



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT  
**PROVIDER HEALTH ADVISORY**

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**Date:** October 7, 2022

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## **Expanded Groups Eligible for PrEP MPX Vaccination**

### **Updated Guidance**

The California Department of Public Health (CDPH) recommends that those with the highest risk for monkeypox (MPX), as defined within the CDPH guidance attached, get vaccinated as supply allows. This will help protect vaccinated persons against MPX and slow down the spread of disease.

As many Californians with the highest risk of MPX exposure have already been able to access vaccine, this update addresses expanding vaccination efforts to include **populations that may benefit from pre-exposure prophylaxis (PrEP)**. Note that healthcare workers who are likely to collect laboratory specimens from persons with MPX (e.g., persons working in sexual health clinics or clinical settings that serve at risk populations) are now eligible for vaccination.

The following guidance shares recommendations including groups recommended for vaccination as prioritized in tiers. **Please see the attached guidance** ([Considerations for Expanded MPX Post- and Pre-Exposure Prophylaxis](#)).

### **MPX Vaccine in SLO County**

The Public Health Department is hosting two MPX vaccination events in October:

- **October 13 at the Paso Robles Public Health Clinic**  
Call (805) 237-3050 to schedule.
- **October 14 at the Gala Pride & Diversity Center in San Luis Obispo**  
Walk-ins welcome; no appointment needed.  
1060 Palm Street, San Luis Obispo, on Friday, October 14, 4:00 - 6:30 pm.  
[See event details.](#)

Those who cannot make these events but wish to get vaccinated against MPX and are at risk can contact the Public Health Department by calling 805-781-5500 or emailing [publichealth.contact@co.slo.ca.us](mailto:publichealth.contact@co.slo.ca.us).

For more information on MPX in SLO County, visit [slocounty.ca.gov/mpx](http://slocounty.ca.gov/mpx).

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#### **Public Health Department**

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State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



October 4, 2022

**TO:** California Local Health Jurisdictions

**SUBJECT:** Considerations for Expanded MPX Post- and Pre-Exposure Prophylaxis

**Related Materials:** CDC Health Alert Network (HAN) | California Health Alerts | MPX Landing Page | MPX Q&A

Updated as of October 4, 2022:

- Expanded groups eligible for PrEP vaccination

## Summary

The California Department of Public Health (CDPH) recommends that those with the highest risk for MPX, as defined within this guidance, get vaccinated as supply allows. This will help protect vaccinated persons against MPX and slow down the spread of disease. CDPH is coordinating with local health jurisdictions (LHJs) in distributing vaccines to communities most impacted by MPX.

As many Californians with the highest risk of MPX exposure have already been able to access vaccine, **this update addresses expanding vaccination efforts to include populations that may benefit from pre-exposure prophylaxis (PrEP).**

While expanding vaccine activities to include PrEP for at risk populations, local health jurisdictions should:

- Continue post-exposure prophylaxis (PEP) for persons known to be exposed to MPX.
- Continue pre-exposure prophylaxis (PrEP) for occupational groups recommended for vaccination by ACIP.
- Continue vaccination efforts for persons identified by the CDC's PEP++ approach outlined in the *CDC Clinical Considerations for MPX Vaccination* and reflected in this guidance.
- Consider vaccine equity when planning vaccination activities. Vaccines may be shared with medical providers and/or CBOs that can reach diverse populations at risk of MPX exposure, and priority should be given to Black and Latino recipients who are disproportionately infected with lower vaccination rates.
- Consider using a portion of allocated doses for regional activities. Local health jurisdictions may request to have their doses shipped to other local health jurisdictions in their regions through usual ordering process (Salesforce request through the Medical Health Operational Area Coordinator (MHOAC)).

## Populations to Prioritize for Vaccination Efforts

Each local health jurisdiction should assess the unique circumstances within its respective jurisdiction. According to the PEP++ framework, individuals with risk factors that increase their likelihood for exposure in areas where MPX is spreading should be prioritized for vaccination, even if they have not had known exposure to someone with a confirmed or probable MPX infection. The following populations should be considered for prioritization.

**PEP++ Tier I Priority Groups:**

Any man or transgender person (including cisgender and transgender men) who have sex with men (MSM) or transgender women who meet **at least one** of the following criteria:

- Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) in the past 3 months, **OR**
- Have engaged in chemsex or group sex with other men, **OR**
- Have had sex recently with anonymous male partners, **OR**
- Have attended sex-on-premises venues (e.g., saunas, bathhouses, sex clubs), **OR**
- Are a sex worker of any sexual orientation or gender identity, **OR**
- Are part of other populations who are at highest risk of MPX exposure, as identified through local epidemiological investigations.

