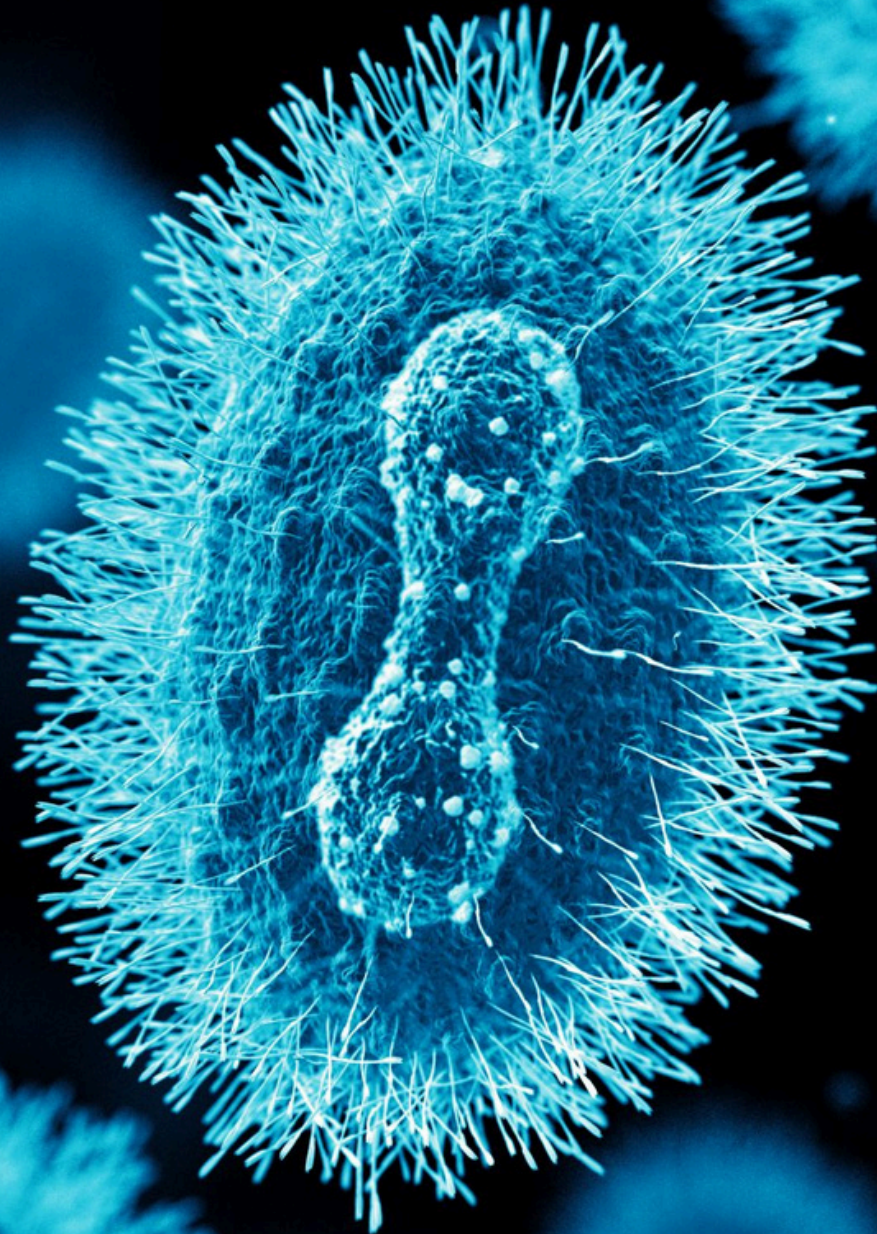




**National Coalition
of STD Directors**



**Promising Practices for
Mpox Vaccine Integration:**
*Lessons from STI Programs
Across the United States*

NCSD would like to thank its partners in the STI sector who agreed to be interviewed for the development of this policy aid, which includes Dr. Kevin Aloysius, Daniel Daltry, Dr. Demetre Daskalakis, Kevin Hansen, and Elsbet Servay.

