

Monkeypox



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Monkeypox Vaccine Equity Pilot Program

Updated November 22, 2022

The Monkeypox Vaccine Equity Pilot Program was developed to support innovative ways to reach populations most affected by monkeypox that are experiencing monkeypox vaccination disparities, such as Black/African American and Hispanic/Latino gay, bisexual, and other men who have sex with men. Barriers to vaccination may include differences in language, location of vaccination sites, vaccine hesitancy, mistrust of government, and lack of access to online scheduling technology. Additionally, people may avoid vaccination events oriented toward specific sexual or gender identities or sexual activities out of fear of being stigmatized.

Vaccine Equity Toolkit: [Strategies to address disparities and increase vaccine access for priority populations.](#)

Who Can Apply?

State, territorial, or local health departments, tribal governments or tribal organizations, and non-governmental organizations can apply. Applicants must describe how they will address vaccination disparities among one or more priority population groups most affected by monkeypox.

In order to streamline communication and the approval process, proposals must be submitted by the following “submitting jurisdictions”:

- State or territorial health departments
- [Cities currently receiving monkeypox vaccines through the Strategic National Stockpile \(SNS\)](#) [↗](#)
- For American Indian/Alaska Native tribal population-focused proposals, use the following guidance:
 - Proposals focusing on federal direct-care, tribal, and Urban Indian Organization healthcare facilities must be submitted to the Indian Health Service (Andrea.Klimo@ihs.gov)
 - Proposals focusing on other tribal communities not served by federal direct care, tribal, and Urban Indian Organization healthcare facilities can be submitted to CDC by the tribal government or through the state or territorial health department

For help identifying the contact person at a submitting jurisdiction, please feel free to use the “[For More Information](#)” form at the bottom of this page.

Proposals should describe vaccination projects to be implemented in a local area and designed to reach disproportionately affected populations experiencing vaccination disparities. Multiple proposals can be submitted per jurisdiction. CDC will consider each proposal separately. Any organization receiving a vaccine shipment will need to comply with the [HHS Provider Agreement](#).

How Much Vaccine Should Jurisdictions Request?

The number of vaccine doses requested for one vaccination pilot project should be based on the number of people the jurisdiction reasonably estimates will be vaccinated through the pilot project. This program does not specify a minimum or maximum number of persons that must be vaccinated. For each project selected, CDC will provide instructions for the

submitting jurisdiction to receive the additional vaccine it needs either before the project start date (known as an advance shipment) or after the project has concluded (known as a replenishment of the jurisdiction's existing supply).

Does this Program Include Funding for Implementation of Pilot Projects?

Although this program does not offer funding, the CDC Foundation has launched a [mini-grant program](#) that provides funding for monkeypox vaccination projects focused on reducing vaccination disparities.

Additionally, flexibilities exist for integrating monkeypox vaccination activities into [CDC-funded programs for prevention of HIV and other sexually transmitted infections](#), activities supported by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) [228 KB, 2 pages], and [Ryan White HIV/AIDS Programs](#) [114 KB, 2 pages]. If your jurisdiction has a cooperative agreement with CDC to support immunization programs (such as COVID-19 vaccination), you can integrate monkeypox vaccination into your already-existing infrastructure of immunization services. Contact your jurisdiction's [Immunization Program Manager](#) to learn about funding flexibilities that might already exist for your jurisdiction and any permissions that may be required.

What Are the Criteria for Participation?

- Proposals should demonstrate ways to reach populations who are most affected by monkeypox, yet experiencing a disparity in vaccination as defined by the applicant and supported by local context and data.
- Projects should prioritize groups with risk factors that increase their chances of getting or spreading monkeypox, who are over-represented among monkeypox cases and less likely to be vaccinated, and whose barriers to vaccination may be addressed by the activities proposed. Jurisdictions are encouraged to propose strategies for addressing disparities in monkeypox vaccination among Black/African American and Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM) and transgender and gender-diverse people who have sex with men.
- The submitting jurisdiction, with its local partners, commits to collaborating with CDC to implement these vaccination projects to reach affected populations not currently being reached, and to collect data to increase our knowledge on best practices.
- Prior to submitting a proposal, the submitting jurisdiction must have utilized at least 50%* of the [non-pilot supply](#) of vaccines it received through the SNS. Proposals submitted by the Indian Health Service are exempt from the 50% utilization requirement.
- If a project successfully reaches its stated goals, the submitting jurisdiction should consider using vaccines from its [non-pilot supply](#) of vaccines to implement the project model more widely.
- The submitting jurisdiction should plan to use all vaccines allocated through this pilot program as first doses and commits to ensuring access to second doses to all project participants from its [non-pilot supply](#) of vaccines received through the SNS.
- Plans to complete the project within 30 days of receipt of vaccines should be in place. Alternate timelines for completion can be discussed with CDC as needed.

