Global Monkeypox Outbreak Response

WHO EPI-WIN webinar on travel and tourism

5 October 2022

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World Health Organization

WHO Director General declares monkeypox to be a Public Health Emergency of International Concern (PHEIC) 23 July 2022

- The outbreak has met all IHR criteria:
  - be considered extraordinary
  - constitute a public health risk to other states through spread of disease
  - require a coordinated international response
- Unprecedented and rapid spread to many new countries with a clear risk of further international spread
- New/previously unrecognized modes of transmission reported
- Atypical presentation
- **3rd Emergency Committee meeting to be held on 20 October 2022**

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Current global epidemiological situation

- 1 Jan - 30 Sept 2022
  - **106** Member States/territories across all 6 WHO Regions are reporting cases
  - **68,265** confirmed cases
  - **26** deaths
  - Downward trend overall
  - Thanks to everyone for all your commitment
  - Still concerning situation in many countries

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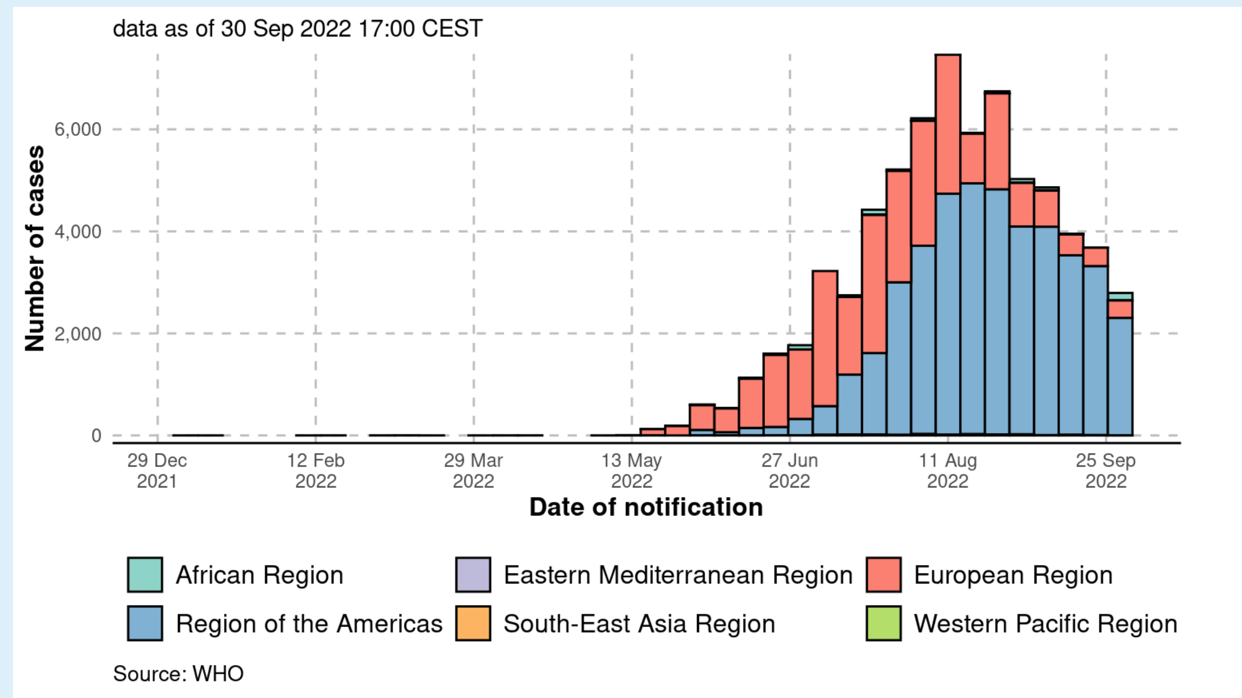
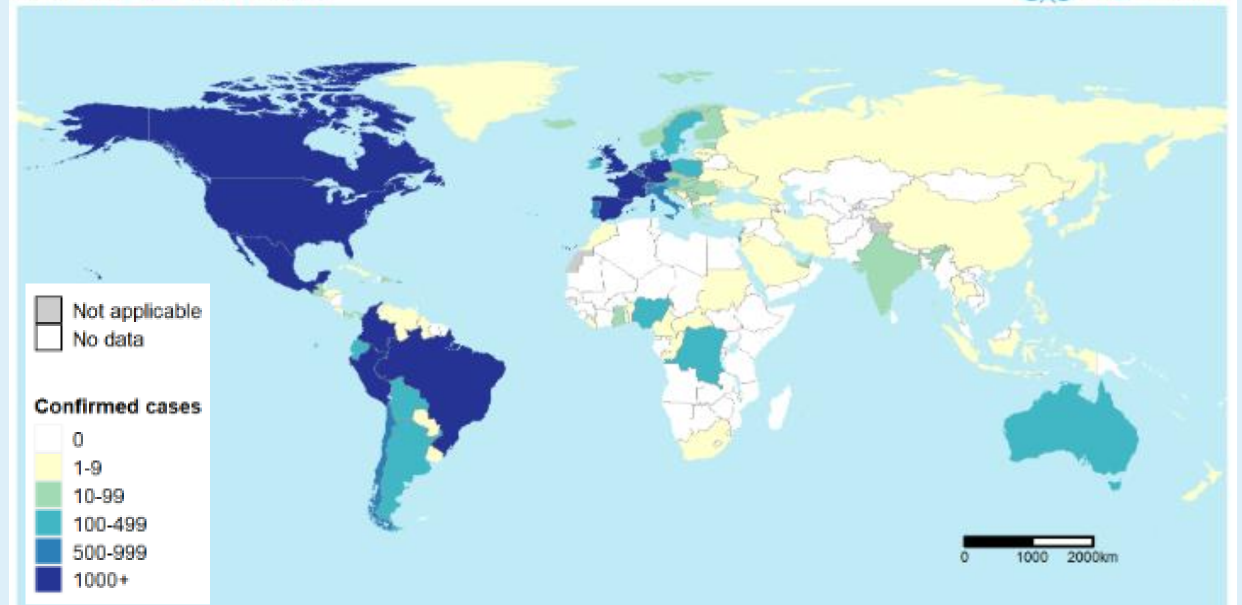
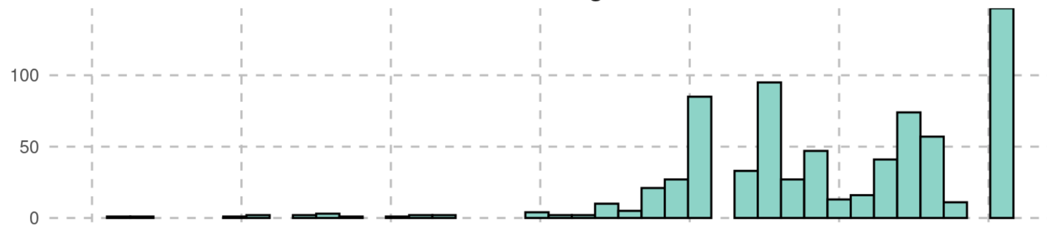


