



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D., M.P.H.

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

MPOX TASK FORCE **Thursday, January 19, 2023 - 3:00 PM**

Join the meeting via Zoom:

<https://us06web.zoom.us/j/99817017737?pwd=cW5BNzNRaDVWdjgzcz1h2QkxtSXcwdz09>

This meeting is audio and video recorded.

The Charge of the MPOX Task Force: Advise the County of San Diego Health and Human Services Agency on the Public Health Response to the Global Outbreak of Human MPOX Virus, including:

- 1) Advising on Vaccine Equity
- 2) Advising on culturally proficient outreach, health education and risk reduction efforts, including messages and channels

A quorum for this committee is 7

Table of Contents

Document	Page Number(s)
Continuation of Remote Meetings for Brown Act Boards and Commissions	001 – 003
Letter from Dr. Wooten – Health Officer Teleconferencing Recommendation	004
1/19/2023 MPOX Task Force Meeting Agenda	005 – 006
11/10/2022 MPOX Task Force Meeting Minutes	007 – 011
CDPH MPOX December Stakeholder Session Slide Deck	012 – 044
09/15/22 MPOX Task Force Workplan	045
Appendix (Provided for Informational Purposes)	
None	

Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) (“Special Teleconferencing Rule”) which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; **and** 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; **or** ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

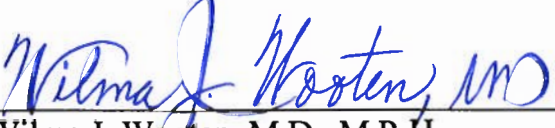
HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021



Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP
MPOX TASK FORCE**
Thursday, January 19, 2023 - 3:00 PM
Meeting via Zoom

Join the meeting via phone:

<https://us06web.zoom.us/j/99817017737?pwd=cW5BNzNRaDVWdjgzczh2QkxtSXcudz09>

This meeting is audio and video recorded.

The Charge of the MPOX Task Force: Advise the County of San Diego Health and Human Services Agency on the Public Health Response to the Global Outbreak of Human MPOX Virus, including:

- 1) Advising on Vaccine Equity
- 2) Advising on culturally proficient outreach, health education and risk reduction efforts, including messages and channels

Committee Members: Allan Acevedo, Alberto Cortes, Max Disposti, Brenda Huerta, Dr. Ankita Kadakia; Cinnamen Kubricky, Bob Lewis, Mikie Lochner (Chair), Patrick Loose, Antonio Page-Khan, Dr. Ken Riley, Raul Robles, Dr. Stephen Spector.

Participants Requesting Spanish Translation: (Must notify support staff 96 hours in advance).
Participantes que solicitan traducción al español: (Deben notificar al personal de apoyo con 96 horas de anticipación).

A quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/ Call Roll / Establish Quorum
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).
 - a) Find Task Force has considered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing

You may also obtain more information on our web page: www.sdplanning.org

3. Chair Comments; Ground Rules & Abstentions
4. Public Comment (See page 2 of agenda for rules)
5. Sharing our concerns/Comments on Items not on the agenda (for Task Force members)
6. **Action:** Approval of MPOX Task Force Agenda for January 19, 2023
7. **Action:** Approve MPOX Task Force meeting minutes from November 10, 2022
8. Old Business:
 - a) Data Report: Vaccine equity data
 - b) Review Report of Vaccinations; Outreach, Health Education and Risk Reduction Activities; and Social Media Activities
 - c) Review of Work Plan
 - d) Discussion: Ongoing Data and Reporting Requests to Support Work of Task Force
 - e) Discussion: Additional Training Required to Support Work of Task Force
9. New Business:
 - a) Recommendations for vaccine equity
10. Suggestions to Task Force for consideration of future items
11. Announcements
12. Next Meeting Date: February 16, 2023. 3pm-4:30 via Zoom.

Public comment rules:

- Will be heard in the following segments: 1) at the beginning of the meeting, for comments not relating to agenda items, and 2) at the start of each agenda item for comments relating to the item.
- If you would like to make a public comment/say something to the HIV Planning Group please click “raise your hand” in WebEx or Zoom, type something in the chat box, or unmute yourself and ask to be recognized by the Chair.
- Limit of ten minutes per segment and two minutes per speaker except under special circumstances based upon the expected number of speakers, the timeframe for decision-making, and whether additional public meetings have been held prior to the HIV Planning Group, at which extensive public and community comment was heard and included in reports or recommendations before the HIV Planning Group. Under any or all these circumstances, the Chair may modify the time limit for public comment. The time is allotted to provide comment only, not to ask questions or engage in a discussion with HIV Planning Group members. Public comment presented at HIV Planning Group meetings does not require response or discussion by the HIV Planning Group. All comments shall be made in a respectful manner (e.g., no profanity, yelling, bullying, or abusive language).



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

San Diego HIV Planning Group (HPG) Monkeypox (MPox) Task Force Thursday, November 10, 2022

3:00 PM

Meeting occurred via video teleconference (Zoom)

MINUTES

Quorum is 7

Task Force Members Present: Allan Acevedo, Alberto Cortes, Bob Lewis, Mikie Lochner (Chair), Patrick Loose, Antonio Page-Khan, Dr. Ken Riley, Raul Robles,

Task Force Members Absent: Max Disposti, Brenda Huerta, Dr. Ankita Kadakia; Cinnamen Kubricky, Dr. Stephen Spector

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, MPOX Task Force Chair, called the meeting to order at 3:00 p.m. and noted the presence of a quorum.	
2. Action: Continuation of Teleconferencing	All votes at the meeting were taken by roll call; task force members' names were called out verbally, then individual voice votes were noted and recorded. Action: Continuation of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). a. Find HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue recommending measures to promote social distancing. Motion/Second/Count (M/S/C): Acevedo/Lewis 6/0 Abstentions: Lochner Motion carries	
3. Chair Comments; Ground Rules & Abstentions	Reviewed by chair.	

