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Autumn Conference Friday 25th November 2022 ROYAL COLLEGE OF PHYSICIANS, LONDON



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Monkeypox: sexual health services

Claire Dewsnap, BASHH GUM Physician Sheffield



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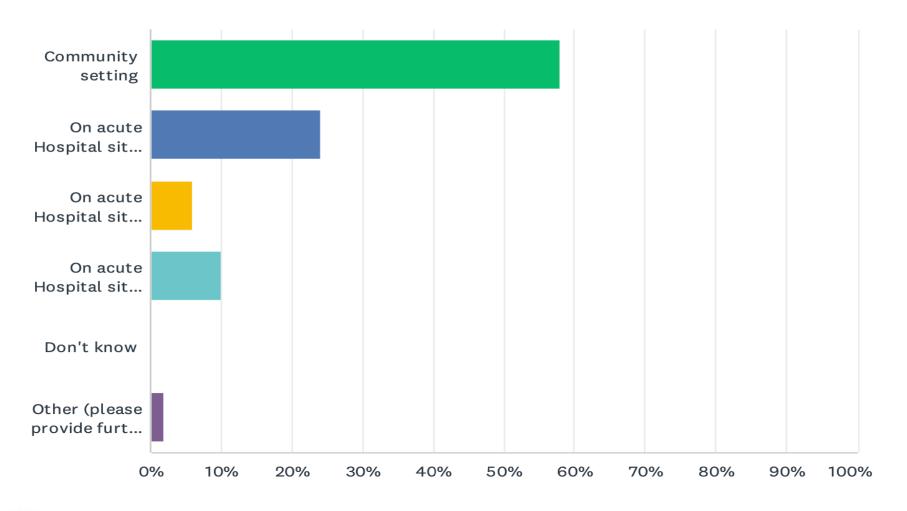
LONDON



Conflict of Interest

I have accepted speaker fees from ViiV and Gilead and advisory fees from ViiV, Gilead and MSD

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared. Finally, other conflicts of interest including expert functions in health care or healthcare guidance processes should be declared (eg if the professional is a member of a health board). The Federation considers it good practice to also make speakers' disclosures available in digital format(s) relating to the educational event. Q4 Where is your hub sexual health service sited? Please tick the most appropriate option below

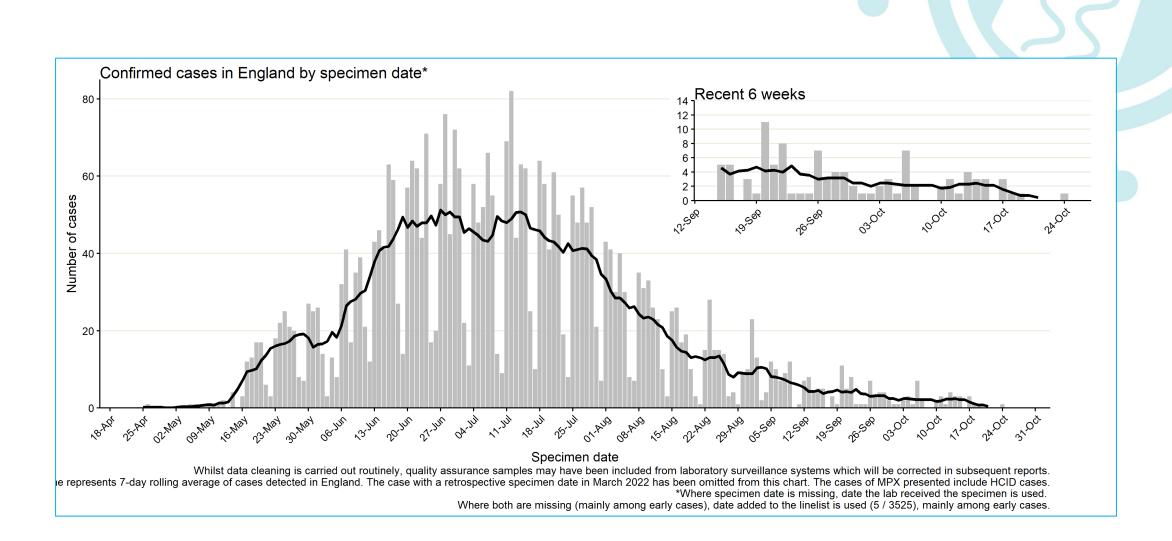


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Incident one - travel	Incident two – cryptic, family	Incident three - MSM index cases
7 May 2022 Case with recent travel history to Nigeria. Rash on 29 April. Departed Nigeria 3 rd May. Arrived in the UK & presented	14 May 2022 Identified with neonate presentation after in house transmission. Cryptic case – no source identified	16/17 May 2022 2 separate phone calls from clinicians about unusual rashes in MSM; 2 linked cases and one with no link. No link to prior cases.
hospital. Early suspicion MPXV. Case was isolated immediately and discussed with national service Multiple contacts. No further transmission	[initial case in household 28 April – 3 generations of transmission]	Also noted a communication through EPIS of unusual rash in MSM in Portugal on 16 May



- 70% of cases in London
- Variety of clinics affected

Region of residence	Total confirmed and highly probable cases	Regional distribution of all cases (% excluding unknown)
East of England	115	3.4
East Midlands	59	1.7
London	2,359	69.4
North East	47	1.4
North West	216	6.4
South East	311	9.1
South West	90	2.6
West Midlands	124	3.6
Yorkshire and Humber	78	2.3
Unknown	13	0.0
Total	3,412	99.9

