New Health Threats for Communities Heavily Impacted by HIV

Policy experts call for quicker action and more resources for the monkeypox and meningococcal disease outbreaks.

July 18, 2022 By Jeffrey S. Crowley and Greg Millett

The HIV Prevention Policy Project of the O'Neill Institute for National and Global Health Law and amfAR, The Foundation for AIDS Research, have jointly released a new brief on monkeypox and meningococcal disease, Monkeypox and Meningococcal Disease Outbreaks Signal New Health Threats for Communities Heavily Impacted by HIV and Demand Immediate Action. There is also an accompanying one-page summary.

This brief adds to growing calls for more urgent action and estimates that U.S. monkeypox diagnoses will approach or top 11,000 by the time the first group of people in the United States are fully vaccinated under current two-dose guidelines that indicate full protection (six weeks from first dose). The brief also spotlights a large and growing outbreak of meningococcal disease. These outbreaks are currently concentrated among gay and bisexual men and other men who have sex with men (MSM).

Courtesy of amfAR

The brief acknowledges significant action from federal leaders, even as it calls for quicker action and more resources. Policy recommendations are offered to bolster the outbreak response, expand the community response capacity and identify and allocate emergency resources, with a call for an immediate transfer of $100 million, drawn broadly from the U.S. Department of Health and Human Services, to respond more aggressively to curb the scope of both the monkeypox and meningococcal disease outbreaks. We also highlight that U.S. domestic responses must take place in the context of stepped up U.S. global leadership.

Time is of the essence. Every day that we do not take such steps is one more day for these crises to grow.

From the brief:

> Policy action is needed to:
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> BOLSTER THE OUTBREAK RESPONSE
> Increase testing and surveillance for monkeypox
> Expand vaccine access to achieve herd immunity as early as possible:
> Focus on containment in MSM communities by distributing greater quantities of the JYNNEOS vaccine to the most heavily impacted communities right now, even at the risk of future temporary stockouts.
> Consider a one-dose regimen of the JYNNEOS vaccine to achieve greater immunity and reduce exponential growth in weekly transmissions.
> Consider expanding meningococcal disease vaccination guidelines to all MSM, not only those in or traveling to Florida.
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> EXPAND COMMUNITY RESPONSE CAPACITY
> Fund a diversity of organizations, including Black and Latinx, ballroom community, leather and other groups serving gay and bisexual men, transgender people and other affected communities, as well as networks of people living with HIV, people who use drugs, and people who engage in sex work to provide education, help with contact tracing, interface with researchers and government officials and community members, and support the delivery of vaccination and other services with community-based clinical providers.
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> IDENTIFY AND ALLOCATE EMERGENCY RESOURCES
> Use transfer authority to mobilize resources to fund HIV and STI programs to provide services for the uninsured, support education and outreach, and conduct research focused on health trends experienced by people with HIV and HIV-affected communities as part of a sustained commitment to greater funding for sexual health clinic capacity to address a variety of sexually transmitted infections (STIs).
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> All of this should be done in the context of a global response plan that envisions much greater resource sharing with other nations, even in light of domestic resource shortages.

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The brief is available here.

The one-page summary is available here.

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