

Multi-country monkeypox outbreak

WHO Member State briefing

07 July 2022



Cases reported to 2019 in African region

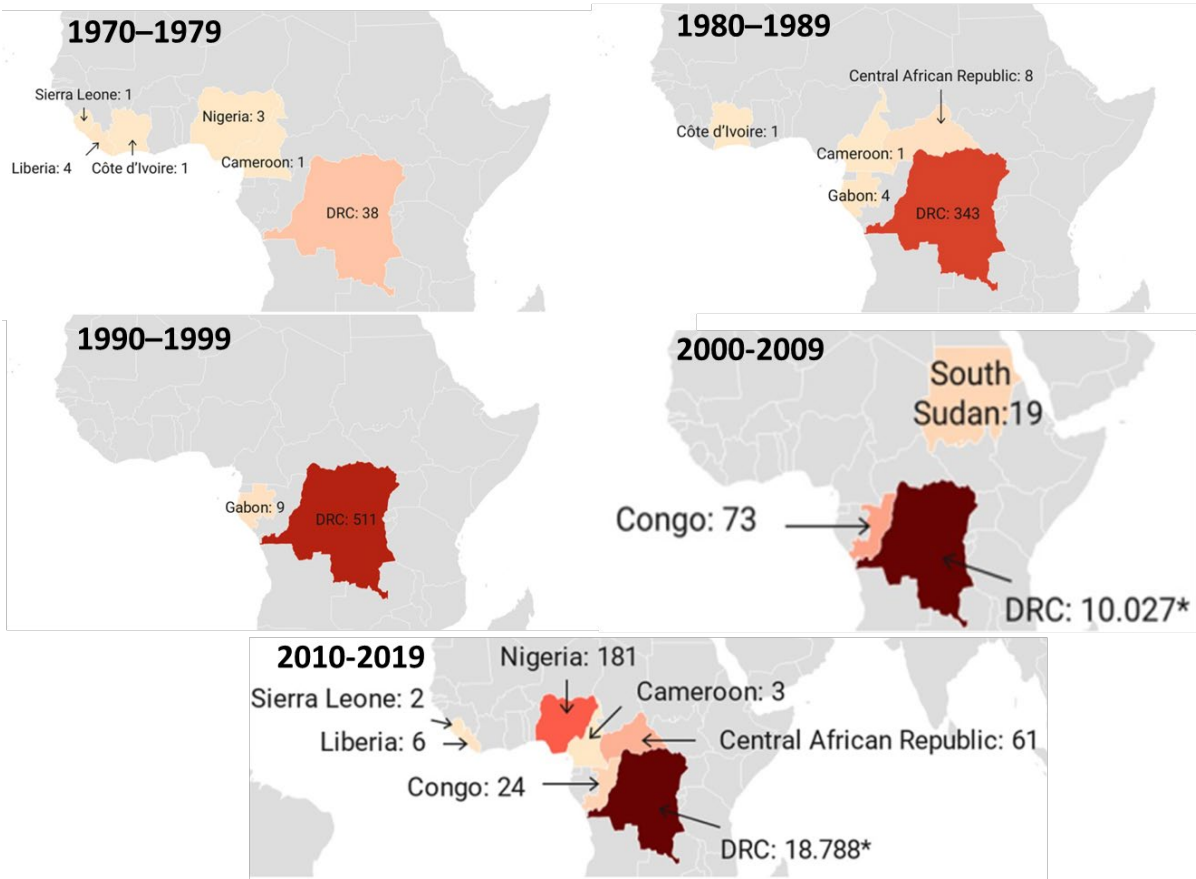


Figure 1: Number of confirmed, probable, and/or possible monkeypox cases¹

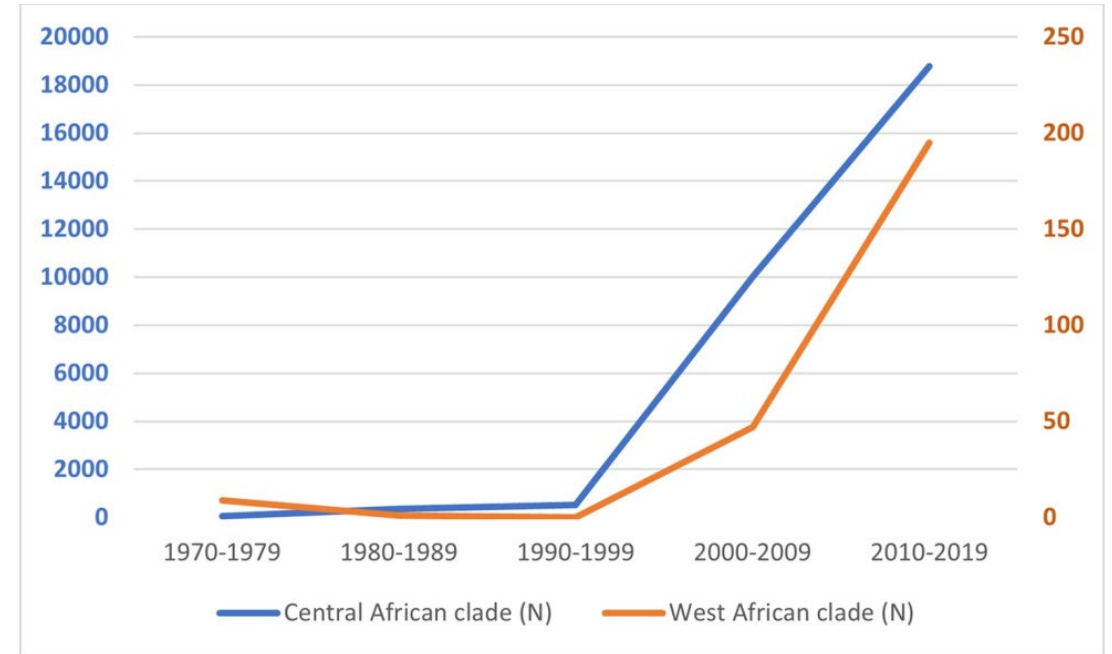
