Building a resilient research architecture and capability to protect us all

Dr Ibrahima Soce Fall
Assistant Director General
Health Emergencies Operations WHO)
Monkeypox is a viral zoonotic disease endemic in more than 9 African countries. Therefore it is critical that we support their control efforts with renewed vigor!

Control here is a critical step to prevent importation in other countries and importantly to reduce the burden in the endemic countries.
WHO has and is currently updating/developing a number of tools to support the control efforts

**Laboratory testing for the monkeypox virus**
*Interim guidance 23 May 2022*

Key points:
- The goal of the global response is to ensure a high-quality investigation of new cases is conducted, including swabbing of available, not from now with new basic, in this result.
- Laboratory confirmation of specimens from a suspected case in time using molecular and amplification testing (NAT), such as real-time polymerase chain reaction (RT-qPCR) NAT can be greater in specificity (FPA) or specific to monkeypox virus (MPV, variola).
- Atypical or additional confirmatory testing of samples originating from suspected, probable or confirmed cases of monkeypox should be conducted according to the local approach.
- In addition to NAT, sequencing is useful to determine virus clade and to elucidate epidemiology. Member States are strongly encouraged to share MPV variant sequences on a global and publicly accessible database.
- Member States are requested to immediately notify WHO under the International Health Regulations (IHR) 2005 of positive laboratory results, including a PCR-positive test, but also serology confirmation.
- WHO can assist Member States to access testing through references. If the need arises, Member States can contact the relevant WHO Regional Office.

**Surveillance, case investigation and contact tracing for Monkeypox**
*Interim guidance 22 May 2022*

Key points:
- There is currently no single country outbreak of monkeypox in several regions of the world, the full extent and impact of which remain unclear. The overall goal of surveillance, case investigation and contact tracing in this context is to break chains of human to human transmission and stop the outbreak.
- The key objective of surveillance and case investigation for monkeypox in the current context are to rapidly identify cases and cluster in order to provide optimal clinical care; to isolate cases to prevent further transmission; to identify and manage contacts; to protect the health workers; and to take effective control and preventive measures.
- The situation is rapidly evolving and WHO expects there will be more cases of monkeypox identified as surveillance expands in non-endemic countries. Immediate actions focus on: informing those who may be at risk for monkeypox virus (MPV) infection with accurate information; stopping further spread; and protecting frontline workers.
- Clinicians should report suspected cases immediately to public health authorities.
- Probable and confirmed cases of monkeypox should be reported immediately to WHO through MPHCC.
- MPF can be used for the International Health Regulations (IHR 2005).
- If monkeypox is suspected, case investigation should consist of clinical examination of the patient with appropriate PPE, questioning the patient about possible sources of infection, and whole-collected and ducts of specimens for MPV laboratory examination.
- In the current context, as soon as a suspected case is identified, contact identification and contact tracing should be initiated.
- Contacts should be monitored at least daily for the onset of any signs/symptoms for a period of 21 days from onset.

**Monkeypox protective measures**

- **Protection**
  - **An**
  - **E**
  - **P**
  - **V**
  - **C**
  - **B**
  - **Y**
  - **D**
  - **V**

---

These are some examples. Other guidance are in the pipeline regarding clinical management, vaccine strategies etc.
The entire of WHO is generating daily epidemiological updates, guidance and assessing the level of risk regularly

Multi-country monkeypox outbreak in non-endemic countries: Update

29 May 2022

Outbreak at a glance

Since 13 May 2022, monkeypox has been reported to WHO from 23 Member States that are not endemic for monkeypox virus, across four WHO regions. Epidemiological investigations are ongoing. The risk of spread worsens as more cases are investigated and established connections are made.

Pinned Post

World Health Organization Western Pacific Region

World Health Organization Western Pacific Region

May 22 at 1:10 PM

Read the WHO Q&A on #monkeypox

https://bit.ly/3JxjyX5D

WHO is supporting African countries to strengthen monkeypox surveillance and response actions

27 May 2022

Recap:

On 1 May 2022, five African countries have been reported to WHO with monkeypox cases (92 suspected, 49 confirmed) for the first time. This case count is for the period up to the WHO's weekly surveillance report.

The cases have been reported from Cameroon, Central African Republic, The Democratic Republic of Congo, Gabon, and Nigeria. The last occurrence of 2022 was highly atypical of WHO’s experience.

While the virus is not new and is not endemic in Africa, with outbreaks occurring in recent years. For example, until 2019, monkeypox in Nigeria was reported mainly for the month of the rainy season; but since 2021, the virus has been more common, with many cases occurring in the rainy season.
Key priorities

1. **CONTAIN**: At present the outbreak in non-endemic countries is still containable. WHO encourages countries to
   - Raise awareness
   - Detect cases: enhance clinical recognition of the disease to ensure early detection of cases and isolation of patients
   - Stop chains of transmission: intensified surveillance in certain population groups, cluster investigation and contact tracing
   - Protect Health care workers and prevent transmission in health care settings (PPE, Infection prevention and control)

   **To do:**
   - adapt and strengthen existing surveillance systems, laboratory and testing capacities
   - Utilize the **Case Reporting Form** (CRF) once published to better understand the clinical characterization across regions
   - If using **therapeutics**: collect standardized data or use clinical trial protocols to understand effectiveness
   - Use, adapt and strengthen **care pathways** with appropriate **IPC measures** to prevent onwards transmission and access to **symptomatic care** elements such as good primary care, pain control and skin care.
Key priorities (cont)

2. **Ensure effective communication** strategies to **avoid stigmatisation** of certain population groups and reduce impact on societies, travel and trade. Continue to communicate what we know, what is being done to respond and continue to update and publish products as data becomes available.

3. **Risk based strategies:** Utilize countermeasures and Public health interventions based on **need, risk and benefit** including basic public health interventions (therapeutics, vaccines, testing, diagnostics and sequencing)
Apply measures **commensurate to the risk** (for instance promote safe gatherings)

4. **Global Collaboration**
   - Continue sharing information, diagnostic resources and data. Use standardised protocols to enable comparison of data between countries
   - Support the development of global mechanisms to ensure equitable access to countermeasures (vaccine, therapeutics, diagnostics) based on public health needs. WHO virtual stockpile
   - Accelerate the research agenda for monkeypox

5. **Strengthen One Health** approach in endemic countries
6. Identify the knowledge gaps and accelerate the research agenda
Identify the knowledge gaps and accelerate the research agenda

During TODAY’S consultation with your support will review the available evidence in terms of:

• Our understanding the dynamics of monkeypox transmission, epidemiology and the clinical characteristics of the disease.
• Available evidence regarding therapeutics, diagnostics and vaccines licensed and under development.
• Novel approaches for further evaluation of monkeypox therapeutics and vaccines.
• Countries perspectives in terms of research priorities and opportunities.
EXPECTED OUTCOMES

Baseline information to outline a **Research Roadmap** enumerating knowledge gaps, and outlining priority research

A defined list of **next steps to address the above** for the scientific community in general and for WHO in particular
Thank you