

Congress of the United States
Washington, DC 20510

August 15, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Mr. Secretary:

We write to express our concerns about the increasing number of monkeypox virus (MPV) cases in New Jersey and across the United States. According to the Centers for Disease Control and Prevention (CDC), there are 11,177 confirmed cases in the United States, with more cases expected as testing increases.¹

With more than 9.2 million people spread across 8,723 square miles between two of the largest metropolitan areas in the country—New York City and Greater Philadelphia—New Jersey is the most densely populated state in America. Currently, New York leads the country with the most cases of MPV in the United States. As you know, millions of New Jersey and New York residents cross the river daily for business, socializing, family visits, and vacations. Recent history suggests that New Jersey follows New York's lead in terms of the spread of infectious diseases. Notably, during the peak of the COVID-19 pandemic, we witnessed how New Jersey's disease burden frequently tracked that of New York. High incidence and spread of communicable diseases, such as this one, in New York and New Jersey puts the rest of the country at risk of exponential spread. That is why it is essential to prioritize high-risk areas, including the New York-New Jersey and Greater Philadelphia metropolitan areas, when allocating resources for identifying, testing for, and treating MPV infections.

In order to address the spread of MPV, we need a comprehensive public health response. Experts are concerned that the virus will become entrenched if the outbreak is not met with an adequate public health response.² Unfortunately, MPV testing efforts have been hampered by processing challenges that have resulted in underreporting and a lack of data to help the federal government allocate resources appropriately. In addition, implementation of a rapid and efficient mass-vaccination program is essential to containing and eradicating MPV in communities across New Jersey and the United States.³ At the moment, New York has received additional doses on top of their standard population size allocation while here in New Jersey we have yet to receive the basic allocation for our expected disease burden. Not only are we requesting our fair share on behalf of

¹ "2022 U.S. Monkeypox Outbreak". *Centers For Disease Control And Prevention*, 2022, <https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>.

² Mandavilli, Apoorva. "The U.S. May Be Losing The Fight Against Monkeypox, Scientists Say". *The New York Times*, 2022, <https://www.nytimes.com/2022/07/08/health/monkeypox-vaccine-treatment.html>.

³ Dawson, Lindsey, Kellie Moss, Josh Michaud and Jennifer Kates. "Key Questions About The Current U.S. Monkeypox Outbreak". *Kaiser Family Foundation*, 2022, <https://www.kff.org/other/issue-brief/key-questions-about-the-current-u-s-monkeypox-outbreak/>.

New Jersey residents, but we are also requesting additional allocation given our interwoven relationship with Philadelphia and New York City. There are also still obstacles for clinics and providers to overcome in the areas of clinical services supplies, provider education to correctly identify MPV, vaccines, testing supplies, contact tracing, and community outreach to support our public health response to MPV and make sure that our constituents are receiving adequate and accurate information.

MPV is spread through direct contact and can infect anyone. However, essential health care services are often inaccessible or otherwise denied to at-risk communities, particularly LGBTQ+ community members. Vaccine access must be equitable, even in the face of high demand. For most recipients, one shot should be enough to ward off serious illness, but preliminary research suggests that people living with HIV or other immunocompromising conditions may be less protected than people who don't have such illnesses.⁴ According to a report published by the UCLA School of Law Williams Institute, the New York metro area (New York-Newark-Jersey City) has the highest population of LGBTQ+ adults of any metro area in the United States.⁵ Any federal response and aid directed to the LGBTQ+ community must not inadvertently stigmatize the ongoing public health crisis, but there should be targeted outreach to get resources to impacted communities. Federal agencies have a responsibility to react in a timely and effective manner that works to curb the spread of monkeypox.

We are thankful for the steps that President Biden's administration has taken, including declaring the ongoing spread of MPV in the United States a Public Health Emergency, the CDC activating its Emergency Operations Center, and the appointment of a Federal Emergency Management Agency official as the lead coordinator for the MPV response. As the Administration continues to engage in response activities, including supporting education and awareness and defining federal priorities, we urge you to increase testing and vaccine availability for the State of New Jersey given the disproportionate risk faced by residents and visitors. We look forward to working with you to ensure we provide the best possible resources to eradicate MPV.

Sincerely,



Cory A. Booker
United States Senator



Mikie Sherrill
Member of Congress

⁴ Mandavilli, Apoorva. "Why Monkeypox Vaccine Shortage May Threaten The Immunocompromised". *The New York Times*, 2022, <https://www.nytimes.com/2022/08/05/health/monkeypox-vaccine-hiv.html>.

⁵ "Over 700,000 LGBT People Live In New York Metro Area". *The Williams Institute*, 2022, <https://williamsinstitute.law.ucla.edu/press/lgbt-msa-press-release/>.