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PURPOSE

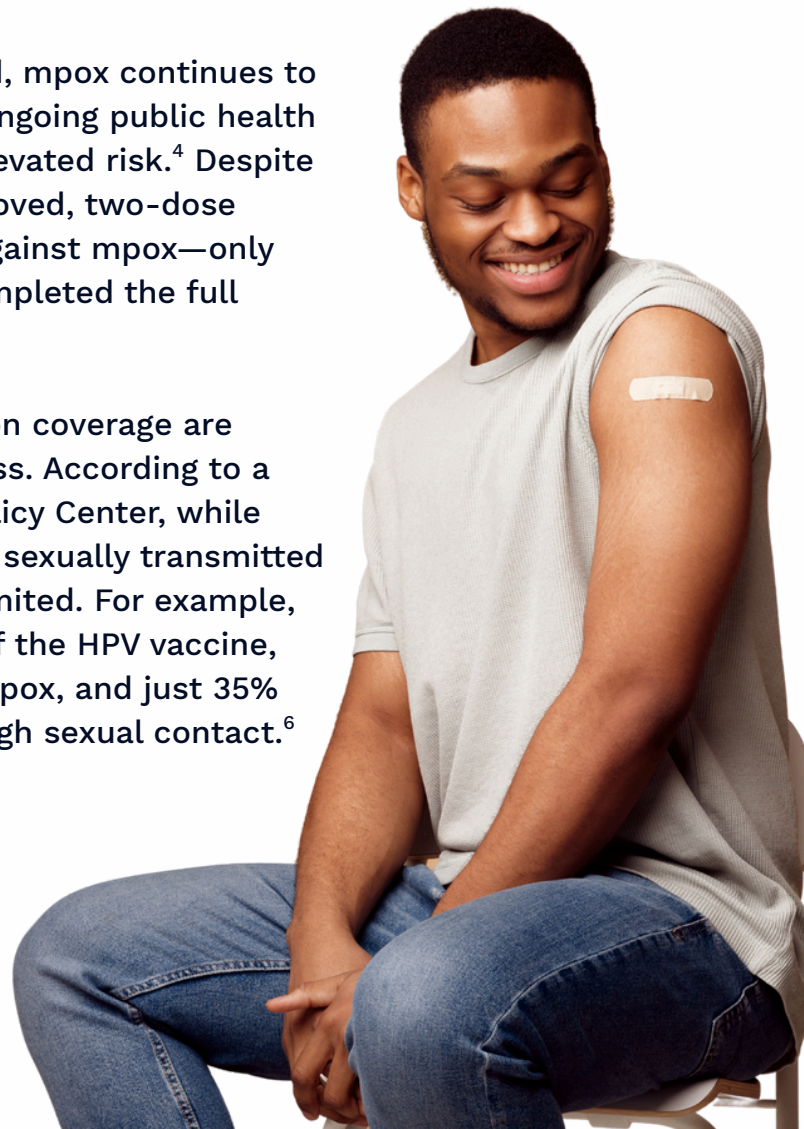
This policy aid is designed to help address disparities in mpox vaccination rates by highlighting practical, replicable strategies to improve vaccine awareness, access, and uptake. It examines approaches implemented across four jurisdictions—Vermont, New York City, Chicago and Houston—and outlines the background and tactics from each location. The goal is to support health departments, clinics, and other public health agencies with incorporating mpox vaccination into existing programs and services.