Examples of Projects Specifically Designed to Increase Equity in Vaccination:

- Pop-ups and other events associated with community-based organizations (CBOs) or clinics that work with MSM and transgender and gender-diverse people who have sex with men, especially those who are Black/African American and Hispanic/Latino, who are not reached by current allocations or vaccine administration channels
- Small events reaching priority populations (e.g., concerts or parties catering to the population of disproportionately affected, underserved individuals including house and kiki balls from the local LGBTQ+ ballroom community)
- Other activities in settings where monkeypox is known to be spreading (e.g., venues at which intimate or sexual contact might occur, nightclubs, and bars frequented by the priority population)
- 'Vaccine clinics' at pharmacies, especially independent pharmacies in rural areas or areas with demonstrated vaccination disparities based on [Social Vulnerability Index](#) or other local data

What Must Be Included in the Proposal?

Date of submission

- Proposed project start date
- Contact information for participating health department(s) and organizations, where relevant
- Demonstrated coordination between the submitting state or territorial health department and a local health department, CBO, or other community partner involved in the project
- For each project (100-200 words per response):
 - Briefly describe one or more priority populations experiencing a disparity in monkeypox vaccination rates and epidemiologic or other data used to support the pilot project's focus on these populations.
 - Provide a brief overview of the project, including how the priority population experiencing a disparity in vaccinations will be engaged. Describe events or approaches to provide [vaccination opportunities](#).
 - Briefly describe plans for obtaining supplies, vaccinators, and support staff.
 - Indicate estimated number of doses needed to complete the project.
 - Describe data collection efforts to include, at a minimum, plans for inviting vaccine recipients to participate in a brief CDC-provided "onsite" anonymous electronic survey to assess the equity impact of the project and demographic characteristics of vaccine recipients.
 - Describe how any unused doses will be redirected to other equity-focused vaccination efforts in the jurisdiction.

In addition, submitting jurisdictions will be required to confirm the following when submitting a proposal.

- Vaccine administration will be intradermal unless contraindicated.
- The submitting jurisdiction commits to providing second doses from its [non-pilot supply](#) of vaccines received through the SNS.
- Any jurisdiction receiving a vaccine shipment will comply with the [HHS Provider Agreement](#). This agreement includes a requirement that data must be entered into the jurisdiction's Immunization Information System within one week after each vaccination event for every vaccine administered.
- Prior to submitting a proposal, the submitting jurisdiction must have utilized at least 50%* of the non-pilot supply of vaccines it received through the SNS. Proposals submitted by the Indian Health Service are exempt from the 50% utilization requirement.
- The submitting jurisdiction will be responsible for submitting a CDC-provided survey that assesses the project's overall ability to achieve the stated goals, which will include narratives and challenges from the project.

How to Submit a Proposal

Proposals may be submitted only by state or territorial health departments, Indian Health Service, or [city or county health departments receiving monkeypox vaccines directly through the SNS](#). A fill-in-the-blank proposal form is available for submitting jurisdictions to complete. Use the "[For More Information](#)" form to request the proposal form.

There is no deadline and applications will continue to be considered until the vaccine supply for this pilot program has been exhausted.

Organizations with vaccination project suggestions (such as community-based organizations, local county health departments, and other partners) should reach out to their submitting jurisdiction to discuss their ideas and to propose a collaboration with the jurisdiction.

For help identifying contact persons at a submitting jurisdiction, please feel free to use the "[For More Information](#)" form at the bottom of this page. Please include your name, organization, phone number, location, and a brief description of the vaccination project that you would like to propose to your jurisdiction.

*How do I know if my jurisdiction has utilized at least 50% of the non-pilot supply of vaccines it received from the SNS? To make this calculation, please include the following:

- When a provider opens a vial and administers even a single shot, that vial is considered used and can be included in the 50%.
- When an entire vial is unusable, the vial should be reported as wastage and can be included in the 50%.
- When a vial is reserved for second doses, that vial is considered used and can be included in the 50%.

- When a vial is further redistributed (beyond the sites that receive a direct shipment), that vial is considered used and can be included in the 50%.

See the [National Monkeypox Vaccine Strategy Interim Reporting Guidance](#) for current instructions about how to calculate utilization.

