Community Care in Mpox Response: Supporting the Unhoused

Objectives:
Background and Epidemiology
Coordinated Response
Lessons to Strengthen Future Planning

The City *of* Worcester
Department of Health and Human Services
Division of Public Health

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MHOA Conference
October 2026

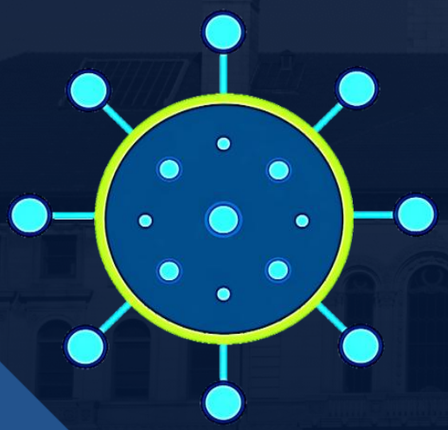
Disclaimer

I have no financial interests or relationships to disclose.

Pre-Presentation Poll

Background

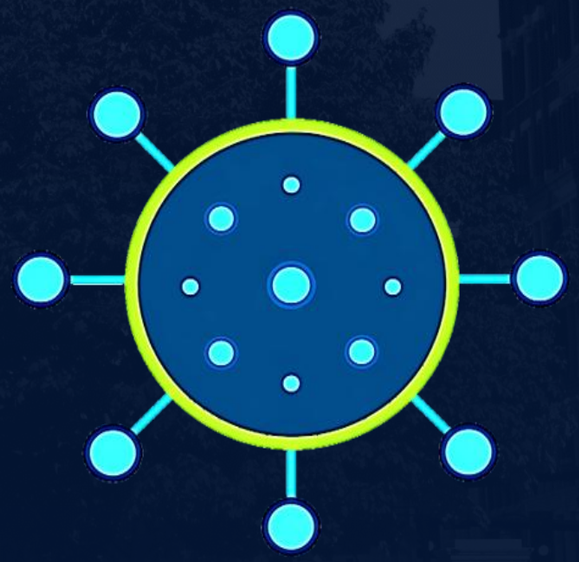
What is Mpox?



- Mpox virus (MPXV) causes a viral infection leading to a rash
- It is spread through close contact
- It is in the same virus family as smallpox (genus orthopoxvirus from the Poxviridae family)
- Mpox was renamed from monkeypox

Mpox Symptoms

- Fever
- Chills
- Headache
- Muscle aches
- Swollen lymph nodes
- Rash with blister-like lesions
- Symptoms can last up to 4 weeks



Symptoms may vary and appear in different orders

Rash and Lesion Progression

MACULE

- Flat spots
- First visible change
- Singular or clustered

PAPULE

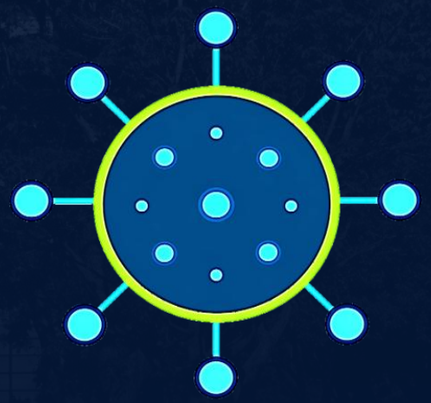
- Raised bumps
- Edges defined
- May be tender

VESICLE

- Fluid filled
- Clear appearance
- Can be painful

PUSTULE

- Opaque fluid
- Lesions crust over
- Scabs fall off
- Healing may take
- weeks



Note: Blisters progress in stages, may leave scarring after healing

Why Unhoused Residents Are Vulnerable

Vulnerabilities

- Crowded shelters and Sleeping areas
- Shared items and spaces
- Low vaccination coverage
- Limited healthcare access
- High mobility increases exposure

Higher Risk Groups

- Immunocompromised individuals
- People with HIV
- Unhoused individuals



Structural challenges and limited resources increase risk of mpox transmission and complications

Epidemiology

Mpox: Early History & Global Trends

1958
First identified in research monkeys

1970
First human case in DRC (Democratic Republic of Congo)

2022
Multi-country outbreak began May 2022; residual low-level transmission ongoing



>100,000
cases across 122 countries
(May 2022–Present)

THE VIRUS

- Two types: Clade I and Clade II, with 2 subclades each
- Both types can be spread, treated, and prevented the same way
- Reservoir source remains unknown