BACKGROUND

In 2022, an outbreak of the mpox virus spread globally on an unprecedented scale, affecting over 100 countries.¹ In the U.S., 34,000 cases² were documented from 2022 to 2026, and at least 38 people died from mpox-related complications, most of whom were living with undiagnosed, advanced HIV.³

Although the initial outbreak has subsided, mpox continues to circulate at lower levels and remains an ongoing public health concern, particularly for populations at elevated risk.⁴ Despite the availability of Jynneos—the FDA-approved, two-dose vaccine that provides strong protection against mpox—only 25% of people considered at risk have completed the full vaccination series.⁵

Furthermore, persistent gaps in vaccination coverage are compounded by declining public awareness. According to a recent survey by the Annenberg Public Policy Center, while most Americans understand the basics of sexually transmitted infections, knowledge of mpox remains limited. For example, although most respondents were aware of the HPV vaccine, only 42% knew that a vaccine exists for mpox, and just 35% knew that mpox can be transmitted through sexual contact.⁶





STRATEGY ONE:

Leverage DIS Expertise and Infrastructure *Vermont Department of Health*

BACKGROUND

When mpox was declared a national emergency, the Vermont Department of Health (VDH)'s STI prevention program relied on lessons learned from the COVID-19 pandemic to react quickly by mobilizing disease intervention specialists (DIS), a professional workforce with on-the-ground contact tracing and public health expertise. VDH also relied on community partnerships by forming an ad hoc steering committee with representatives from federally qualified health centers (FQHCs) alongside infectious disease, reproductive health, and LGBTQ+ organizations to tackle implementation strategies.

KEY TACTICS

This steering committee set a goal to vaccinate targeted populations against mpox at a rate of 35% or higher. VDH worked toward this goal by leveraging DIS and building mpox risk indicators into its operations.

1

Modify DIS interviews with data-informed triaging.

In Vermont, DIS can access the state's immunization registry, as well as vital records for people who have previously opted in. These data were used to customize interviews and identify individuals who are at a higher risk for mpox based on population data and/or the site of the current infection, including rectal gonorrhea, syphilis, HIV pre-exposure prophylaxis (PrEP) eligibility, or HIV PrEP uptake.

2

Create new DIS measures.

As a result of the steering committee, Vermont's DIS now document the number of individuals assessed for mpox risk and the number referred to HIV PrEP, doxycycline for STI post-exposure prophylaxis (doxy PEP), and/or mpox vaccination; this provides additional data for the state to determine the success of mpox vaccine uptake.

The Results

Since its inception, **more than 300** individuals have received their mpox vaccine from this DIS-led strategy. By using immunization history coupled with STI exposures/diagnoses as indicators, VDH has been able to identify people vulnerable to mpox acquisition.



STRATEGY TWO:

Enhance Clinical Strategies for Vaccine Demand *Callen-Lorde – NYC*

BACKGROUND

Callen-Lorde Community Health Center is one of the most prominent locations in New York City for LGBTQ+ health care, serving over 24,000 patients each year, including thousands of people living with HIV or on HIV PrEP.⁷ As a result of their visible role within the community, the clinic was also an epicenter for targeting mpox prevention during the initial outbreak in NYC, a jurisdiction where over 3,000 mpox cases occurred in 2022.⁸

While numbers have gone down since then, 108 cases have been identified as of August 2026. As Dr. Demetre Daskalakis, Chief Medical Officer for Callen-Lorde noted, “mpox isn’t gone, it’s just quieter.” In fact, according to Callen-Lorde data, 71% of patients living with HIV remain unvaccinated and 60% of STI/doxy PEP patients are unvaccinated.⁹

KEY TACTICS

In response to this ongoing need, Callen-Lorde implemented comprehensive clinical engagement strategies to increase interest in the mpox vaccine.

1

Prioritize patients who are people living with HIV, taking PrEP for HIV prevention, diagnosed recently with an STI, or using doxy PEP for STI prevention.

For example, patients using doxy PEP may already be motivated to take medication to prevent STIs and engage with prevention interventions, making them more likely to accept the two-dose mpox vaccine series. In this sense, it is important to think of every encounter as a vaccination opportunity.

