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August 24, 2022

Demetre Daskalakis, MD
National Monkeypox Response Deputy Coordinator
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear Dr. Daskalakis:

In response to the U.S. Department of Health and Human Services (HHS) Secretary's declaration that the monkeypox outbreak is a public health emergency, the Association of State and Territorial Health Officials (ASTHO) requests that the administration work to provide resources either via emergency supplemental funding or through the Infectious Disease Rapid Response Reserve Fund (IDRRRF) via existing CDC mechanisms to strengthen state, local, tribal, and territorial public health capacity to adequately respond to this outbreak.

We appreciate federal agencies' efforts to provide maximum flexibility to use COVID-19 supplemental funding to address this public health emergency. However, given the scope and scale of the outbreak—combined with inefficiencies in utilizing this mechanism, including individual state requests to multiple federal program officers—it is clear that this short-term solution is not viable for the long term.

We urge the Administration to use the IDRRRF to help support state and local health departments as soon as possible given the potential delays associated with attempts to secure new funding from Congress. The intent of the IDRRRF is to “ensure funds will be available when an emerging public health crisis is detected.” Available funding should be used immediately to provide resources for a rapid state and local response to control this outbreak. ASTHO will support future efforts to replenish the IDRRRF through either emergency supplemental appropriations or annual appropriations bills.

While it is too early to reliably predict the cost of future response efforts, we hear from state and territorial health officials in many states that flexible funding is needed immediately for public health jurisdictions' monkeypox response. According to ASTHO's preliminary analysis based on conversations with multiple state and local health agency leaders, additional funding is needed for:

- Training, outreach, and public communications;
- Providing surge capacity to state and local STI programs and clinics;
- Providing surge capacity and supplies to state health department laboratories;
- Enhancing surveillance infrastructure, funding for new staff epidemiologists, and contact tracing;
- Engaging with community-based organizations, including support for culturally tailored education using trusted community sources to assure equitable access to and use of resources;
- Administrating vaccines, purchasing ancillary supplies, supporting local health departments, and supporting clinicians in their oversight of treatment programs;

- Hiring public health attorneys to support the monkeypox response, including data sharing efforts and compliance with federal and state laws; and
- Upgrading information technology systems to include features necessary for monkeypox response.

These are in addition to the need for additional vaccine supply, which we understand will continue to be federally purchased.

We look forward to working with the Administration and Congress to expand our capacity to address the growing monkeypox outbreak. For additional information, please contact Carolyn Mullen, ASTHO's senior vice president of government affairs and public relations, at cmullen@astho.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Fraser', with a long horizontal flourish extending to the right.

Michael R. Fraser, PhD, MS, CAE, FCPP
Chief Executive Officer, ASTHO

CC: Dr. Nirav Shah, President and Director, Maine Center for Disease Control and Prevention
Hon. Dawn O'Connell, Asst. Secretary for Preparedness and Response
Dr. Rochelle Walensky, Director, CDC
Dr. Jay Butler, Deputy Director for Infectious Diseases, CDC
Dr. Jose Montero, Director, CDC/CSTLS
Hon. Carole Johnson, Administrator, HRSA
Dr. Laura Cheever, Associate Administrator, HRSA HIV/AIDS Bureau