GLOBAL IMPACT

- >100,000 cases reported across 122 countries
- WHO declared mpox a PHEIC in July 2022

WHY IT MATTERS

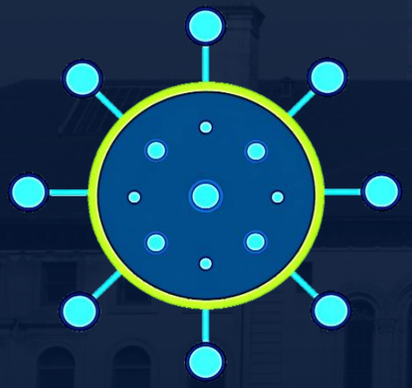
- Zoonotic virus with human-to-human transmission
- Continue to monitor for outbreaks and emerging variants

Drivers of Transmission & Risk in Congregate Settings

- Close contact and high-density living
- Shared items and surfaces
- Prolonged indoor proximity
- Limited ability to isolate
- High mobility within and between settings
- Variable vaccination coverage

Recent Outbreaks

Context 2022-2025



- First US cases by May of 2022
- Over 1,000 cases by July of 2022
- Rapid spread across regions
- Increased public health response
- Worcester mirrors statewide trends

Who Is Most Affected ?

- Adults 18–44
- Immunocompromised
- People with multiple close contacts
- Congregate settings

Transmission

How Mpox Spreads and What Drives Risk in Our Community

Vertical



- Mother to baby exposure
- Rare but documented
- Mpox infection can increase the chance of miscarriage

Direct



- Short range droplets
- Prolonged close contact

Indirect



- Contaminated clothing or linens
- Surfaces with lesion material
- Risk increases in congregate setting

Animal to Human



- Contact with infected animals
- Bites or scratches
- Eating contaminated meat

Poll # 2

Clinical Features

Clinical Presentation in Outbreak Settings



- Lesions often appeared in multiple stages at the same time (macules, vesicles, pustules)
- Residents frequently present “later in illness” due to uncertainty, limited access, or fear of shelter displacement
- Lesions cause discomfort that affects sleep, movement, and daily self-care
- Onsite evaluations are challenging due to “limited privacy” in shelter environments
- Presentations do not always follow classical textbook patterns- requiring more flexible evaluations

Community Impact & Risk

Real World Impact on Unhoused Residents



- Shelter exclusion
- AMA discharge
- Encampment exposure
- Mobility challenges
- Increased risk

Public Health Response

Mobilizing a Coordinated Response

Case investigation

- Outreach Team mobilized
- Shelter coordination
- Preparing for on site mobile
- vaccine clinics

Partnerships Established

Our Collaborative Response Framework
Leadership Teams and Community Partners

Communication with the State Vaccine Unit and Health Department was critical!



- UMass Memorial Medical Center
- UMass Road To Care
- Aids Project Worcester (APW)
- Shelter Directors and Managers
- City of Worcester HHS/WDPH: Leadership, Outreach Team, and Nursing Team

Emergency Clinic Set-Up

Site

- On site at three shelter locations in Worcester

Staffing

- Mobile response team which included nurses and physicians

Supplies

- Emergency use allocation of Jynneos vaccine
- Two-dose series
- Vaccination supplies
- PPE

Prevention Strategies

Prevention and Vaccination



- Use masks or PPE when exposed
- Report symptoms early
- Seek testing and care
- Avoid close contact if ill
- Hygiene precautions



Vaccine Information

- JYNNEOS is a 2-dose vaccine is available to people who are at risk of mpox.
- No insurance or ID required.
- The two doses are given 28 days apart.
- Manufacturer Bavarian Nordic: A/S
- Can be administered prophylactically before or after a confirmed exposure

https://www.mass.gov/info-details/mpox-vaccination

Mpox Vaccine Eligibility

Who should receive Jynneos vaccine:

Recent Exposure

- Known exposure to mpox
- Close contact with someone with mpox
- Vaccination within 4 days of exposure is preferred
- May be given up 14 days after exposure

At Increased Risk

- People with multiple or anonymous partners
- Laboratory personnel with orthopoxvirus exposure

Immunocompromised

- Persons with conditions affecting immune functions
- Residents and staff in congregate settings

Completion of both doses of Jynneos vaccine provides the best protection

OFFICE OF PUBLIC HEALTH NURSING

Mpox Vaccination Workflow

Routine Jynneos Vaccination Process



1 Identify Eligible Individual

- Assess community needs
- Determine eligibility criteria
- Prioritize high-risk individuals