2

Emphasize the subcutaneous option to incentivize uptake.

Patients may recall that intradermal administration of the mpox vaccine was often required during the initial outbreak to reserve limited vaccine supplies. In fact, patients may have read online or heard from friends that it resulted in noticeable skin reactions at the injection site and are worried they would experience the same temporary spot or raised scar. However, the U.S. does not have low supply of the vaccine like it did in 2022, so it is important to remind patients that subcutaneous injection is widely available and typically results in skin reactions that are much milder and resolve quickly.

KEY TACTICS (CONT.)

3

Distribute effective outreach materials.

Materials like the example below from Callen-Lorde reiterate what mpox is and how to prevent it. Consider creating jurisdiction or site-specific materials that explain mpox in clear, digestible terms and identify where people can get vaccinated (*Image 1 and 2, below*).

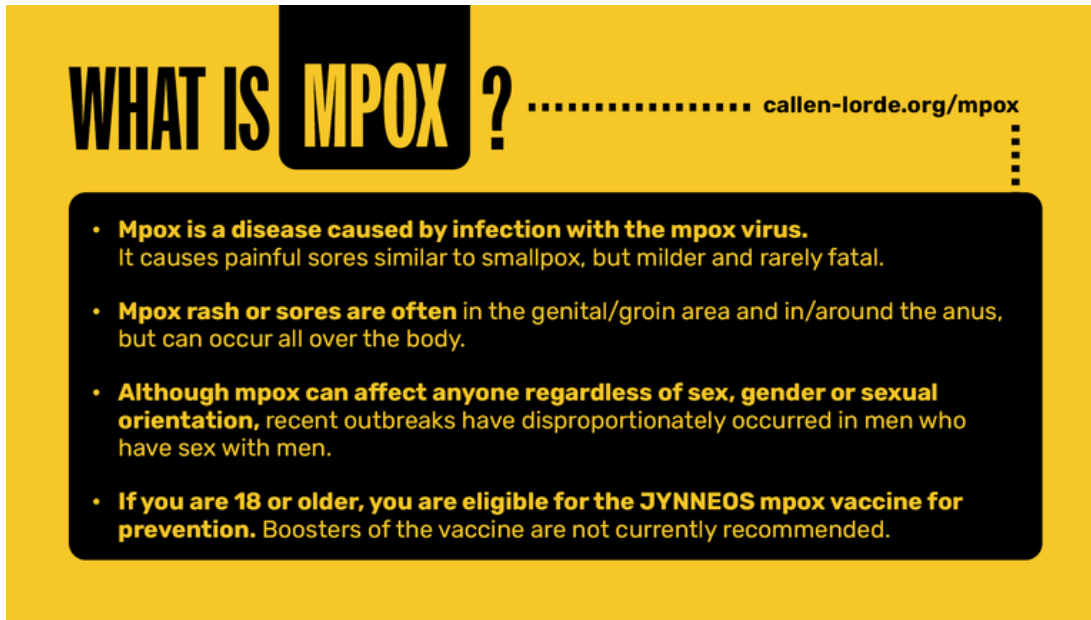


Image 1

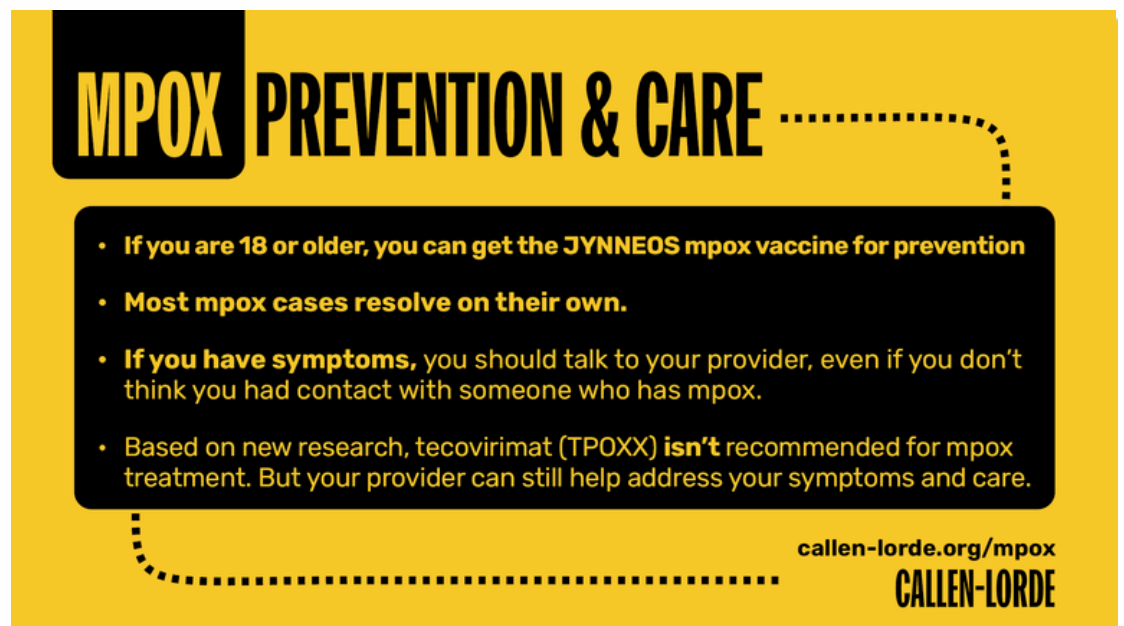


Image 2



STRATEGY THREE:

Create Opportunities for Community Engagement and Second Doses *Chicago Department of Health*

BACKGROUND

Like the NYC strategy above, Chicago experienced a large outbreak in 2022 with over 1,000 cases. From June 2022 to February 2024, over 55,000 doses of the mpox vaccine were distributed by the Chicago Department of Public Health (CDPH).

Since the initial outbreak, CDPH has developed numerous community engagement strategies to increase vaccine uptake and is now launching a pilot project to help people who received only one dose complete the two-dose series. Starting in 2022, CDPH convened weekly meetings called the Chicagoland LGBTQ+ Health Forum to share mpox-related news with dozens of LGBTQ+ organizations. The group has continued to meet periodically to discuss health topics affecting the community, including guidance during public health emergencies.