Agenda Item	Action/Discussion	Follow-up
4. Public Comment (See page 2 of agenda for rules)	None.	
5. Sharing our concerns/Member Introductions	<p>The MPOX Public Health Emergency will end today (11/10/22). A County Public Health Emergency is in effect when the number of cases exceeds the County's capacity to respond effectively. At the current rate, the County has the infrastructure to respond to the number of new infections. The County is still responding to MPOX to achieve health and vaccine equity and to eliminate the transmission of MPOX.</p> <p>Since the MPOX Public Health Emergency will end, a member asked if the Task Force should consider the meeting schedule and potentially reduce the frequency of MPOX Task Force meetings.</p> <p>The County and local leaders received recognition from Harold Philips, Director White House National AIDS Policy, for the response to the MPOX outbreak and especially for using the knowledge obtained from responding to HIV.</p>	
6. Action: Approval of the Task Force agenda for November 10, 2022	<p>Action: Approve Task Force agenda for November 10, 2022 as presented.</p> <p>M/S/C: Riley/Lewis 7/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
7. Action: Approve Task Force meeting minutes	<p>Action: Approve Task Force meeting minutes from October 27, 2022</p> <p>M/S/C: Riley/Lewis 5/0</p> <p>Abstentions: Lochner, Acevedo, Cortes</p> <p>Motion carries</p>	
8. Old Business		
	<p>a. Training: Health Equity Presented by Patrick Loose (slide presentation) iscussion: The specific message is important. Regarding the ending of the MPOX Public Health Emergency, how this message is delivered will be important. In some communities, if something has "ended," then it has been fixed or has "gone away" and there is no need to worry about it anymore. For many people, especially those with limited resources, if it is not causing problems right now, then it isnot important. The message that the MPOX State of Emergency is ending should be delivered so that the Latinx community understands that the rate of infections is higher in the Latinx community and the rate of vaccination is</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>lower. The message should be that continued vaccination and behavior change is important to prevent future outbreaks.</p> <p>Primary Health providers may not have the resources to educate patients, especially those who are in the most highly affected demographics. If the County provides vaccines but does not provide additional resources for education and outreach, it is a missed opportunity. For providers who serve the most impacted communities, efforts should be made to ensure that the burden does not rest on health providers. The County should have educational resources available for providers to use with patients. It is important to give practical support to community health providers. A suggestion was made to work with trusted health providers of the people who have not received their second dose of vaccine to help deliver the message.</p> <p>To develop better messages, a member suggested asking people who have been vaccinated what message was effective for reaching them.</p> <p>A member recommended the HIV Planning Group and Faith-Based Action Coalition receive a “Health Equity” presentation, similar to what was presented today.</p> <p>Members felt that it will be important to widely distribute the message that the option to receive the vaccine subcutaneously (under the skin of the bicep) is available again. Some men may have avoided or may be hesitant to get the second dose intradermally (between the layers of the skin on the forearm or below the shoulder blade) because of stigma.</p> <p>Members discussed that the MPOX vaccination is competing with other vaccines such as flu, COVID-19, etc. When a member of the community has many complex needs, what we think is important (MPOX vaccine, etc) may not match what they think is important. Providing vaccines along side other resources and programs helps ensure that people do not have to choose between this and other issues and helps to reduce stigma.</p>	
	<p>b. Data Report: Vaccine equity data Tabled</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>c. Review Report of Vaccinations; Outreach, Health Education and Risk Reduction Activities; and Social Media Activities Included in the presentation by Lori Jones</p>	
	<p>d. Presentation: MPOX prevention efforts – Lori Jones Presentation. Attendance of Task Force members and community leaders at various meetings allows sharing of information and planning and a quicker response. Two different tracks: 1) targeting health messages to get to those at the highest risk, and 2) normalizing MPOX so that it is a standard part of health care. Coordinate with Medical Standards and Evaluation Committee of the HPG to discuss whether MPOX be included in care standards</p>	
	<p>e. Review outreach, education, and social media messages and images and consider recommendations to help promote inclusion and equity.</p>	.
	<p>f. Review of Work Plan</p> <p>The next scheduled meeting is Thursday, Dec 15, 2022. (scheduled to allow response to changing information but may be rescheduled to January if rates remain steady.) The focus of future meetings will be on the equity gaps, with the goal to reduce those gaps. That work will take longer than a few months. Chair and staff will work on meeting schedule for 2023.</p>	<p>Chair Lochner, Patrick Loose, and support staff to review prior meeting minutes to identify possible recommendations.</p> <p>Staff to reach out to other jurisdictions with larger Latinx and Black communities to see if there are any recommendations from those organizations</p>
	<p>g. Discussion: Ongoing Data and Reporting Requests to Support Work of Task Force None</p>	

Agenda Item	Action/Discussion	Follow-up
	h. Discussion: Additional Training Required to Support Work of Task Force None	
9. New Business		
	a. None	
10. Suggestions to Steering Committee for consideration of future items		
11. Announcements		
11. Next meeting date	Next Meeting: January 19, 2023: Zoom	
Adjournment	4:31 PM	

Mpox Community Stakeholder Meeting

December 7, 2022

Dr. Marisa Ramos, Ph.D.

Office of AIDS Division Chief
Center for Infectious Diseases
California Department of Public Health