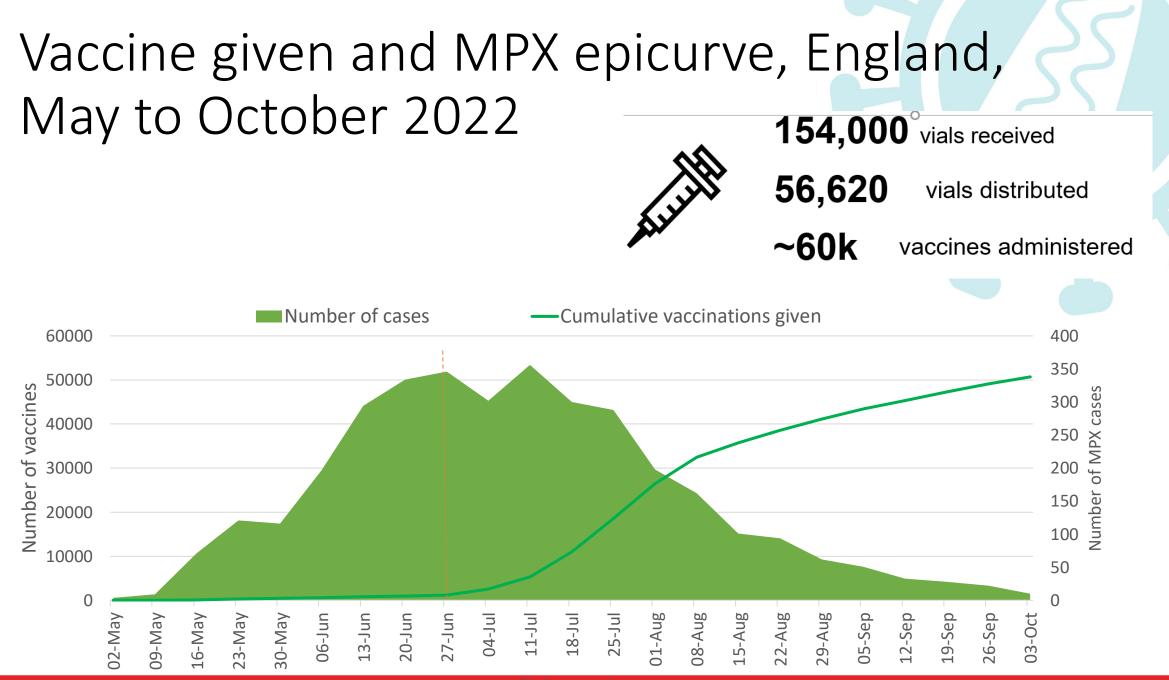
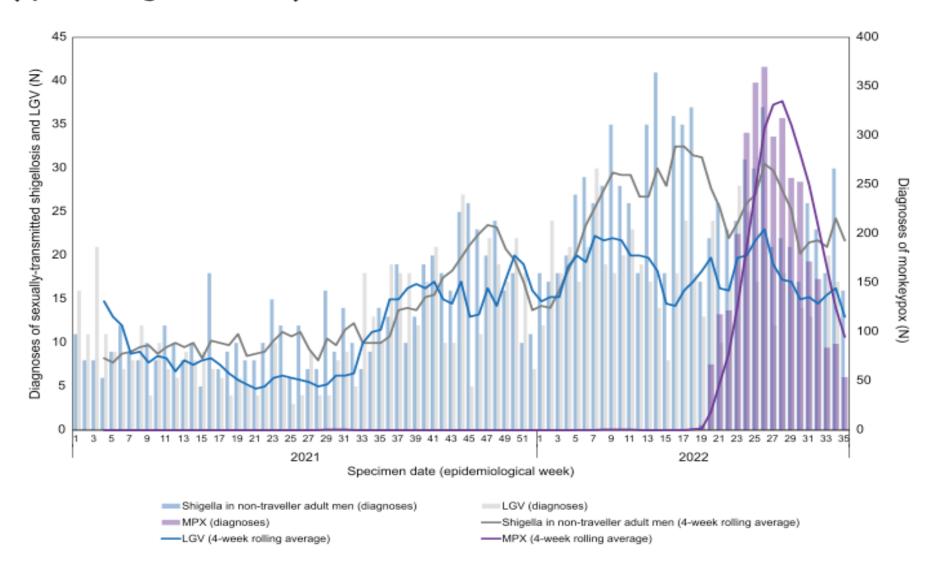


Figure 6. Laboratory diagnoses of Shigella spp, LGV (primary y-axis) and monkeypox (secondary y-axis) in England, from 1 January 2021 to 3 September 2022 (epidemiological week 35)





STEP 2 While pulling the skin taut, position the needle with the bevel facing up and insert the needle at 5- to 15-degree angle into the dermis. August 2022 -emergency use approval US FDA

UK JCVI endorsed the use of a fractional dose (0.1ml) of MVA-BN given by intradermal injection during periods of supply constraints. The approach has also been advised by the European Medicines Agency **Emergency Task Force.** https://www.ema. europa.eu/en/news/emas-emergencytask-force-advises-intradermal-useimvanex-jynneos- against-monkeypox Fractional dosing recommended in those with CD4 counts > 200 and undetectable VLs Given in ether the deltoid site or volar aspect of the arm

What has this outbreak cost

- Variation is diversion of costs
- c£800k
- Sheffield comparison
- 100k



What has this outbreak cost Reduction in care access

- 25-30% reduction in access to STI care in large urban clinics
- Reduction in STI care- 50% in 10 % of services
- Reduction in contraception 25% in 20% of services
- 90% reduction in 15% of services



What have we learned

We must listen people and patients/service users Top down controlled environments without on the ground expertise New and braver approaches are needed BHIVA :

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