KEY TACTICS

1

Create community trust to streamline communication and outreach.

Through this process, CDPH has helped create a space for community engagement that can be leveraged for reemerging or new public health threats. As Kevin Hansen, Vaccine Manager for the Chicago Department of Health, noted, “it is hard to reawaken the machine every year,” and strong relationships with community partners ensure that sustainable networks can be deployed – or redeployed – during outbreaks.



KEY TACTICS (CONT.)

2

Identify patients who only receive one dose to reduce under-vaccination rates.

CDPH was recently selected to be part of a pilot project hosted by the Association of Immunization Managers in conjunction with Bavarian Nordic to identify individuals who have only received one shot of the mpox vaccine. In mid-2026, CDPH mailed out reminder letters to over 7,000 patients to increase the number of fully vaccinated individuals.

3

Consider system alerts for one dose patients.

Even jurisdictions without the funding or capacity for a large-scale initiative like Chicago's can use available data to identify patients due for a second dose through lower-resource approaches. For example, clinics can use EHR alerts to notify providers when a patient who has received one mpox vaccine dose comes in for another health care need, creating an opportunity to offer the second dose.

The Results

Chicago has experienced two small outbreaks since 2022, including 49 cases in 2024 and 167 cases in 2025. During these incidences, CDPH distributed over **5,000 doses** of the mpox vaccine, relying on their community partners to amplify the message that vaccines were available.