Dr. Phil Peters, MD

Office of AIDS Medical Officer
California Department of Public Health



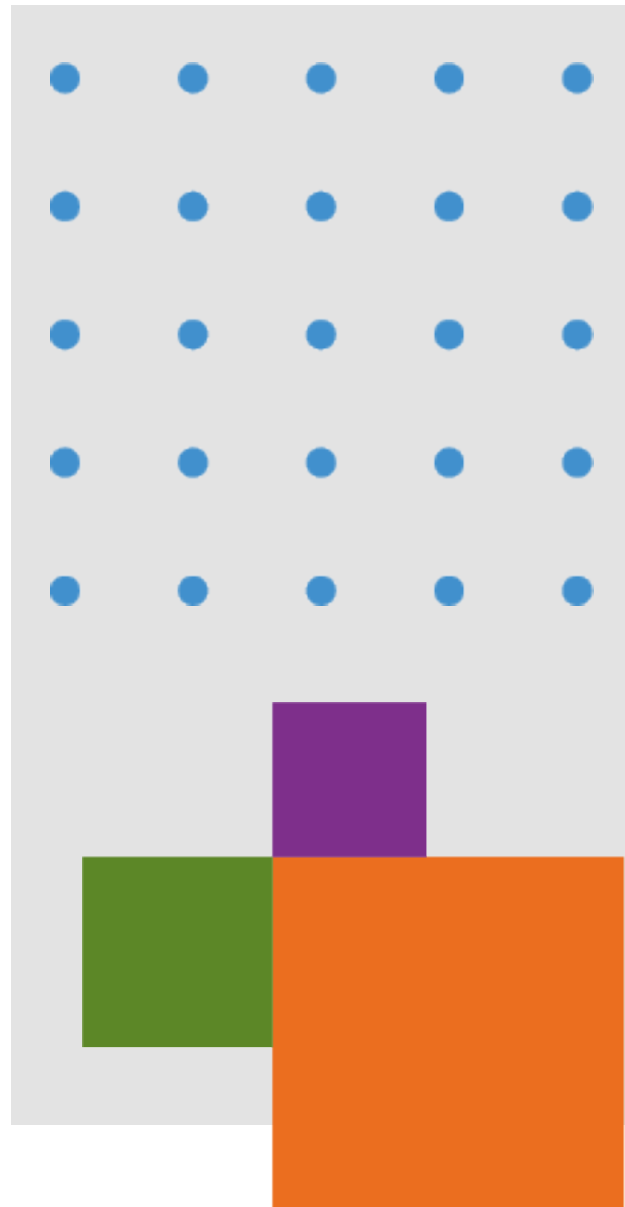
Agenda

- Webinar Logistics
- Welcome and Purpose of the meeting
- Mpox Current Status Update
- Moderated Forum: Questions and Answers

Webinar Logistics



Welcome



Meeting Purpose

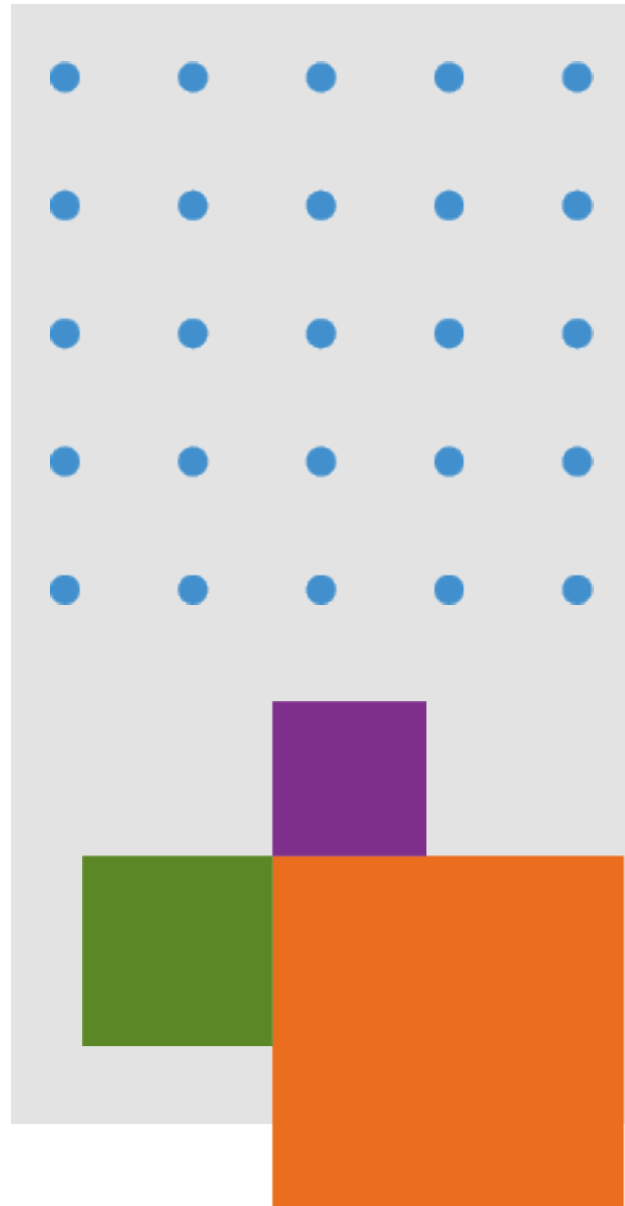
To update the community about:

1. Current status of mpox,
2. What CDPH is doing,
3. What the community needs to know, and
4. Provide Q&A and listening session for stakeholders

Mpox Current Status Update

Dr. Phil Peters, MD

Office of AIDS Medical Officer
California Department of Public Health

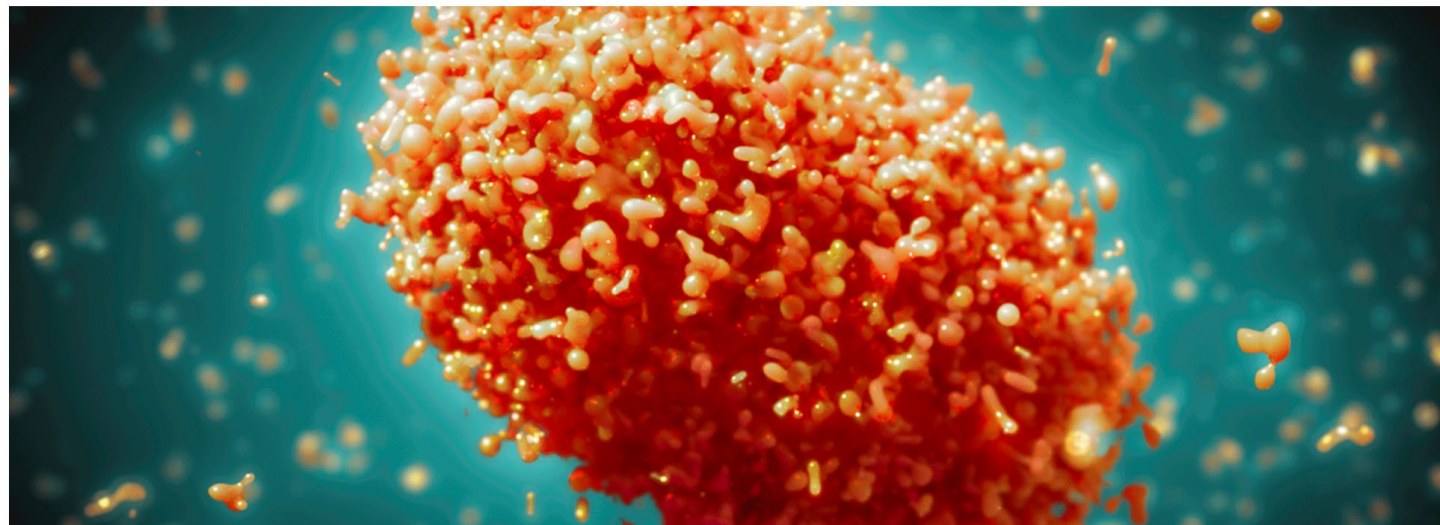


World Health Organization's Mpox Designation

- This week, the WHO [announced](#) it will begin using a new preferred term to refer to the disease: “mpox”
- WHO will adopt the term mpox in its communications, and encourages others to follow these recommendations, to minimize any ongoing negative impact of the current name