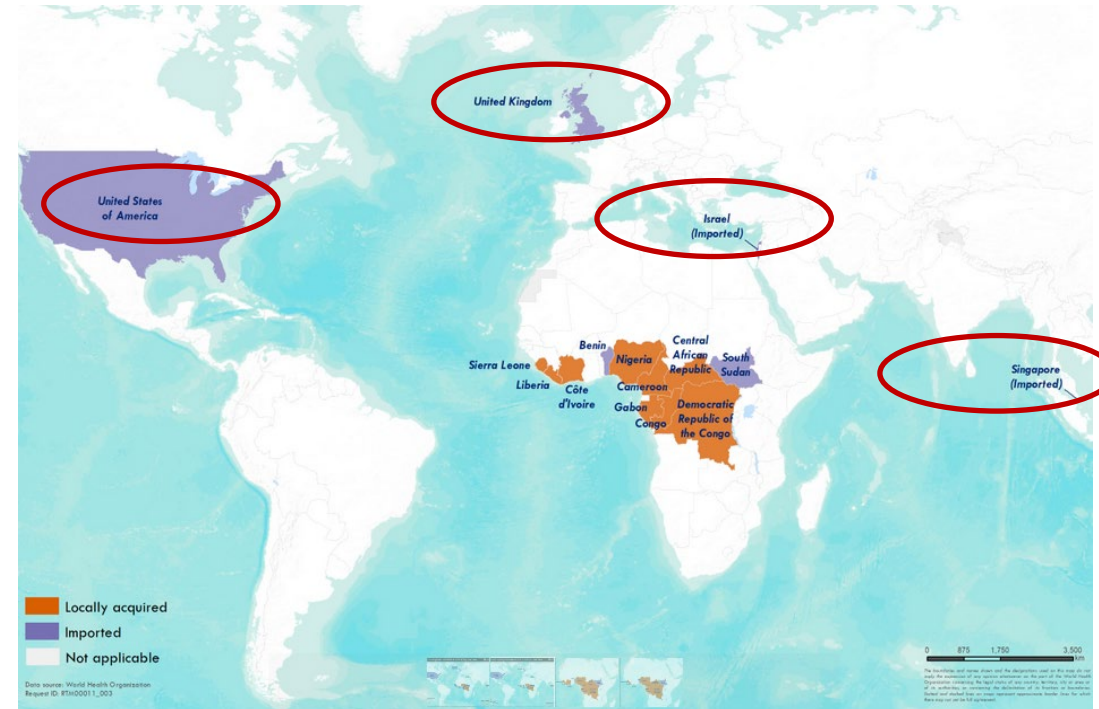


Figure 2: Evolution of number of cases per clade.¹ For 2000–2019, the numbers for the Central African clade are based largely on suspected cases, per the reporting system by the Democratic Republic of the Congo.