2 Provide Vaccine Counseling

- Explain benefits and risks
- Review side effects
- Obtain informed consent

3 Administer Dose 1

- Provide Jynneos Dose 1
- Record lot number and site
- Observe for immediate reactions

4 Schedule Dose 2 (4 Weeks Later)

- Educate about second dose importance
- Provide appointment date
- Send reminder notification

5 Monitor for Adverse Events

- Review common side effects
- Provide aftercare instructions
- Report any severe reactions

6 Document and Follow Up

- Record vaccination in Immunization Information System
- Ensure completion of both doses
- Follow up as needed

Protecting our community through vaccination, education, and coordinated care.

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Communication Approach / Outreach Strategy

Prioritized outreach to unhoused residents



Established partnerships
for coordinated communication.

Distributed accessible
educational materials.

Held risk-reduction
conversations.

Connected residents to
off-schedule vaccination services.

Mobilized rapid response
teams.

Clear communication, trusted relationships, and accessible services
help protect our community and save lives.

Follow Up For Second Dose

Support for dose 2 dose completion

- Worked with shelter management to track first dose residents across multiple sleeping sites to confirm second appointment
- Outreach Team re-engaged to help shelters locate residents whose locations had changed
- Documentation in MAVEN updated as needed for index cases

Poll # 3

Stigma Reduction

Office of Public Health Nursing

Reducing Stigma To Improve Engagement

We provided
supportive, non-judgmental care for individuals affected by mpox.

We worked with shelters
to reduce entry barriers and ensure access to safe isolation options.

We promoted equitable access
for all contacts of the cases and all shelter residents
including management staff.

We discussed with staff
how to respectfully communicate, protect confidentiality,
and use trauma-informed approaches.

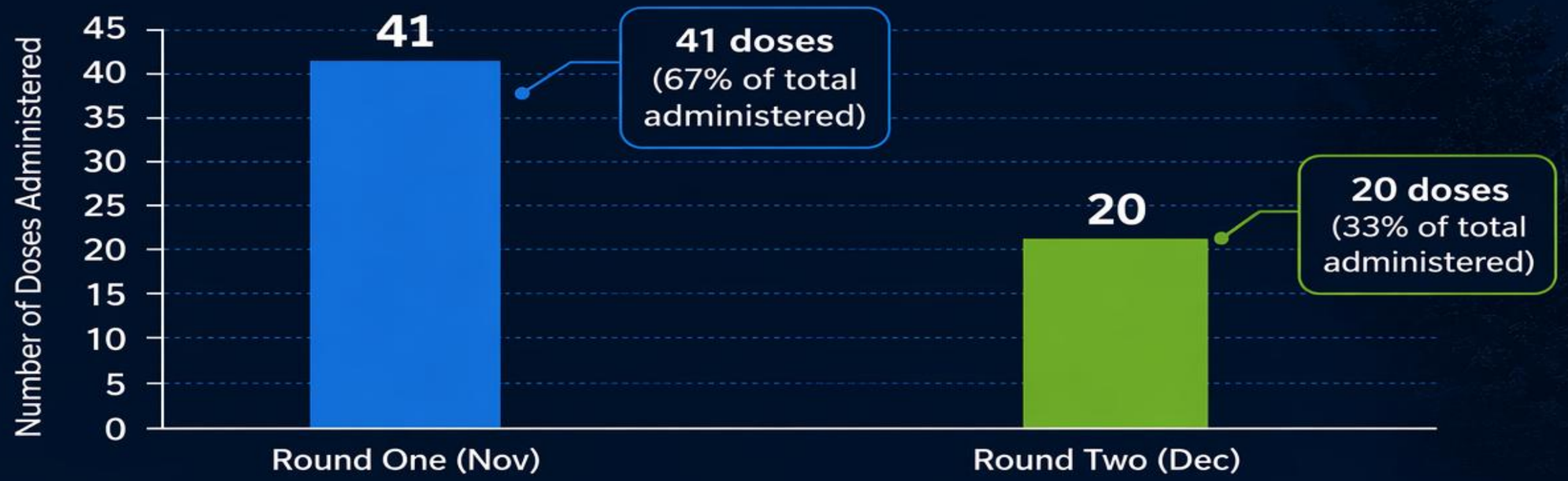
We built trust in the community
through consistent messaging, transparency,
and reliable follow up.

Clear communication, trusted relationships, and accessible services
help protect our community and save lives.