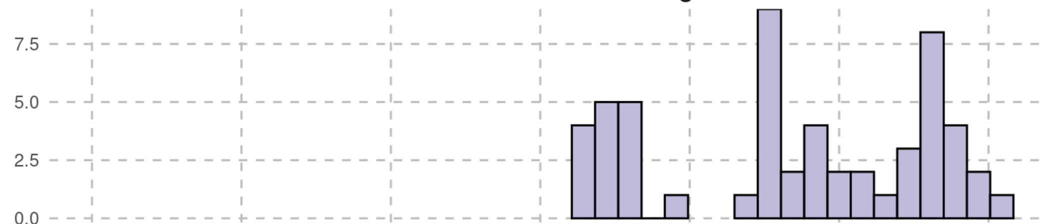


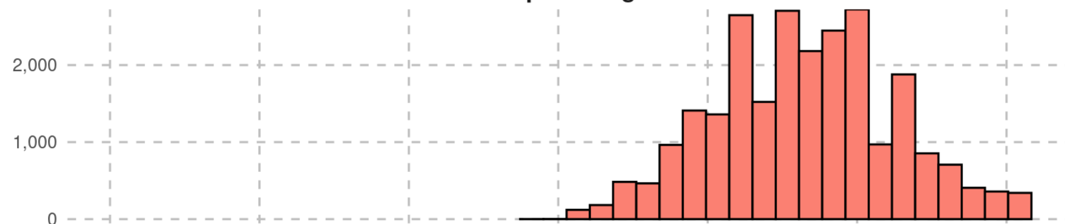
Regional Epidemic curves

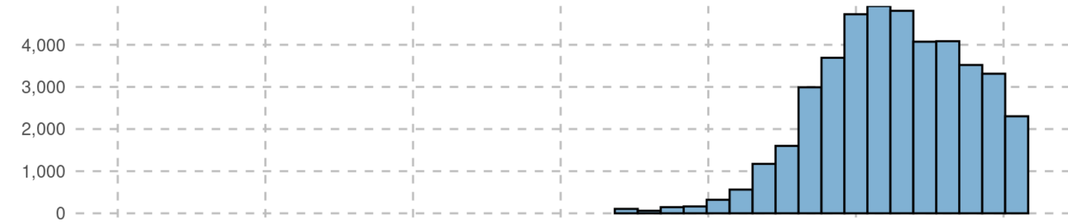
Note different y-axis scales

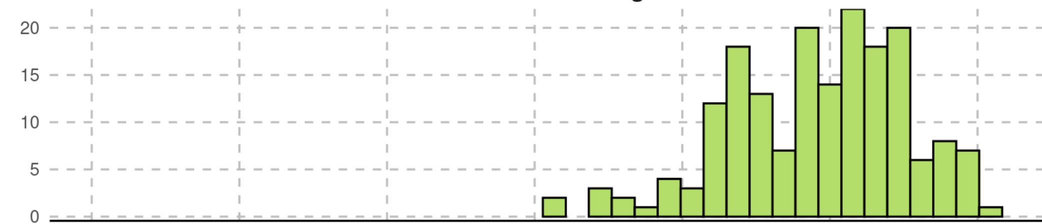