For More Information

Submit any questions you may have about the pilot program proposals, including who to contact in a submitting jurisdiction.

Email Contact *

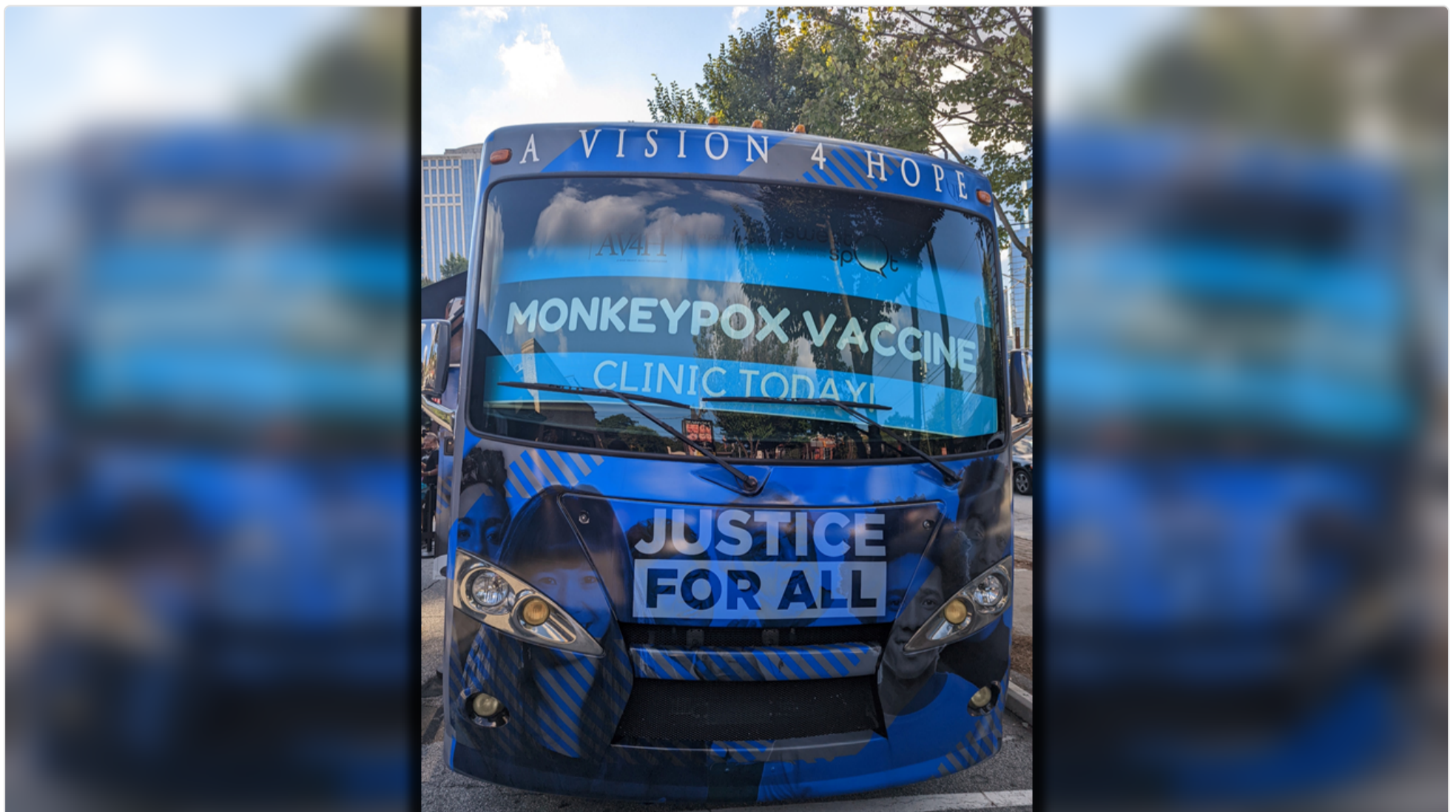
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Questions *

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A mobile health unit was utilized for monkeypox vaccination during the 2022 Atlanta Black Pride festival



A Southern Decadence Health Hub sign advertising vaccination for monkeypox and COVID-19 greets visitors at the main entrance to Armstrong Park in New Orleans, Louisiana



Charlotte Pride Parade participants
Charlotte Pride Parade participants ride past a sign offering monkeypox vaccine to event attendees.



The Michigan Department of Health and Human Services collaborates with local partners to bring monkeypox vaccination services to venues frequented by persons experiencing vaccination disparities, including this Detroit nightclub.

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