Data & Surveillance

Office of Public Health Nursing

Vaccine Data Summary



Vaccination Rounds

- Two-dose series delivered 4 weeks apart
- Round One (November): 41 doses
- Round Two (December): 20 doses
- Total administered: 61 doses out of 80 available emergency-use doses

61 doses administered out of 80 available
(76% utilization rate)

Targeted outreach, on-site access, and strong partnerships drove high uptake and completion of the mpox vaccine series in our community.

Poll # 4

What We Learned

Collaboration



Why Collaboration Matters:

Effective outbreak response relies on coordinated partnerships that support timely communication, resource sharing and consistent messaging across service providers.

- We strengthened partnerships with shelters to streamline communication and coordination
- We coordinated with the state vaccine unit to secure emergency use vaccine supply
- We shared resources at clinics
- We helped to coordinate second dose vaccines with APW for the residents who came during the second dose clinic for their first dose. All remaining vaccine from second dose clinic was transferred to APW and residents were asked to schedule their second doses there one month later and APW aware.
- APW is considered a site where eligible residents can make an appointment to receive the Jynneos vaccine.

https://www.mass.gov/info-details/mpox-vaccination

Preparedness for Future Outbreaks

Why preparedness matters:

Strong preparedness improves response speed, reduces barriers to care, and builds trust—creating the conditions needed for rapid mobilization during future outbreaks.

Operational Actions

- Adaptable workflows
- Mobile teams received supplies
- Follow-up ensured full use

Numerical Outcomes & Key Takeaways

- **80** doses allocated
- **61** doses administered
- **76%** utilization rate
- Remaining doses redistributed
- Wastage prevented
- Strong coordination and proactive outreach maximized available doses **(76% utilization rate)**, prevented waste, and strengthened community protection.

Outcome:
All of these factors contribute to faster mobilization and more effective response during future outbreaks.

Poll # 5



Stronger Together

Our coordinated response showed what's possible when partners unite around a shared mission.

Collaboration accelerated action, reduced barriers and strengthened community protection.

Our path forward:

- Maintain strong partnerships
- Communicate Consistently
- Prioritize Preparedness

Acknowledgements

Key Partnerships

Our partners were essential in supporting a coordinated response:

- **AIDS Project Worcester** – ensured vaccination continuity and contributed volunteer physicians to help vaccinate in clinics.
- **Massachusetts Department of Public Health & Vaccine Unit** – provided emergency-use vaccine supply and critical leadership support.
- **Worcester DPH Leadership** – facilitated logistics, communication, and program alignment.
- **The City's Outreach Team led by Evis Trepollari** – extended outreach, built community trust, and supported engagement and follow-up.
- **UMass Memorial Medical Center** – contributed volunteer physicians to help vaccinate in clinics.
- **UMass Road To Care** – contributed volunteer physicians to help vaccinate in clinics.

Together, these partnerships strengthened coordination,
reduced barriers to care, and enabled a rapid and effective response.

AIDS PROJECT WORCESTER

ROAD TO CARE – CAMINO AL BIENESTAR

Massachusetts Department of Public Health – DPH

The City *of* Worcester
Department of Health and Human Services
Division of Public Health

UMass Memorial Medical Center

Clinical Team



Public Health Nursing Team

(Worcester DPH; Office of Public Health Nursing)

- Amelia Houghton, RN
- Melissa Scannell, RN



Clinical Partners

- Dr. Laurel Banach (Road to Care / UMASS)
- Dr. Mireya Wessolossky (APW / UMASS)
- Jessica Dulmaine, RN (UMASS ID Clinic)
- **Dr. Jennifer Bradford** (Road to Care / UMASS), Medical Director for the City of Worcester

Post Presentation Poll

Resources

Information Sources



CDC mpox overview
- cdc.gov/monkeypox

CDC about mpox
- cdc.gov/monkeypox/about

CDC mpox situation summary
- cdc.gov/monkeypox/situation-summary

MDPH vaccine information
- https://www.mass.gov/info-details/mpox-vaccination

Map of DRC
- https://www.britannica.com/place/Democratic-Republic-of-the-Congo

Mpox in Pregnancy
- https://www.nejm.org/doi/full/10.1056/NEJMp2410045?referrer=https%3A%2F%2Fwww.bing.com%2F

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Thank You

Together, we protect our community through collaboration, compassion, and coordinated care.

Stronger partnerships.
Stronger outcomes. Safer communities.

Q & A

Thank you, we welcome questions and discussion

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