data as of 30 Sep 2022 17:00 CEST











Source: WHO

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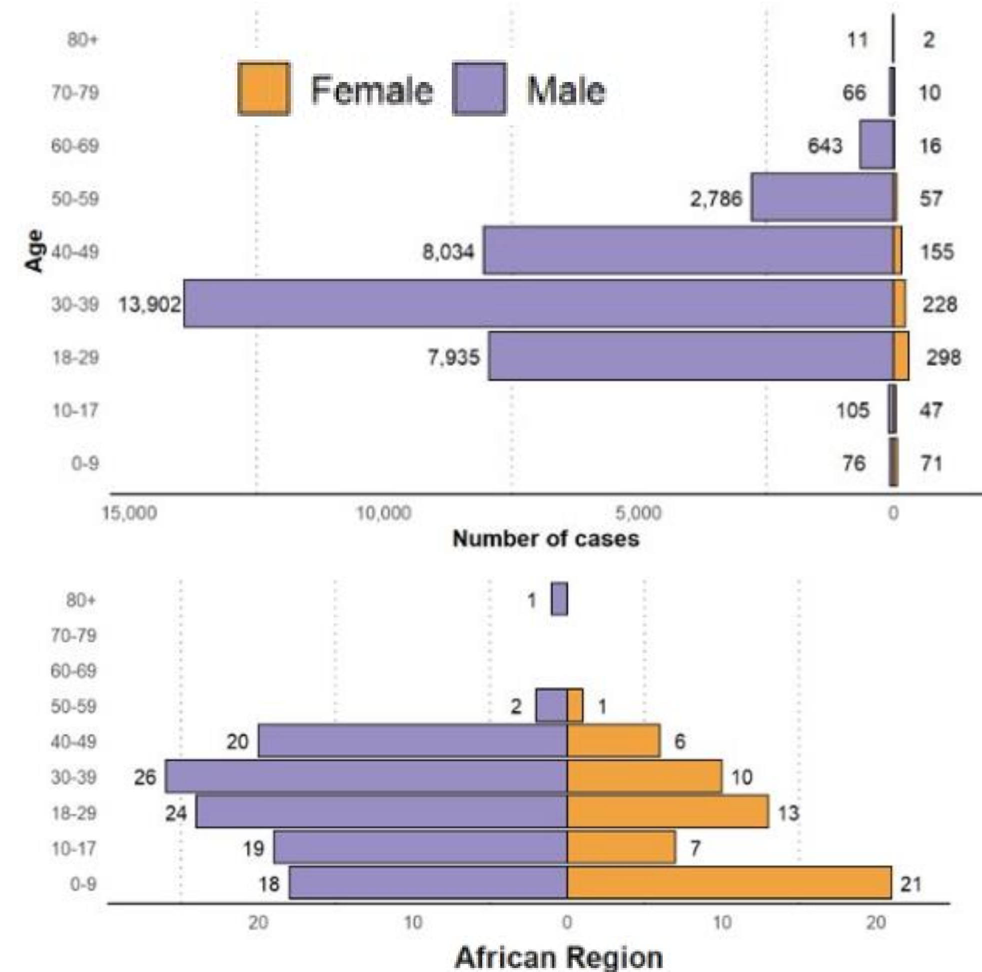
Monkeypox - Epidemiological Situation