[Home](#) / [News](#) / WHO recommends new name for monkeypox disease



California Mpox Cases as of 2022-12-06

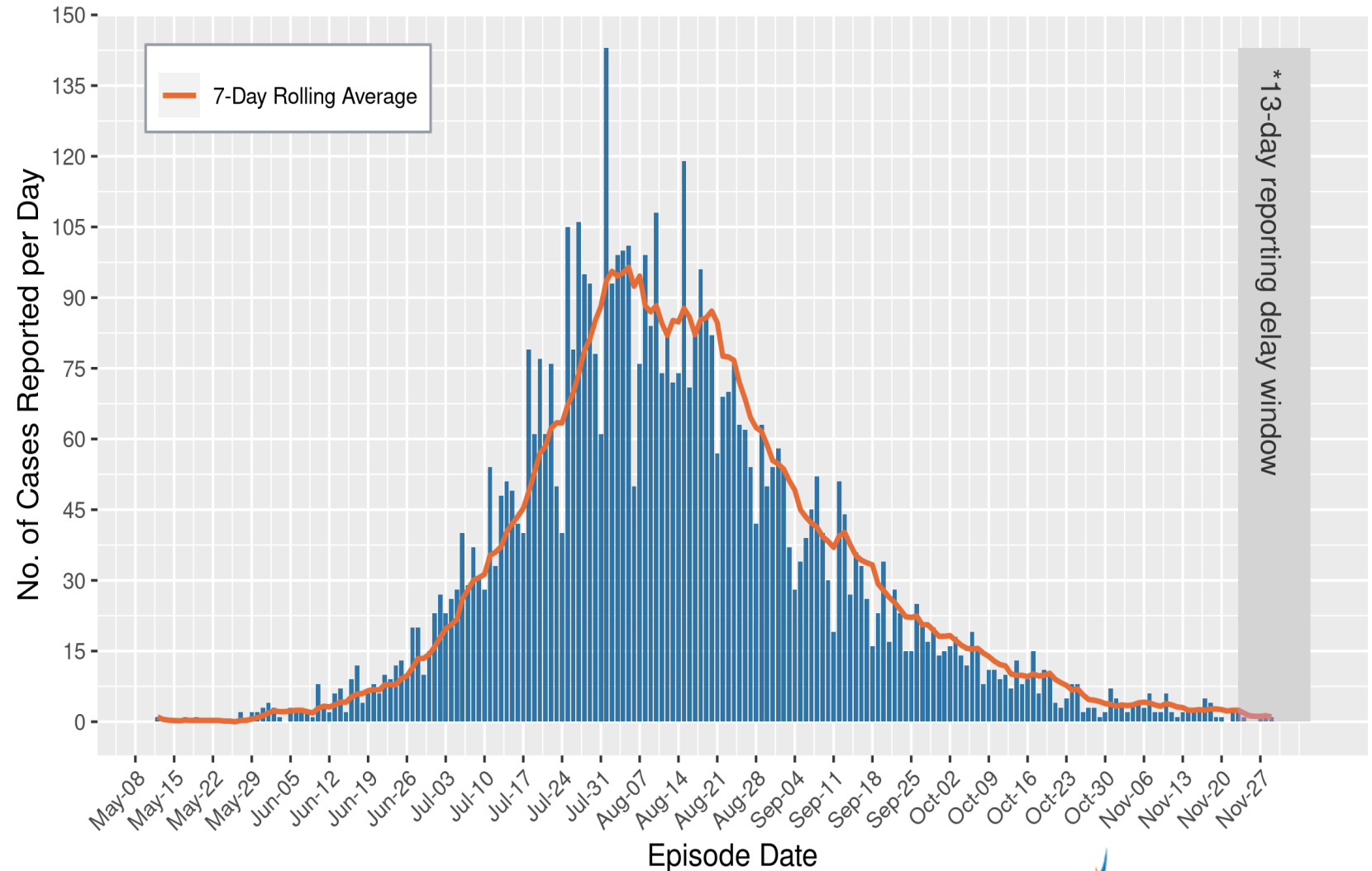
5,622 Confirmed/
Probable Cases

2.43 Cases per Day
(7 day average w/ 13 day reporting lag)

236 Hospitalizations

5.3% of all cases with
a known hosp. status

2 Deaths Due To Mpox



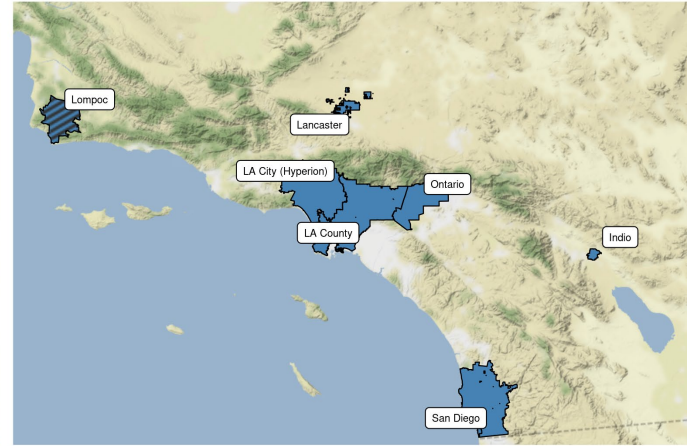
Mpox Detections in Wastewater, by region – December 6, 2022

Frequency of detections in wastewater within the last 2 weeks

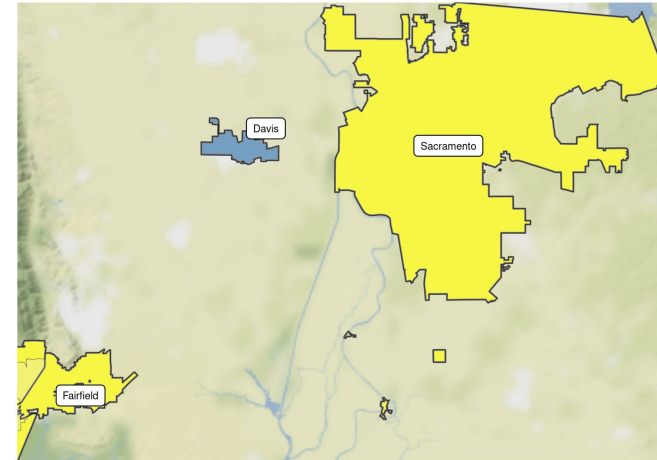
ABAHO Region



Southern California



Greater Sacramento



Of 39 sites being monitored, in the past 2 weeks:

- **Consistent detections: 0%** (0/39) of all sampled sewersheds, less than 2 weeks ago (3%)
- **Intermittent detections: 18%** (7/39) of all sampled sewersheds, less than 2 weeks ago (20%)
- **No detections: 82%** (32/39) of all sampled sewersheds, greater than 2 weeks ago (77%)

Detections within that past 2 weeks*



Consistent detections



Intermittent detections



No detections



Stripes indicate sewer shed boundaries are approximated

*Most recent 5 wastewater samples in the past 2 weeks examined :

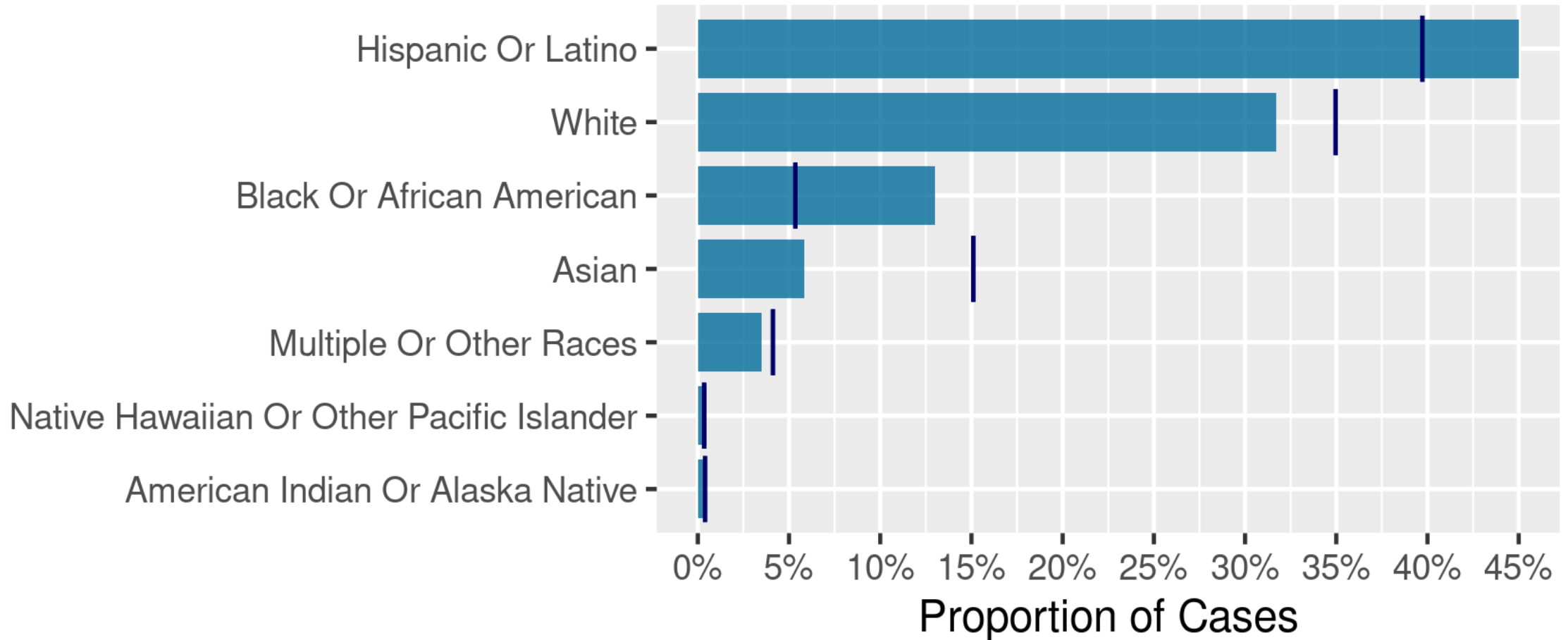
Consistent = 4+ of last 5 samples

Intermittent = 1-3 of last 5 samples

None = 0 of last 5 samples

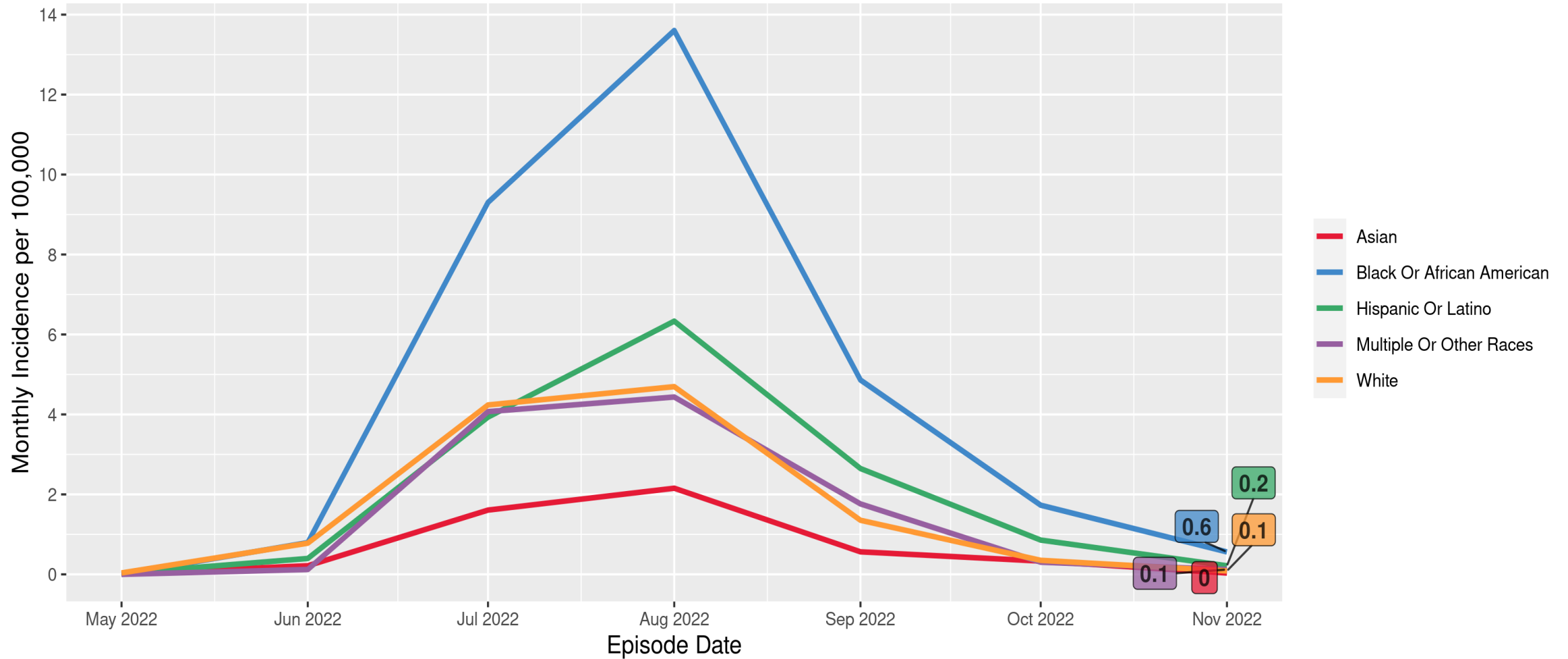
Summary: Number of sites with detections (7 of 39) are less than compared to 2 weeks ago and greater than compared to 4 weeks ago (6 of 36).