STRATEGY FOUR: **Partner with Pharmacies** *Legacy Community Health – Houston*

BACKGROUND

Legacy Community Health is the largest federally qualified health center (FQHC) in Texas and serves thousands of patients annually through its Houston-area pharmacy locations. During the COVID-19 pandemic, Legacy developed a robust vaccine delivery infrastructure that was later adapted to respond to the 2022 mpox outbreak through partnerships with Houston and Harris County health departments. Building on this experience, Legacy is embedding mpox vaccination into pharmacy workflows to improve equitable vaccine access and reduce missed opportunities for prevention among populations with increased risk.

KEY TACTICS

1

Integrate mpox vaccination into routine HIV prevention services.

Legacy is integrating the mpox vaccine into PrEP pharmacy visits to ensure patients already seeking HIV PrEP have an opportunity to receive both doses of the mpox vaccine while at the pharmacy. In Texas, while pharmacists cannot independently prescribe medicine, they can inject vaccines and other medications under a physicians' standing protocol through a collaborative practice agreement.¹⁰ Therefore, a patient visiting Legacy for their PrEP can also be screened for and inoculated against mpox.

2

Implement prescription-triggered patient outreach.

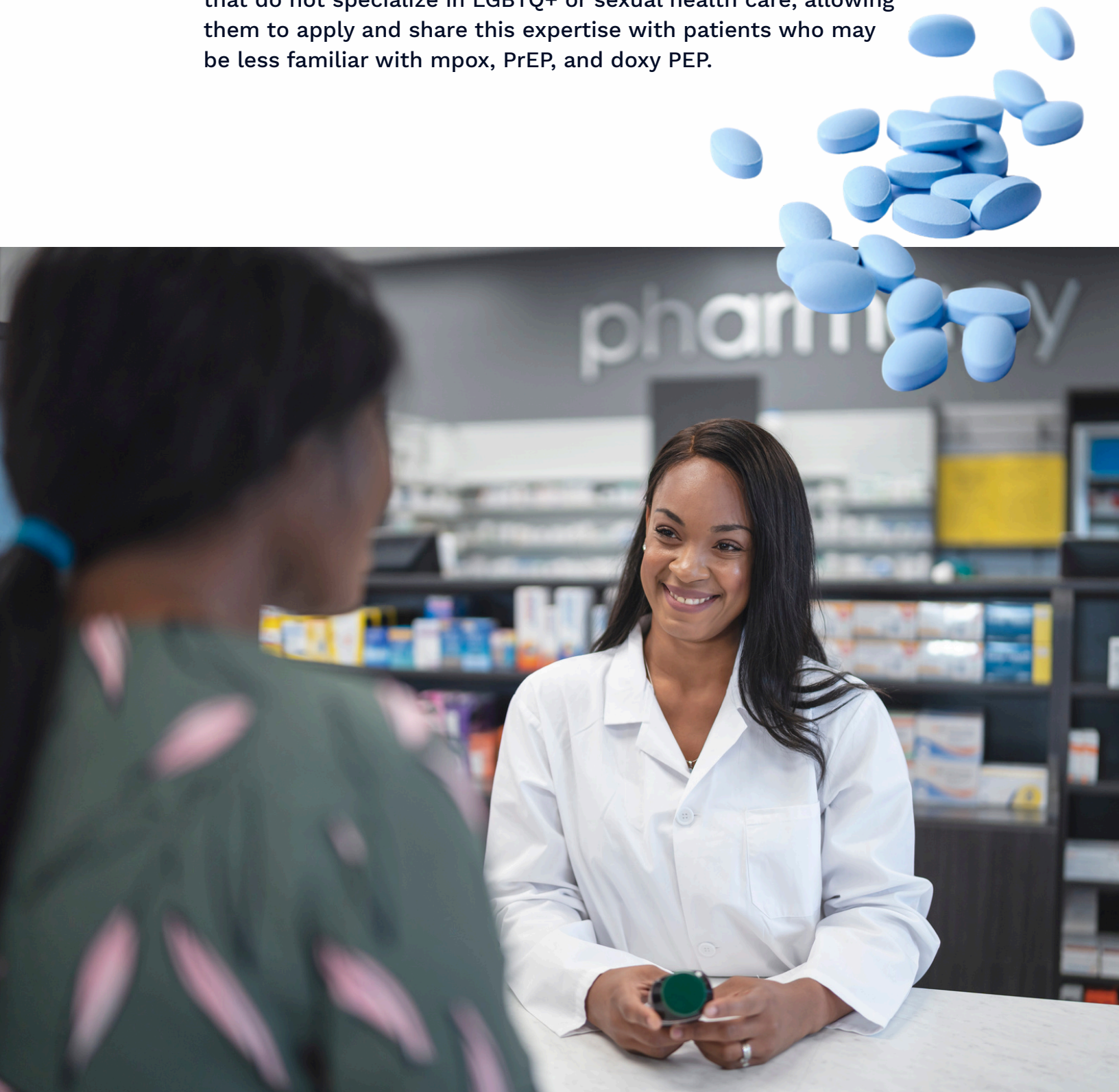
In a model currently being developed by Legacy, providers will send an mpox vaccine prescription to the pharmacy, prompting a technician to proactively call the patient, reinforce that their provider recommended the vaccine, and schedule an appointment. Once optimized, this outreach strategy will test whether patients are more likely to receive the mpox vaccine when the pharmacy confirms that it is available at a convenient location. It offers a contingency plan in case the patient is unable to get the vaccine at the physician's office and needs another opportunity in a different setting.