97% men, median age 35 years
Most commonly reported exposure: sexual activity

Case profiles for case reports with details %	
MSM	89
HIV +	47
Health worker	4
Sexual Transmission	87

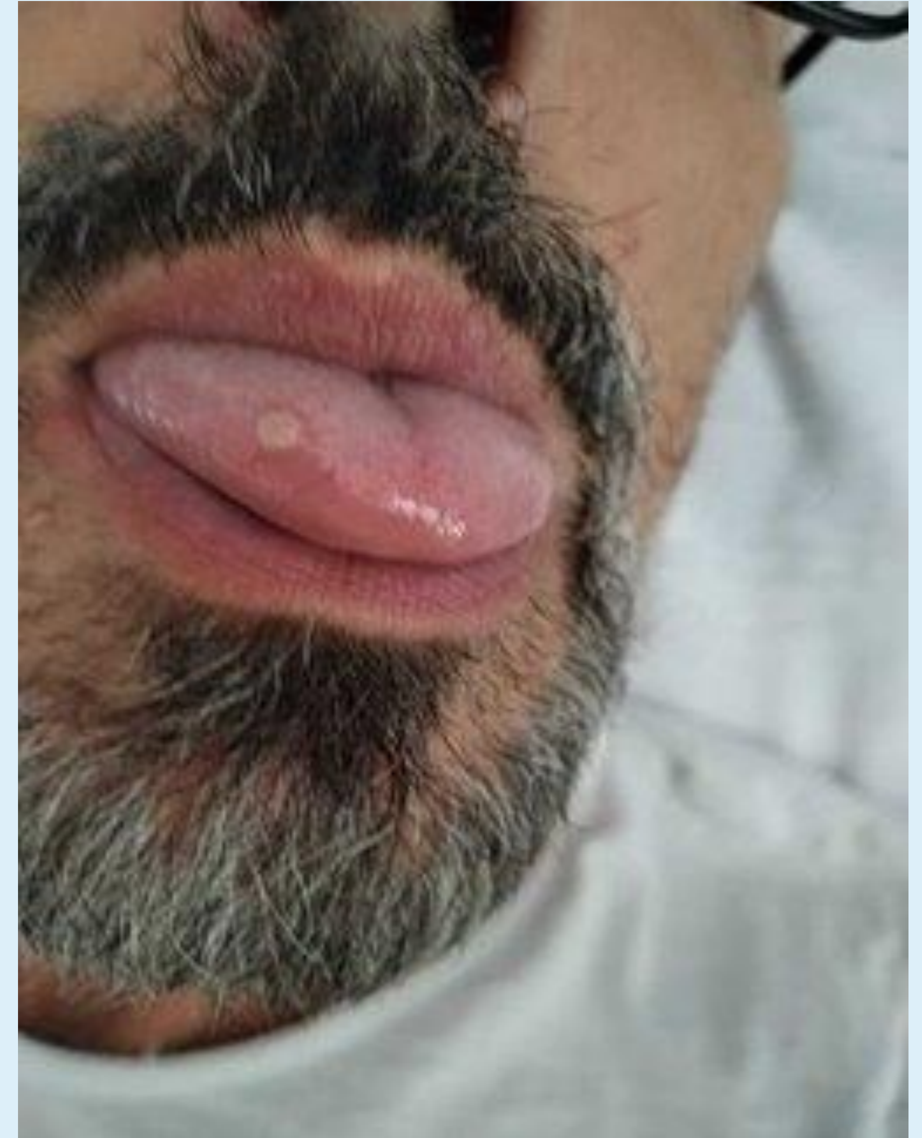
WHO Global Dashboard



Clinical presentation

- Symptoms include:
  - fever
  - swollen lymph nodes
  - typical or atypical rash
- Lesions evolve: macules – papules – vesicles – pustules, then crust over; progress centrifugally, involve head, hands, feet, mouth, genitals
- New clinical features: proctitis, urethritis and urinary retention
- Many cases are without symptoms
- Complications: severe pain, secondary infections, abscesses, blindness, **myocarditis** and encephalitis, and death
- **HIV – immune reconstitution syndrome**

- Atypical presentations:
  - absence of rash in some cases
  - anal pain or bleeding
  - lesions:
    - only a few or a single
    - in the genital or perineal/perianal area only
    - appearing at asynchronous stages of development
    - appearing before onset of fever



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Modes of transmission

- **Knowledge of transmission is evolving**
- Person to person contact
  - sexual encounters are most commonly reported
  - face-to-face (such as talking, breathing, singing)
  - skin-to-skin (such as touching, vaginal or anal sex)
  - mouth-to-mouth (such as kissing)
  - mouth-to-skin (such as oral sex)
  - **pre-symptomatic / asymptomatic** ??
- It can also spread through contaminated environments (surfaces, objects and materials touched by someone infectious)
  - Percutaneous injury – health workers, tattoo parlour (Spain)
  - Congregate settings - health facilities, prisons (Nigeria, Chicago)
  - Densely populated areas - refugee camp in Sudan (>120 suspected cases, clade unknown)
- Common exposure **settings** include parties, bars, saunas, sex-on-premises venues, events and other gatherings
  - **Your support needed** to identify settings in order to support further action (risk reduction messages, engagement with managers…)

Most at risk populations

- Majority of cases are male (98%)
- Males between 18-44 years of age continue to be disproportionately affected (78%)
- The majority of cases (95%) have been detected in men who have sex with men (MSM)
- Those who identify as gay, bisexual or other MSM, or those with recent multiple partners
- Among cases with known HIV status, 47% are HIV positive
- Health workers affected, mostly in the community; several through occupational exposure (needle-stick injuries)
- Immunocompromised continue to be vulnerable and should take precautions
- Pregnant women, children - also priority for post-exposure vaccination