Distribution of Mpox Cases by Race/Ethnicity



Error bars indicate 2021 population estimates by race/ethnicity

Monthly Incidence Rates by Race/Ethnicity



Based on 2021 population estimates by race/ethnicity

Gender and Sexual Orientation

Gender	N	Percent *
Male	5,293	95.7
Female	139	2.5
Transgender Female	65	1.2
Transgender Male	18	0.3
Genderqueer/Non-Binary	15	0.3

Sexual Orientation	N	Percent *
Gay/Lesbian/Same-Gender Loving	3,359	79.0
Bisexual	472	11.1
Heterosexual/Straight	414	9.8
Other	7	0.2



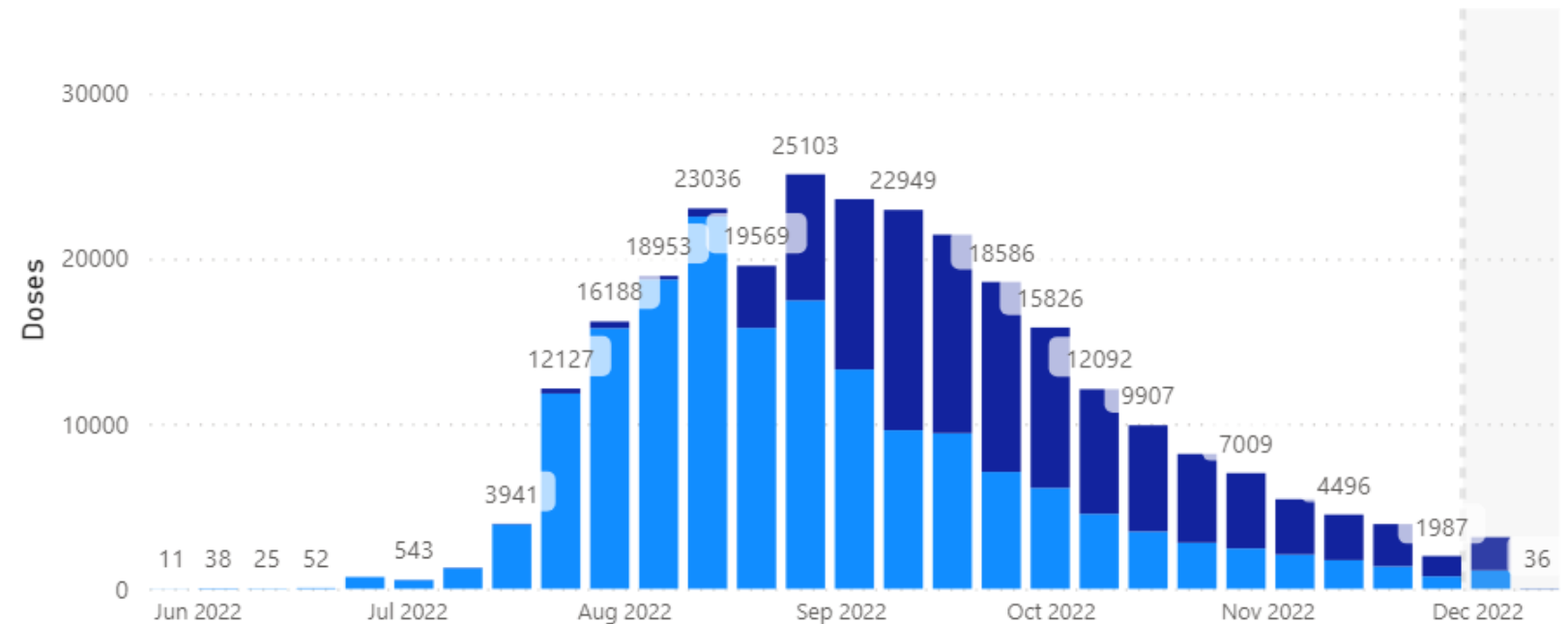
Mpox Vaccine Update

Vaccines Administered as of 12/06/2022

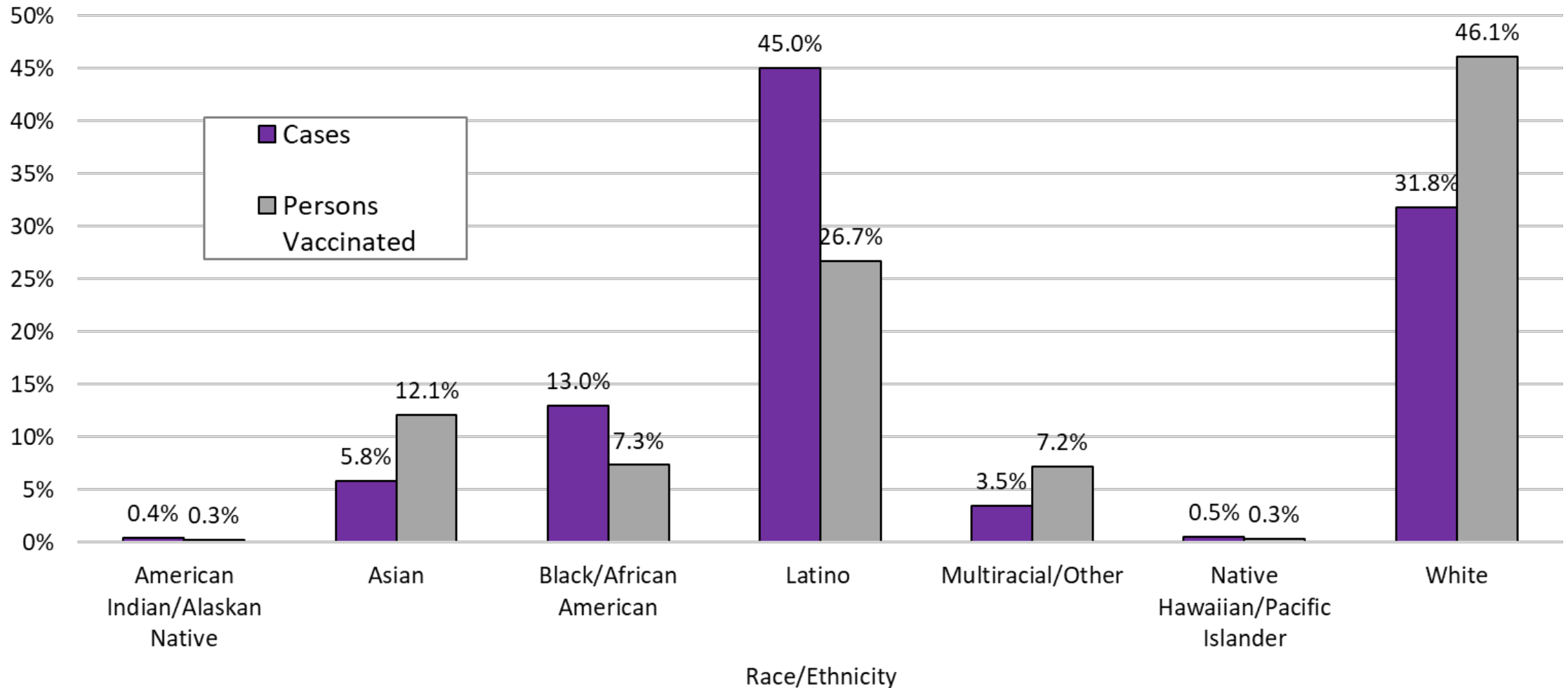
- 286,482 total doses administered in CA
 - 180,826 first doses and 105,656 second doses
 - 65% of all doses administered are in Los Angeles, San Francisco, and San Diego counties

Doses Administered Week-by-Week

● First Doses ● Second Doses



Mpox Case and Vaccine Recipient Comparison



Mpox Vaccine is Available for the General Public

Considerations for MPX Vaccination in California

- **Persons who request vaccination should receive it, without having to attest to specific risk factors.**
- **Vaccine providers can offer vaccine to any patient who MAY be at risk, to increase opportunities for vaccination.**
- General vaccination efforts
 - At-risk groups (HIV, MSM, sex workers)
 - Others who may be at risk or desire vaccination
 - Focus on equity (Black and Latinx populations)
 - Eliminate any barriers (access, stigma, or self-identification)

Key Points for Providers and Patients about JYNNEOS

- Recommend for at-risk groups for prevention of mpox infection and severe disease
- Discuss subcutaneous and intradermal options
- Outreach to vaccine hesitant patients and those from racial/ethnic minority groups less likely to be vaccinated (Black/Latinx)
- Remind to return for 2nd dose
- [CDC Mpox Vaccine Considerations: Health Equity Considerations](#)
 - Have both subcutaneous and intradermal vaccine administration options available on site so that those unable or unwilling to receive the intradermal regimen can receive the subcutaneous regimen

Review of State Mobile Turnkey Vaccination Resources for JYNNEOS vaccine

December 2022

Turnkey Mobile Vaccination Teams

- Turnkey mobile vaccination team resources available to community-based organizations interested in hosting vaccination events
