Considerations for Expanded Monkeypox Post-Exposure Prophylaxis (PEP)/Pre-Exposure Prophylaxis (PrEP)

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The current monkeypox epidemic is rapidly evolving and these considerations below will be updated and reassessed as the situation evolves.

Overview

- CDPH considerations for expanded use of monkeypox PEP and PrEP for local health departments

Considerations for PEP decisions

- See CDPH PEP/PrEP FAQs for general PEP considerations

Considerations for Expanded Monkeypox PEP/PrEP

- Ring vaccination focused on recent close contacts may not be an effective approach for controlling the current monkeypox outbreak because: 1) cases have a high number of close contacts, and 2) cases do not have locating information for a high proportion of contacts.
- Expanding vaccine eligibility to populations at highest risk for recent or future exposure to monkeypox may increase population-level immunity and disrupt chains of transmission.
- While some people at risk for monkeypox will seek out vaccine, low-barrier access, outreach, and education will be needed to reach all populations at risk and to reduce disparities in vaccine uptake (and therefore disease incidence).

Groups Recommended for Monkeypox PrEP Efforts Depending on Vaccine Supply

- Gay, bisexual, and other cisgender men who have sex with men (MSM), transgender men, and transgender women who meet at least 1 of the following risk criteria:
    - Have recent history of multiple or anonymous sex partners
    - Participate in group sex
    - Attend sex-on-premises venues (e.g. bathhouse) or events
    - Work or volunteer at a bathhouse or sex club
    - Have had a bacterial sexually transmitted infection (STI) in the prior 1 year
    - Perform sex work
- Note: Persons living with HIV or other immune-compromising conditions may be at higher risk for severe outcomes and should be a high priority for vaccination if they have exposure risk as listed above.

Prioritization for the Use of Monkeypox Vaccine When Supplies Are Limited

Priority Level	Population*
1	PEP for named contacts
	PrEP for people at occupational risk according to Advisory Committee on Immunization Practices guidance: laboratory workers, selected clinicians, response team members
	PEP for attendees of events/venues where known monkeypox exposure has occurred.

2	PrEP for the recommended groups at selected sexual health clinical settings and other clinical settings serving this population.
	PrEP for the recommended groups at selected venues or events (e.g. club, bar, bathhouse, festival where sexual activity is known to occur)
	PrEP for the recommended groups via community-based organizations that serve MSM
	Locally identified population with high risk of exposure
3	PrEP for other groups at risk based on evolving monkeypox epidemiology

*Anticipate less than 100% uptake of vaccine. Pilot vaccination efforts will allow for better predictions of the size of the population seeking vaccination.

Strategies to efficiently reach these priority groups

- **Offer vaccine in high-risk settings, or in collaboration with these settings.** Offer vaccines to attendees of events or venues where a known monkeypox exposure has occurred or may occur in near future. For example: vaccine clinic at club, bathhouse, or festival where sexual activity is known to occur.
- **Offer vaccines at sexual health clinics treating** men who have sex with men (MSM), transgender men, and transgender women who meet risk criteria.
- **Collaborate with community based organizations** that serve men who have sex with men (MSM), transgender men, and transgender women who meet risk criteria to market and/or host vaccination events.
- **Note:** Strategies listed above should be used to target vaccination efforts to this population. If a targeted effort is conducted, it may not be necessary to screen individual recipients for specific behaviors.