Global Monkeypox Outbreak Response

WHO EPI-WIN webinar on travel and tourism
5 October 2022

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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
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
Regional Epidemic curves

Note different y-axis scales

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

<table>
<thead>
<tr>
<th>Case profiles for case reports with details</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>89</td>
</tr>
<tr>
<td>HIV +</td>
<td>47</td>
</tr>
<tr>
<td>Health worker</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Transmission</td>
<td>87</td>
</tr>
</tbody>
</table>

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
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…)

World Health Organization
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
WHO Global Response

Objectives
• Stop the outbreak
• Protect the vulnerable
• Reduce zoonotic transmission

Strategic Approach
• Information
• Action
• Evidence
• Equity
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)
Multi-country monkeypox outbreak: External situation reports

OpenWHO: Monkeypox introduction
  English
  Français

OpenWHO: Monkeypox epidemiology, preparedness and response
  English
  Français

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
Thank you