) [Publications](#) [Other Resources](#) [News](#) [Get Involved](#)

Expanding HIV/STI management & prevention

[Our Team](#)

[Our Projects](#)

About

We are an interdisciplinary research team dedicated to bringing together community, academic, clinical, and policy partners to find and implement new and better options for HIV and STI treatment and prevention.

Ontario Mpox Campaign

Dane Griffiths, Director

June 19, 2023

WHO IS THE GMSH?

- A group of queer men working to improve the health and wellbeing of 2-Spirit, gay, bisexual, queer, and other men who have sex with men.
- We produce resources, provide training, and run campaigns on sexual health—including HIV and other STBBIs for healthcare providers and community members
- Funded by the MOH, AIDS Bureau to increase the capacity of front-line HIV services to support 2SGBTQMSM



VALUES AND APPROACH

Gay is good.
Honest & frank.
Evidence Based.
Consistent & collaborative.
Agile & adaptive.

GMSH
GAY MEN'S SEXUAL HEALTH ALLIANCE

Welcome to the GMSH



The Gay Men's Sexual Health Alliance (GMSH) champions the health of 2SGBTQ+ men in Ontario. We lead in developing sexual health promotion resources and collaborate with HIV service

What the heck is Monkeypox?

In May 2022, we began hearing reports of a rare virus showing up among gay men in Europe. As cases were identified in Montreal, murmurs started within our community about this new (to us) disease and gay men had more questions than answers.

At the GMSH, we saw the challenge that community members would have in finding accessible, appropriate, and timely information about the virus. Recognizing that we were located in a privileged and trusted space within the community, we knew there was an opportunity to develop resources that would help gay men navigate the headlines and understand how their lives might be impacted.

Drawing on the published research on the MPX virus, on our own knowledge of the sexual lives of gay men, and on lessons from the COVID-19 pandemic, we quickly created a set of resources and published them on May 20, 2020.

Early Response Activities

1. Community mobilization

- Importance of feedback loops
- Post exposure vaccination strategy
- NACI engagement

2. Communications

- Say 'gay' and being the messenger

3. Pride preparation

Well-resourced and robust campaign

Given the GMSH's role in coordinating certain aspects of the outbreak response and our early work in developing community-facing messages, we were resourced and tasked with running a full scale community outreach campaign targeted at queer and trans men, and with supporting the work of local public health units in reaching community members.

Beginning in June, ahead of Toronto Pride, this campaign pushed out critical messages about virus transmission, symptoms, testing, and (eventually) vaccine availability to every community in Ontario. These efforts directly contributed to getting over 35,000 community members vaccinated and helped people navigate the evolving outbreak, providing access to reliable and trustworthy information.

SO, WHAT'S THE DEAL WITH MONKEYPOX?

There's news of possible cases of it among gay and bisexual men, with confirmed cases in the US, UK, and Spain.

There are two confirmed cases in Quebec, with more being tested. So far, there are no reports of severe cases.

GMSH

Monkeypox is here.

Know the signs. Let's stop its spread.

Find out more at
[GMSH.ca/Monkeypox](https://gmsH.ca/Monkeypox)



GMSH Toronto Public Health HQ

Monkeypox is here.

MONKEYPOX CAN BE PASSED ON:

- during skin-to-skin contact—like dancing shirtless in a crowd or having sex.
- during prolonged close contact—like kissing or talking really closely with someone.
- through contact with objects (including sex toys), fabrics (like clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.

WHAT TO LOOK OUT FOR:

-  Symptoms usually start within 2 weeks of exposure.
-  A rash, blisters, sores, or ulcers.
-  They might be in your mouth, on your face, upper body, or hands.
-  They could also be in or around your asshole, cock, and front-hole.
-  A fever, tiredness, swollen lymph nodes and generally feeling unwell are also common.

WHAT TO DO:

- If you are experiencing symptoms, hold off from close physical contact, including sex, until you're tested and the symptoms clear up.
- Contact your doctor, Toronto Public Health, or the Hassle Free Clinic.
- If you are a close contact of someone diagnosed with Monkeypox, keep an eye out for symptoms and follow Toronto Public Health guidance.
- Consider how much close contact is going to be occurring in the parties, places, and venues you like to visit.
- Be kind to each other. We're learning more each day about Monkeypox and how its impacting our community.



For more information on Monkeypox and sex, including prevention and vaccination, scan this QR code or visit gmsH.ca/monkeypox

GMSH Toronto Public Health act

Travelling?

If you're having fun out of town this summer, get your vaccine before you go.

Find out more at
GMSH.ca/Monkeypox

GMSH Toronto Public Health

GMSH

GAY MEN'S SEXUAL HEALTH ALLIANCE

Campaign Targeting and Reach

The campaign has been running on 11 digital platforms, including dating apps, social media, and LGBTQ+ news sites. Every region of the province was targeted independently in order to ensure resources were distributed equitably and community members in every region were reached. Print materials were produced and distributed at Pride festivals throughout Ontario and event-specific vaccine clinics were set up, including the International Gay Rugby Tournament (the Bingham Cup) in Ottawa.

In total, over 74 million ad impressions from June 2022- March 2023 resulting in 680,000 site visits to gmsh.ca/mpox.



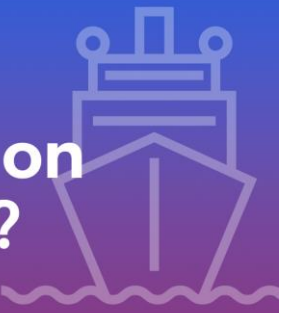
Headed to Darklands?

Your most important gear is the MPOX vaccine.

Get both doses before you go: [GMSH.ca/MPOX](https://www.gmsa.ca/MPOX)



Had fun on Atlantis?



Welcome back. Keep an eye out for MPOX symptoms for the next few weeks.

Learn the signs at [GMSH.ca/MPOX](https://www.gmsa.ca/MPOX)



Partying in PV?

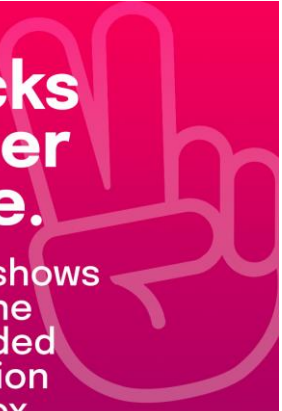
Mexico still has no monkeypox vaccine available and cases are rising. Get both MPOX vaccine doses before you go.



Find your closest clinic at [GMSH.ca/MPOX](https://www.gmsa.ca/MPOX)



Two pricks are better than one.



New research shows that two vaccine doses are needed for full protection from monkeypox.

Find your closest clinic at [GMSH.ca/MPOX](https://www.gmsa.ca/MPOX)



GMSH

GAY MEN'S SEXUAL HEALTH ALLIANCE



“the swift collective
action of gay and
bisexual men
prevented
catastrophe”

“How Gay Men Saved Us From Monkeypox”
New York Times, April 2023

GMSH
GAY MEN'S SEXUAL HEALTH ALLIANCE

Summary

- A community-led response to mpox was central to the success of efforts in Ontario
- Affected community is the most effective messenger
 - Addressing misinformation
 - Developing trust
 - Responsible transparency
- Collaboration gets the goods

The GMSH Online:

<https://www.gmsh.ca/>

<https://www.thesexyouwant.ca/>

<https://www.partyandplay.info/>

<https://www.getprimed.ca/>

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