**California Public Health Incident**

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**California Public Health Incident: Monkeypox**

On August 1, 2022, California Governor Gavin Newsome declared a State of Emergency in response to rising cases of Monkeypox (Office of Governor Gavin Newsome, 2022). The onset of this public health incident emerged on May 20, 2022, when Massachusetts reported the first case of Monkeypox in the United States (Executive Department of State, 2022). Monkeypox began its circulation in Africa in the 1970s, spreading to the United States in 2003, Israel in 2018, the United Kingdom in 2018 through 2021, and in other previously unaffected area which are currently under investigation (World Health Organization, 2022). According to the Proclamation of State Emergency, investigations began the day after Massachusetts reported their case, and was aimed at identifying individuals who had traveled outside the country. On June 28, 2022, the Centers for Disease Control and Prevention (CDC) announced a vaccine strategy to address Monkeypox. This announcement was updated several weeks later (Centers for Disease Control and Prevention, 2022). To perform disease and health event investigation the CDC utilized case identification and contact tracing. As listed on their article outlining their response to Monkeypox, the CDC explained their tactics utilized included notifications. Using collaborative effort, they performed patient notifications via the Health Alert Network, and by way of Clinical Outreach and Communication Activity calls. (Centers for Disease Control and Prevention, 2022). The organization also partnered with state and local agencies to assist with identification and health care advice. These tactics are consistent with the outbreak investigation steps outlined in Macha and McDonough (2012). The Laboratory Response Network was utilized by the CDC to conduct lab testing specific to the virus. (Centers for Disease Control and Prevention, 2022). The CDC worked to obtain and disseminate essential information regarding the duration of viral circulation, how cases moved after they were introduced, the components of the infection cycle, and how the virus is spread.

Multiple agencies collaborated to inform the public that human-to-human Monkeypox is transmitted by contact with infected body fluids. WHO (2022) provided health-teaching on the fact that contact with bodily fluids pose the greatest risk for infection. Meo and Jawaid (2022) explained, “Once the virus enters the body, (it) replicates at the site and spreads to local lymph nodes. After that, viremia spread to body organs” (p. 1418). The authors further explained that once the virus spreads to body organs, the incubation period begins and can last for up to three weeks (Meo & Jawaid, 2022).

The CDC (2022) appreciated the need for and encouraged the use of careful and respectful communication when discussing infection through sexual transmission. Clever use of social marketing can be seen in their online guide to Safer Sex, Social Gatherings, and Monkeypox article. The California Department of Health participated in community organizing with an emphasis on social media outreach to destigmatize the virus (California Department of Public Health, 2022).

The impact on health is generally limited to a 2–4-week period of various degrees of flu-like illness, rash, or both (CDC, 2022). Patients that click the link on what to do if they are sick, benefit from encouraged to treat flu-like symptoms with medicines like ibuprofen and acetaminophen. The use of topical itch relief medications, oral antihistamines and soothing baths are recommended for patients with rash. Emotional health is a concern as patients must take steps to avoid infecting others. Given the duration of the illness, this could lead to some of the phycological impacts associated with isolation and missing work. Acton (2020) explained that during the Covid 19 pandemic, there are several negative emotional effects associated with both short and long-terms quarantine. Macha and McDonough (2012) listed both social isolation and work-related stress as factors that can lead to mental disorders.

Studies on vaccination options began long before the May 2022 outbreak. The CDC reported that immunizations used during the global Smallpox eradication efforts conferred protection in up to 85% of Monkeypox patients (World Health Organization, 2022). The United States Food and Drug Administration (FDA) approved the emergency use of the Jynneos Monkeypox vaccine on July 19, 2022, for individuals at least 18 years of age (FDA, 2022). That same day, the California Department of Health requested at least 600,000 doses of the vaccination (Executive Department of State of California, (2022).

Demographic data from the CDC (2022) revealed that as of June 2022, 50% of Monkeypox patients were reported as being White, 27.1 % Latin or Hispanic, 28.8 % Black or African, and 4.2% Asian. As investigation led to understanding the Monkeypox was not easily transmitted, and that intimate contact posed a serious transmission risk, efforts were aimed at providing education regarding safe contact and sexual practices CDC (2022).

The CDC (2002) created guidance on how best to frame Monkeypod discussions to avoid stigmatizing the infected. In Governor Newsom’s emergency proclamation, coalition-building was utilized when he encouraged the public to utilize California Department of Public Health services; those offering education as well as scheduled listening sessions with the LBGTQ community (Office of Governor Gavin Newsome, 2022). In Riverside County, which is my area of residence, a gradual increase to 59 cases led to the proclamation of a county State of Emergency (Public Health Officer County of Riverside, 2022).

The financial impact of Monkeypox has yet to be fully realized, but loss of earnings, and the potential need to reduce services because of employees missing work, is a reasonable concern. The United States government advocated for healthcare professionals and scholars by allocating one hundred and forty million dollars with which to address this disease (The White House, 2022). These funds will support a multitude of efforts such as epidemiological studies, diagnostic tools and surveillance, the distribution of vaccines and related therapeutics, infection prevention, and public health endeavors (The White House, 2022). Reviewing this incident allowed me to see the two of the three population-based interventions at work. I saw systems-focused population-based practice in the White House prioritization announcement, a move which will bring resources to needed areas, and the declaration of states of emergency, which inherently causes power and research shifts. I saw community-focused population-based practices in that public health agencies, as well as government officials, were more considerate of the feelings and emotional concerns of disease and attempted to reduce that burden. I welcome input if anyone could see individual and family-focused population-based practice in this paper.

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