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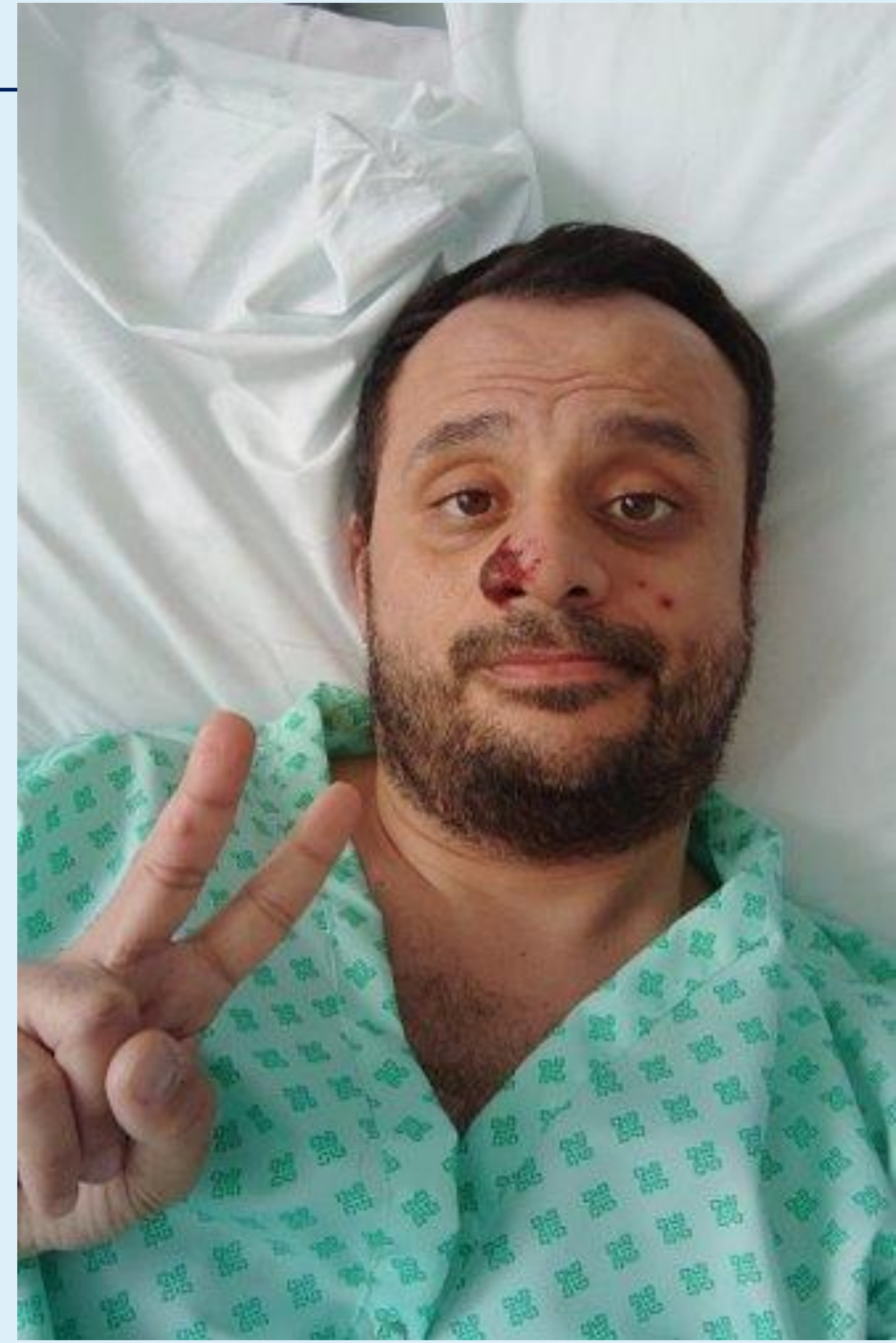