- These teams are designed to provide support for mpox vaccination events in coordination with local health jurisdictions
- Teams can be deployed to indoor or outdoor locations and provide staff with all necessary equipment and supplies, except vaccine, which can be provided by local health jurisdictions.

Turnkey Mobile Vaccination Teams

- Turnkey teams, consisting of vaccinators and administrative support, are able to perform up to 520 pre-registered vaccinations in an 8-hour timeframe with two teams.
- For large events, more than one team may be provided. Teams are deployed for a full workday, so organizations are encouraged to schedule events to make efficient use of this resource.
- There is no cost to the community-based organization or local health jurisdiction for these resources

Request and Actioning Process Flow

- Community Based Organizations coordinate with Local Health Jurisdictions
- Local Health Jurisdictions submits formal Medical Health Operational Area Coordination request and completes intake form via survey monkey link
- California Department of Public Health reviews request
- Vendor availability confirmed
- California Department of Public Health/vendor and Local Health Jurisdiction/Community Based Organizations meet to discuss logistics
- Event actioned

How to Request

- The first step in submitting a request is to coordinate directly with the [local health jurisdiction](#).
 - The **local health jurisdiction** can facilitate the formal submission, via the Medical Health Operational Area Coordination (MHOAC), of the request, including the supplemental information that is needed.
 - The **local health jurisdiction** can complete the site request form survey [here](#) which provides the data needed by CDPH to assess the request and deploy a team.
 - If multiple deployments are in progress, requests may be prioritized based on local epidemiology, demographics and equity, order received, and other applicable factors.
 - Approval depends on vendor availability. Applications are typically approved within 24-48 hours after submission.
 - Events should be scheduled at least 1-2 weeks in advance to ensure appropriate staffing, logistics, event outreach, and promotion.
- **For additional information or any questions contact your local health jurisdiction or**
 - COVID19OutbreakResponse@cdph.ca.gov.