Among this group, individuals who are living with HIV (particularly those with CD4 count < 200/mm<sup>3</sup> or an opportunistic infection) or other conditions that cause immunocompromise should be prioritized for vaccination. Efforts should be made to reach Tier 1 populations that have barriers in accessing care, for example, engaging community organizations and trusted messengers for outreach and offering vaccines at non-clinical venues where individuals already attend (e.g., bathhouses, bars, clubs, Pride events).

**PEP++ Tier II Priority Groups:**

Any man or transgender person (including cisgender and transgender men) who have sex with men (MSM) or transgender women who do not meet Tier I criteria but meet one of the following criteria:

- Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) within the last 12 months, **OR**
- Use or are recommended to use HIV PrEP, **OR**
- Are living with HIV and are considered at risk for MPX exposure.

**PrEP Priority Groups:**

LHJs may provide pre-exposure prophylaxis to high-risk groups as vaccine supply allows. Groups to consider include:

- Any man or trans person who has sex with men or trans persons
- Any man or trans person who is taking or is eligible for HIV PrEP
- Anyone living with HIV, particularly those with a CD4 count <350/mm<sup>3</sup>, an unsuppressed HIV viral load, or an opportunistic infection
- People who have had any of the following in the past 6 months:
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where monkeypox transmission is occurring
- Sexual partners of people with the above risks
- People who anticipate experiencing the above risks, including individuals with multiple sex partners
- HCWs who are likely to collect laboratory specimens from persons with MPX (e.g., persons working in sexual health clinics or clinical settings that serve at risk populations).

In considering groups to prioritize for vaccination, LHJs could give additional consideration to persons in the risk groups above who are also:

- Incarcerated and are being housed in a congregate setting (e.g., pods), such as correctional facilities or detention centers within the jurisdiction or in nearby jurisdictions from where persons who are incarcerated may be transferred. Priority should be considered for correctional facilities that house persons at high risk for exposure to MPX.

- Currently experiencing homelessness or intermittent homelessness who frequent shelter services.
- Living in congregate housing or dormitories.
- Living in residential substance use treatment centers.

### **Venues to Consider for Vaccine Administration**

When determining how and where to offer vaccinations, consideration should be provided to locations that are acceptable and familiar to community members. Focused outreach, as opposed to open access, may ensure prioritized populations are more effectively reached. In non-urbanized areas, sites should be in discreet locations, whenever feasible.

Suggested venues include:

- STD and/or sexual health clinic sites
- LGBTQ+ health clinics or community organizations
- Sex-on-premises sites (e.g., saunas, bathhouses, sex clubs), in locations that are discreet yet distanced from primary areas of activity
- Large events or venues, including Pride events, where sexual activity may be more likely
- Medical practices that provide focus on HIV care
- Providers and/or medical practices that offer HIV PrEP
- Local health jurisdiction clinics
- Gyms, bars, or clubs that cater to communities at high risk
- Other locations, as deemed appropriate by LHJs

### **Health Education Considerations**

Vaccination sites and/or health education informational material, such as flyers or QR codes linking to MPX vaccine information, should be prioritized in the following settings.

- Cruising grounds (e.g., men's restrooms in airports, train stations, truck stops, university libraries, parks)
- Sexual health and HIV clinics where individuals may obtain testing or treatment for sexually transmitted infections including HIV
- LGBTQ+ health clinics for routine healthcare needs
- Sex-on-premises sites (e.g., saunas, bathhouses, sex clubs)
- Large events, such as Pride gatherings
- Cell phone dating or hook up apps (e.g., Grindr)
- Social media platforms targeting priority populations (e.g., Facebook, Twitter)
- Other locations, as deemed appropriate by LHJs

**This guidance is subject to change to reflect the current status of the response, future allocations of additional vaccine doses, and other guidance from the CDC.**

### **Definitions**

*MSM*: Men who have sex with men.

*PEP*: Postexposure prophylaxis. Administration of vaccine to persons who have been exposed to a disease in order to prevent or lessen the severity of disease.

*PEP++*: Postexposure prophylaxis (also called expanded PEP) with an emphasis on vaccinating persons at high risk of exposure in the absence of a known exposure.

*JYNNEOS*: Smallpox and MPX vaccine; Live, Nonreplicating.