

NCSA Releases Second Survey of Clinic Capacity in Monkeypox Response

Two months into the ongoing monkeypox (MPV) outbreak, a new survey released by the National Coalition of STD Directors (NCSA) demonstrates that the nation's frontline healthcare providers still lack the resources to meet their communities' response needs. NCSA, the association representing state and local health department sexually transmitted disease (STD) directors and staff, conducted on July 26-29, 2022 shows that clinics continue to be leaders in their communities' response to the virus but have yet to receive the resources they need to meet community needs. More than 80 clinics participated.

This new survey follows the first known survey of health clinics' capacity to manage the emerging MPV outbreak, which NCSA conducted on June 14-16, 2022. While the first survey showed a need for basic supplies like swabs and PPE, the second survey shows that the needs have evolved as clinics have been pushed to absorb costs for staffing and testing.

1. Sexual health clinics continue to be vital front-line providers in the monkeypox response.

- 79% of clinics have seen an increase in demand for monkeypox testing over the past four weeks, but 28% of clinics could not meet testing demand if it increases.
- 63% of clinics have received referrals from other healthcare providers for suspected monkeypox cases, and 52% have served patients who have been turned away from other providers.
- *“Since monkeypox has hit the media, individuals are calling about coming in to get tested. The hospitals are still overwhelmed with COVID so individuals presenting to the local hospitals are being told they need to go to the health departments for testing.”*

2. Clinics have incurred monkeypox response costs, but have not been funded to provide monkeypox services.

- 40% have incurred unanticipated expenses for supplies
- 40% have incurred unanticipated expenses for personnel
- *“Multiple staff members have had to work over time in the past 2 weeks due to Monkeypox testing and treatment with TPOXX.”*

3. Participation in the monkeypox response has interrupted essential non-monkeypox care in the community.

- 65% of clinics have had to modify workflows to manage monkeypox, for example changing from walk-in clinics to appointment-only clinics.
- 22% of clinics have had to reduce either symptomatic or asymptomatic screening for other STIs like chlamydia, gonorrhea, and syphilis to prioritize monkeypox services
- *“We have had to make monkeypox a priority visit. If an individual calls or comes in with a concern r/t need for testing, we have to stop seeing all other patients and take this patient first. Some days we only have one nurse on staff and this can be problematic.”*
- *“A monkey pox patient may take up to 1 1/2 hours to see depending on severity.”*

4. Federal expansion of commercial lab capacity has not alleviated front-line challenges.

- 56% of clinics are not currently using commercial labs - largely due to billing and funding issues - and 13% of clinics that do use commercial labs are absorbing the costs
- 45% of clinics are continuing to use public health labs rather than commercial labs.
- *“If the patient has insurance, we are using a commercial lab and billing their insurance. If they don't have insurance (or don't want to use it for privacy reasons), we are sending the sample to the state lab and not charging.”*

5. If the federal government provided funding for the monkeypox response, those funds would immediately be used to meet communities' most pressing clinic needs.

- 74% would use additional funding for support staff and 42% would hire additional healthcare providers. Expanded staff would manage paperwork requirements for TPOXX and Jynneos; providers would see patients for MPV testing and treatment and reestablish services for epidemic STIs like syphilis.
- 57% would use funding to send tests to commercial labs, tapping into the federal government's newly expanded capacity to meet local needs.
- 69% would use funding to create communications materials to increase community awareness and help other community healthcare providers serve patients.

About the Survey

NCSD developed the STD Clinic Capacity Survey – Monkeypox Response to assess the needs of clinics that may see monkeypox patients nationwide and distributed it via NCSD's listserv of clinics on July 26-29. Clinics on the listserv include more than 1,000 categorical STD clinics, family planning clinics, primary care providers, health departments, federally qualified health centers (FQHCs), AIDS services organizations, and other health providers that participate in NCSD's Clinic + network or receive training or information about STDs. This survey follows an initial assessment on June 14-16, 2022, which was the first assessment of clinics' capacity to respond to the growing outbreak of monkeypox in the U.S.