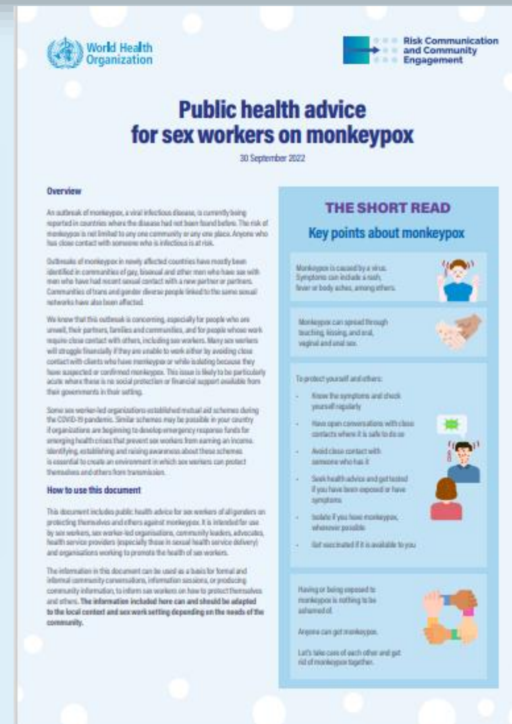
WHO Global Response

Objectives

- Stop the outbreak
- Protect the vulnerable
- Reduce zoonotic transmission

Strategic Approach

- Information
- Action
- Evidence
- Equity



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Risk Communication and Community Engagement

Public health advice for sex workers on monkeypox

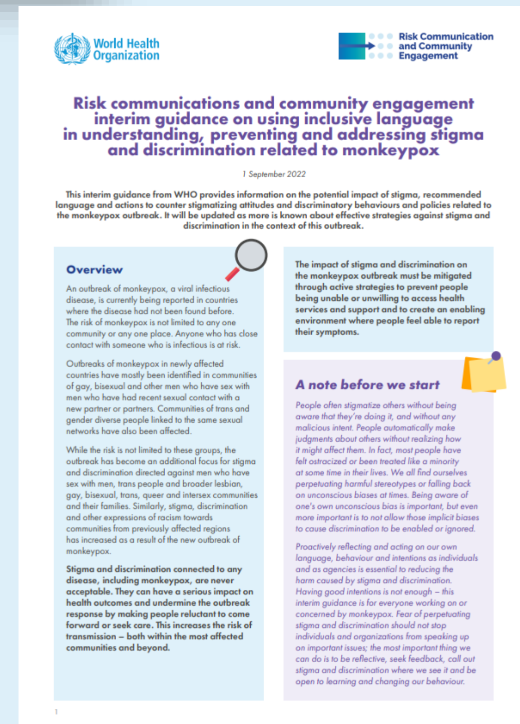
30 September 2022

Overview

THE SHORT READ

Key points about monkeypox

How to use this document



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Risk Communication and Community Engagement

Risk communications and community engagement interim guidance on using inclusive language in understanding, preventing and addressing stigma and discrimination related to monkeypox

1 September 2022

This interim guidance from WHO provides information on the potential impact of stigma, recommended language and actions to counter stigmatizing attitudes and discriminatory behaviours and policies related to the monkeypox outbreak. It will be updated as more is known about effective strategies against stigma and discrimination in the context of this outbreak.

Overview

A note before we start

Vaccines and Immunizations for monkeypox

- Primary (pre-exposure) preventive vaccination (PPV) is recommended for persons at high risk of exposure:
  - men who have sex with men, others with multiple casual sex partners
  - health workers, clinical laboratory personnel working on monkeypox,
  - Others who may be at high risk
- Post-exposure vaccination (PEPV) is recommended for close contacts of cases
- WHO working closely with manufacturers to expand production capacity and access
- In the past, smallpox vaccine was ~85% effective in preventing monkeypox (DRC, 1986)
- **New data emerging on vaccine effectiveness**

EVIDENCE

- Randomized control trials strongly recommended
- Other proposed Study Designs
  - Randomization during deployment (Brazil, Columbia, South Africa)
  - Ring vaccination (DRC, Nigeria)

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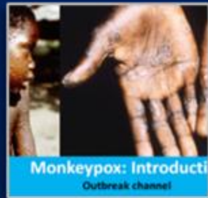
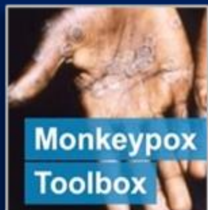
Additional Resources

Multi-country monkeypox outbreak: External situation reports



OpenWHO: Monkeypox introduction
English
Francais

OpenWHO: Monkeypox epidemiology, preparedness and response
English
Francais



Monkeypox outbreak toolbox

Key facts about Monkeypox

WHO website: Monkeypox

Monkeypox Q&A

Monkeypox: public health advice for gay, bisexual and other men who have sex with men

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Thank you