



## OPEN LETTER ON RESPONDING TO MONKEYPOX IN NOVA SCOTIA

August 18, 2022

The Honourable Michelle Thompson, Minister of Health and Wellness  
Dr. Robert Strang, Chief Medical Officer of Health

Department of Health and Wellness  
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Dear Minister Thompson and Dr. Strang,

### **Re: Responding to monkeypox in Nova Scotia**

The recent outbreak of monkeypox in Canada is a growing public health threat and poses significant challenges for many vulnerable and marginalized communities. Currently, monkeypox is overwhelmingly affecting communities of Two-Spirit, gay, bisexual, trans, and queer men who have sex with men and non-binary people. As of August 17, 2022, the Public Health Agency of Canada (PHAC) reported more than 1,112 confirmed cases in Canada, and the virus is spreading rapidly. Cases have also now been reported in New Brunswick and in Newfoundland and Labrador. The World Health Organization, along with the United States, have declared monkeypox both an international and national public health emergency; Canada has yet to do the same.

It is only a matter of time before monkeypox is confirmed in Nova Scotia. We are writing to call for immediate action for the provincial roll-out of the Imvamune vaccine as pre-exposure prophylaxis among Two-Spirit, gay, bisexual, trans, and queer men who have sex with men, non-binary people, and other communities at risk; paid sick leave for people who have monkeypox and must isolate; and clear guidance on how to access emergency financial support and medical care.

Currently, Nova Scotia is only offering the Imvamune vaccine on a post-exposure basis to close contacts of confirmed cases, by way of contact tracing, due to limited supply of the vaccine. This alone will not contain the monkeypox outbreak. Ministries of Health and public health authorities in provinces such as Québec and Ontario have recognized this challenge and have launched vigorous vaccine campaigns to offer pre-exposure prophylaxis to residents at risk, including for those from out of jurisdiction. The failure to proactively roll out vaccination in Nova Scotia limits access to this key prevention intervention to those who do not have resources to seek vaccination elsewhere. This further reinforces inequalities and inequities in access to healthcare, including on the lines of race and class. Some of those who can afford

to are already traveling to other jurisdictions to get vaccinated; however, people should not have to travel outside their province or territory to access healthcare.

According to discussions last week with PHAC, it has recently advised all provinces and territories that there is currently adequate supply of the vaccine in the National Emergency Strategic Stockpile to meet the needs in scaling up vaccinations, and that provinces and territories can make their requests based on their estimates of need and vaccination plan.

As with COVID-19, the current advice is that those diagnosed with monkeypox must isolate to avoid further spread and protect vulnerable populations. However, isolation periods for monkeypox can in some cases be even longer than COVID-19, spanning between 2 to 4 weeks. This means people who have monkeypox, especially those who do not have paid sick leave, may have to miss work without compensation. Such a burden falls most heavily on those least able to bear it economically. Financial support is essential for those who need to isolate themselves in the interests of public health.

The window of opportunity to get ahead of this new public health challenge is now, before community transmission becomes established in the province. Nova Scotia should be supporting Two-Spirit, gay, bisexual, trans, and queer men who have sex with men and non-binary people, who are known to be proactive at actively safeguarding their health, as well as other communities at risk, with tools to protect their health and their communities.

Below, we have outlined **three** recommendations for immediate action:

1. **Scale up access to vaccines, including before exposure:** Nova Scotia should be developing an equity-based plan *now*, in conjunction with community organizations, to roll out vaccines as pre-exposure prophylaxis among populations at risk, including Two-Spirit, gay, bisexual, trans, and queer men who have sex with men and non-binary people. That plan should include proactively considering how to ensure equitable roll-out, including to Black, Indigenous, and people of colour members of these communities. Nova Scotia should also be proactively forecasting quantities needed and requesting these be distributed by PHAC without delay, including drawing on the existing national stockpile to vaccinate all communities at high risk of exposure.
2. **Financial support:** Isolation is required to prevent the spread of monkeypox and protect vulnerable populations so paid leave is necessary. While isolation periods may be determined on a case-by-case basis, Nova Scotia should develop a short-term program to ensure paid sick leave and emergency financial support for anyone who is a confirmed case and must isolate for as long as they are required to adhere to public health guidelines. Financial support will also be required by some for medical supplies for at-home care.
3. **Communications and guidance:** As with COVID-19, Nova Scotia should develop an accessible online self-evaluation checklist for monkeypox, with clear guidance on where and how to seek more information, medical care and financial support. Communities and healthcare providers need more information and guidance on accessing the vaccine for patients who are at risk. Community organizations will play a key role in developing these tools and the government should compensate partners for their time and input.

This latest public health challenge again underscores the need for Nova Scotia to develop a **comprehensive, adequately funded provincial strategy on sexual and reproductive health**. Community organizations are keen to work with you in developing and implementing that strategy.

In the immediate term, action is needed now on monkeypox. Without vaccination efforts and emergency support measures, Nova Scotia's ability to contain the spread of monkeypox in the province is inhibited. Mobilizing resources and preparing the healthcare system for treating monkeypox is essential to containing the spread and protecting vulnerable and marginalized populations, including Two-Spirit, gay, bisexual, trans, and queer men who have sex with men and non-binary people who have been most affected by the recent outbreak. As the monkeypox outbreak is an evolving public health threat and this is a time-sensitive concern, we respectfully request a meeting with you in the very near future. Thank you for considering these urgent and immediate calls for action, and we look forward to working with you to strengthen Nova Scotia's response to monkeypox.

Sincerely yours,

Stella Samuels, Executive Director, Sexual Health Nova Scotia  
Chris Aucoin, Executive Director, AIDS Coalition of Nova Scotia  
Shane Pope, Health & Wellness Coordinator for 2SGBQ+ Men's Programs, AIDS Coalition of Nova Scotia  
Kirk Furlotte, Senior Regional Manager - Atlantic Region, Community-Based Research Centre  
Abbey Ferguson, Executive Director, Halifax Sexual Health Centre  
John R Sylliboy, Executive Director, Wabanaki Two-Spirit Alliance  
Prof. Matthew Numer, PhD, Dalhousie University  
Richard Elliott, LLM, Health & Human Rights Lawyer

cc: The Honourable Tim Houston, Premier of Nova Scotia  
The Honourable Allan MacMaster, Deputy Premier of Nova Scotia  
Dr. Shelley Deeks, Deputy Chief Medical Officer of Health, Province of Nova Scotia  
Dr. Jesse Kancir, Regional Medical Officer of Health, Eastern Zone