Request and Action Process Details

- Planning and approval times for events
 - Approval depends on vendor availability; typically, requests are approved between 24-48 hours
 - Events are scheduled one or more weeks apart
 - Vendor and site ensure appropriate staff available for event
 - Please provide as much time as possible for advanced planning
 - Sites frequently do event outreach and promotion – usually 1 week requested by site before event so QR code from vendor can be added to promote documents
- Event type details
 - Both appointment and walk-in events are available

Vaccine Resources

- **Want to become a vaccinator or to have help with vaccinating?**
 - Ask your Local Health Department about vaccine supply, mobile clinic teams, and staffing support
- **Want to find vaccine locations for appointments?**
 - [MyTurn](#)
 - Local Health Department
 - [Mpox Vaccine Locator](#)
- **General vaccine resources and answers to common questions**
 - [CDPH Mpox Vaccines](#)
 - [Vaccine Q&A for Public](#)
 - [Vaccine Q&A for Providers](#)





Mpox Equity Update

Mpox Equity Efforts

— In Collaboration with Stakeholders

- **Real-time Information Exchange:**
- Community webinars & listening sessions for local health departments, community-based organizations with an LGBTQ focus, healthcare providers and other community members
- **Resources and Medical Support:**
- Distributing mpox vaccines and tecovirimat treatment
- State mpox funding to LHJs and community organizations
- Guidance and information to support local efforts
- **Public Health Action:**
- Developing practical prevention messaging to reach our most vulnerable and at-risk populations

New MPX Equity Webpage

- Mpox Case and State Population Comparison by race/ethnicity
- Mpox Case and Vaccine Recipient Comparison by race/ethnicity
- Efforts to increase access to mpox vaccines and mpox treatment
- Efforts to support local stakeholders
- -Resources – Communication Toolkit; mpox Q&A
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/MPX/MPX-Health-Equity.aspx>

Ongoing efforts to Address Mpox Equity

- Continue to work with Local Health Jurisdictions to support vaccine efforts, especially for Black/African American and Latinx communities and with Men who have Sex with other Men (MSM)
- Continue to analyze data to identify geographic areas and populations that would benefit from additional support and resources
- Share best practices on mpox vaccination and outreach from our local stakeholders and partners

Moderated Forum

Question and Answers



Community Guidelines

- Be Respectful
- No Assumptions
 - Don't assume intentions, gender, background
 - Use "I" statements
- Inclusive Space
 - We are inclusive of everyone's experience
- Be Aware of Time
 - Questions & Comments limited to 2 minutes each

Public Comment/ Q & A Session

Instructions:

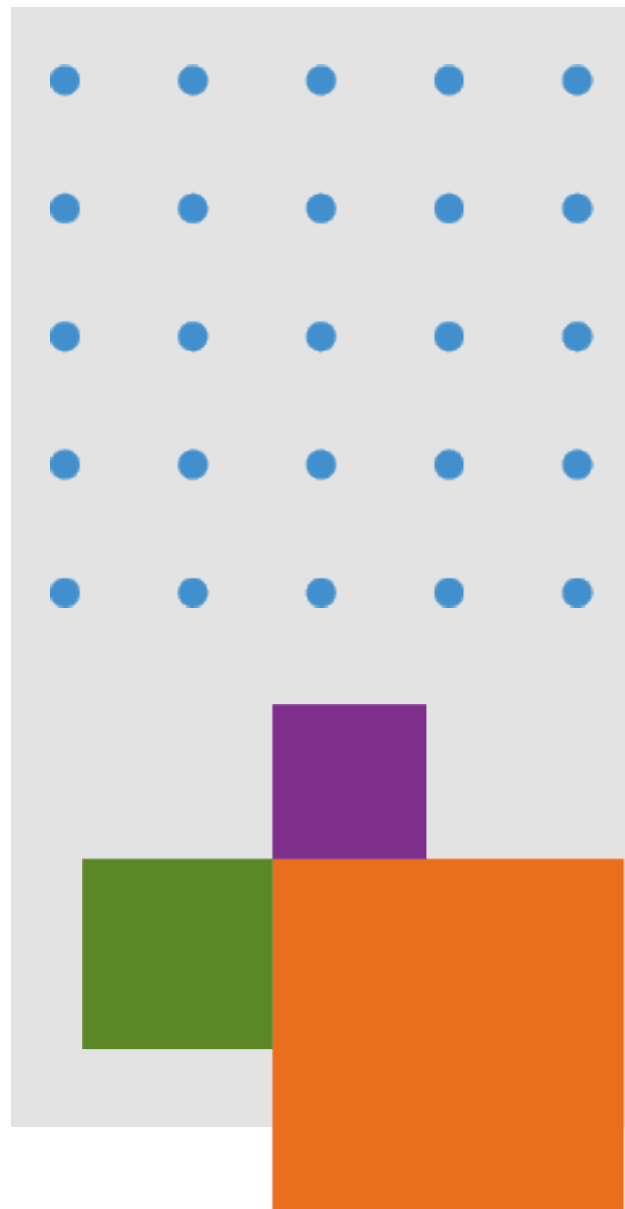
- Please use the Raise Hand feature under Reactions and we will unmute you.
- Please use the Q&A feature to put in your questions and comments.
- There is a 2 minute limit for comments.
- We will not be using the Chat feature.

Instrucciones:

- Utilice la función Raise Hand bajo la función Reacciones y le quitaremos el silencio.
- También puede usar la función de Q&A para hacer preguntas si prefiere no hablar.
- Hay un límite de 2 minutos para los comentarios
- La función de chat no se va a utilizar.



THANK YOU!





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

MPX Task Force Work Plan

September 2022

- Review of Proposed Work Plan
- Vaccine Equity
- Advising culturally proficient outreach, health education and risk reduction efforts, including messages and channels
- Training: Overview of Human Monkeypox Virus (MPX)
- Training: MPX Epidemiology
- Training: MPX Vaccination Efforts and Current Strategy
- Training: MPX Response Efforts Already Taken and Strategies for Outreach, Health Education, and Risk Reduction, and Social Media
- Discussion: Ongoing Data and Reporting Requests to Support Work of Task Force

October 2022 and future meetings

- Review of Work Plan
- Follow-Up on Action Items from Previous Meetings
- Training: Health Equity
- Review Report of Vaccinations; Outreach, Health Education and Risk Reduction Activities; and Social Media Activities
- Discussion of vaccine efforts and suggestions for updates to strategy
- Discussion of outreach efforts and suggestions for updates to strategy
- Discussion of social media efforts and suggestions for updates to strategy

You may also obtain more information on our web page: www.sdplanning.org



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D., M.P.H.

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

APPENDIX

(Page 046)

Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) ("Special Teleconferencing Rule") which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.