2021 and earlier: Exported monkeypox cases

Country	Date	Number of cases
USA	2003 Apr	47
Israel	2018 Oct	1
Singapore	2019 May	1
UK	2018 Sep 8	1
	2018 Sep 11	1 + 1 sec (hospital)
	2019 Dec	1
	2021 May	1 + 2 sec (family)
USA	2022 May	1
	2021 Jul 2021 Nov	1 1

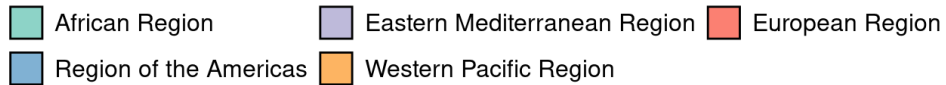
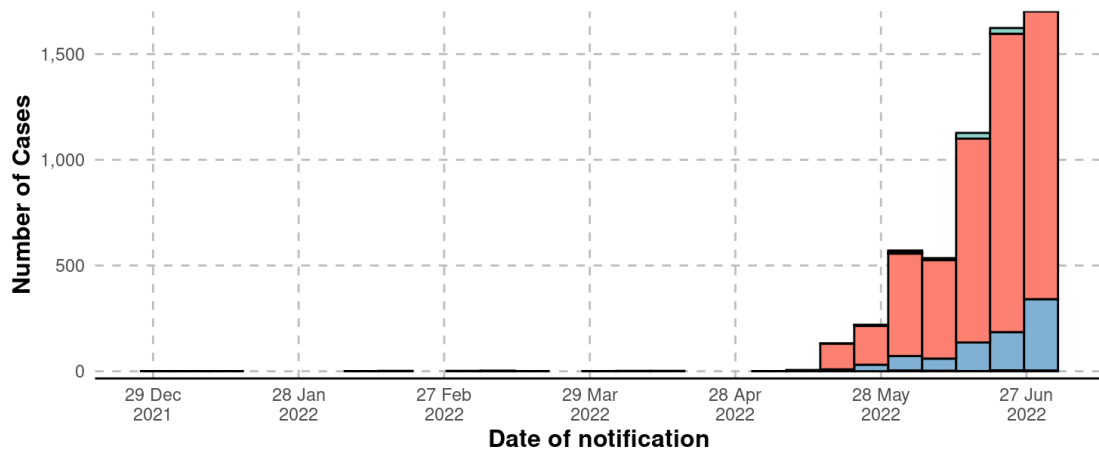


2003 USA cases resulted from contact with infected pet animals who acquired infection from **Gambian pouched rats imported from Ghana**

All cases in **travelers had travel to Nigeria** (Israel, Singapore, UK and USA)