KEY TACTICS (CONT.)

3

Build a pharmacy workforce that normalizes sexual health care.

By training pharmacy interns to offer the mpox vaccine alongside PrEP, doxy PEP, and other interventions, Legacy helps ensure the pharmacy workforce will continue to normalize sexual health care across future practice settings. For example, interns may go on to work in pharmacies that do not specialize in LGBTQ+ or sexual health care, allowing them to apply and share this expertise with patients who may be less familiar with mpox, PrEP, and doxy PEP.



CONCLUSION:

FOUR TAKEAWAYS FOR MPOX VACCINE INTEGRATION

1

Thoughtfully collaborate with local experts to maximize impact and information sharing.

This can include a wide range of partners, from on-the-ground DIS professionals who can integrate mpox vaccine assessments into existing operations, to community advocates who represent at-risk populations and can translate public health messaging, to reminding people that it is still important to get their first and second dose.

2

Integrate the mpox vaccine as a part of routine health care.

Because the 2022 outbreak has begun to fade from memory, unvaccinated and under-vaccinated individuals may not feel motivated or aware enough to ask for the vaccine. Help increase vaccine demand by incorporating mpox vaccine discussions into routine clinic and pharmacy visits, including reviewing vaccination history, identifying patients who need a second dose, and connecting mpox vaccination with other prevention services such as PrEP, doxy PEP, and hepatitis and HPV vaccination.

3

Update guidelines, including HIV and STI-related recommendations.

Consider how state and local guidelines can be modernized to incorporate the mpox vaccine. Existing HIV PrEP or STI doxy PEP standards of care could be updated to include an assessment of mpox vaccination status, as demonstrated by the California Department of Public Health in its 2023 doxy PEP recommendations.¹¹

4

Utilize insurance coverage to minimize costs.

Unlike travel vaccines, which can face inconsistent insurance coverage because they are often classified as “elective” care, the mpox vaccine is recommended by the U.S. Advisory Committee on Immunization Practices (ACIP) for people at increased risk of mpox.¹² Accordingly, Medicaid, Medicare Part D, and most private insurance plans must cover the vaccine without cost-sharing, i.e. copays or deductibles.¹³ This allows the patient to access mpox protection with fewer barriers while ensuring the clinic or agency is adequately reimbursed.

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