

NANCY PELOSI
12TH DISTRICT, CALIFORNIA

SPEAKER OF THE HOUSE

1236 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0508
(202) 225-4965

Congress of the United States
House of Representatives
Washington, DC 20515-0508

DISTRICT OFFICE:

SAN FRANCISCO FEDERAL BUILDING
90-7TH STREET, SUITE 2-800
SAN FRANCISCO, CA 94103
(415) 556-4862
pelosi.house.gov

July 18, 2022

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, Southwest
Washington, D.C. 20201

Dear Mr. Secretary:

Many thanks for your efforts and guidance in leading the Department of Health and Human Services throughout a global pandemic, and now, Monkeypox.

I write to follow-up on our conversation Wednesday, when I relayed the serious concerns from my constituents in San Francisco regarding the Monkeypox outbreak, as well as the urgent need to bolster Monkeypox testing and expand vaccine capacity so that anyone who qualifies can easily and quickly receive their two vaccine doses. As we discussed, time is of the essence.

The Centers for Disease Control and Prevention (CDC) is tracking an outbreak of Monkeypox spreading in our nation, with more than 1,800 reported cases as of July 15th. This growing public health threat is taking a disproportionate toll on the LGBTQ community, particularly men-who-have-sex-with-men (MSM) and transgender individuals, who are facing stigma and fear similar to that which they endured in the early days of the HIV/AIDS epidemic.

The San Francisco Department of Public Health (SFDPH) and California Department of Public Health (CDPH) have been closely monitoring the Monkeypox outbreak. With at least 86 cases in San Francisco, the demand for vaccines vastly exceeds supplies, and vaccination efforts have been suspended due to the severely limited supply. Trusted community providers report massive waitlists and phone lines overrun with those desperate to be vaccinated.

SFDPH has requested 35,000 doses from federal supplies as a starting point toward vaccinating San Franciscans at highest risk for Monkeypox – yet has received only approximately 2,300 doses. SFDPH calculated this need based upon sexually active MSM and transgender women who have sex with men (TWSM) and are HIV positive or HIV negative and on Pre-Exposure Prophylaxis (PrEP). Broader vaccination efforts would increase the need to 56,000 when including all sexually-active MSM and TWSM, and to 73,000 when including all MSM, TWSM and people living with HIV. Statewide, CDPH estimates a need for doses for the highest risk population of 250,000 to 350,000 based upon an estimate of MSM and TWSM with two or more sexual partners.

While the two-dose Jynneos vaccine has already been approved by the Food and Drug Administration to prevent Monkeypox, as well as treat those who have been exposed to Monkeypox, the current supply of vaccines is woefully inadequate to meet the current need. The Administration's recent efforts to release 200,000 Jynneos vaccines to state jurisdictions, and your plan to make 1.9 million doses available this year, represent strong and appreciated first steps. It is encouraging to hear the 780,000 doses will be available for distribution late this month, following the Food and Drug Administration's inspection of the Bavarian Nordic facility in Denmark. More must be done to expedite the distribution of the vaccine to curb this quickly expanding and painful public health threat.

To successfully track, trace and treat Monkeypox, testing must be more accessible and all barriers to testing must be quickly removed. However, given testing bottlenecks, it is almost certain the current reported cases are a vast undercount of true transmission rates. I was glad to see your announcement that five commercial laboratories will begin offering Monkeypox testing, with tests already underway thereby greatly increasing capacity.

Additionally, health care providers must be trained and equipped to successfully recognize, test, diagnose and treat Monkeypox, and do so with culturally competent and compassionate care for marginalized communities and those most at risk.

Thank you again, Mr. Secretary, for your urgent attention to this matter. I look forward to a report on the Administration's efforts to improve the response to Monkeypox.

best regards,


NANCY PELOSI
Member of Congress