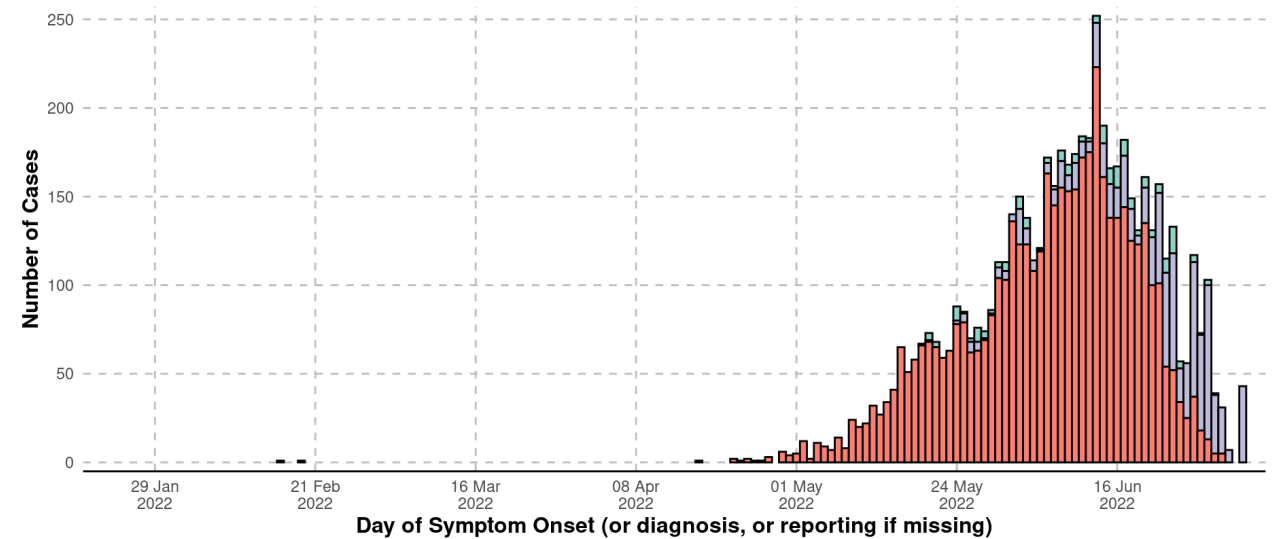
Global Epidemiological Curves

data as of 03 Jul 2022 17:00 CEST



Source: WHO

data as of July 05 2022

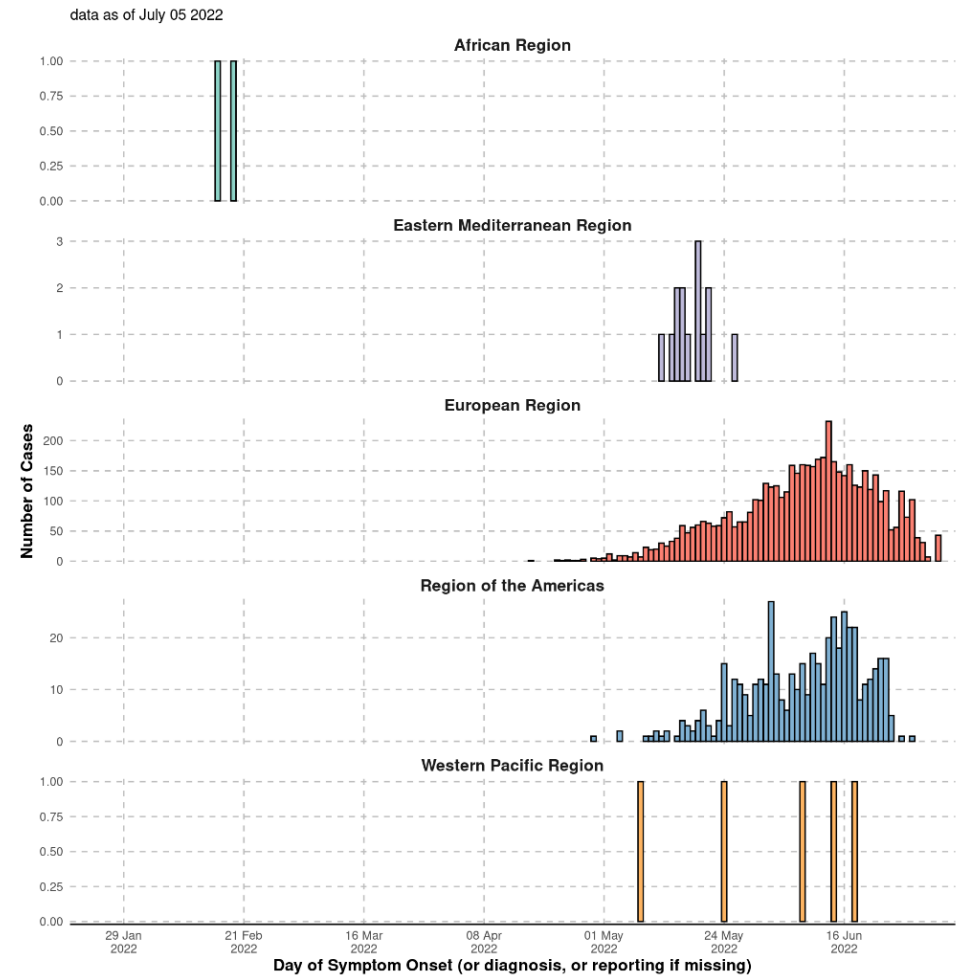


Epidemiological Situation by Region (total = 7105)

Total Monkeypox cases, by WHO region

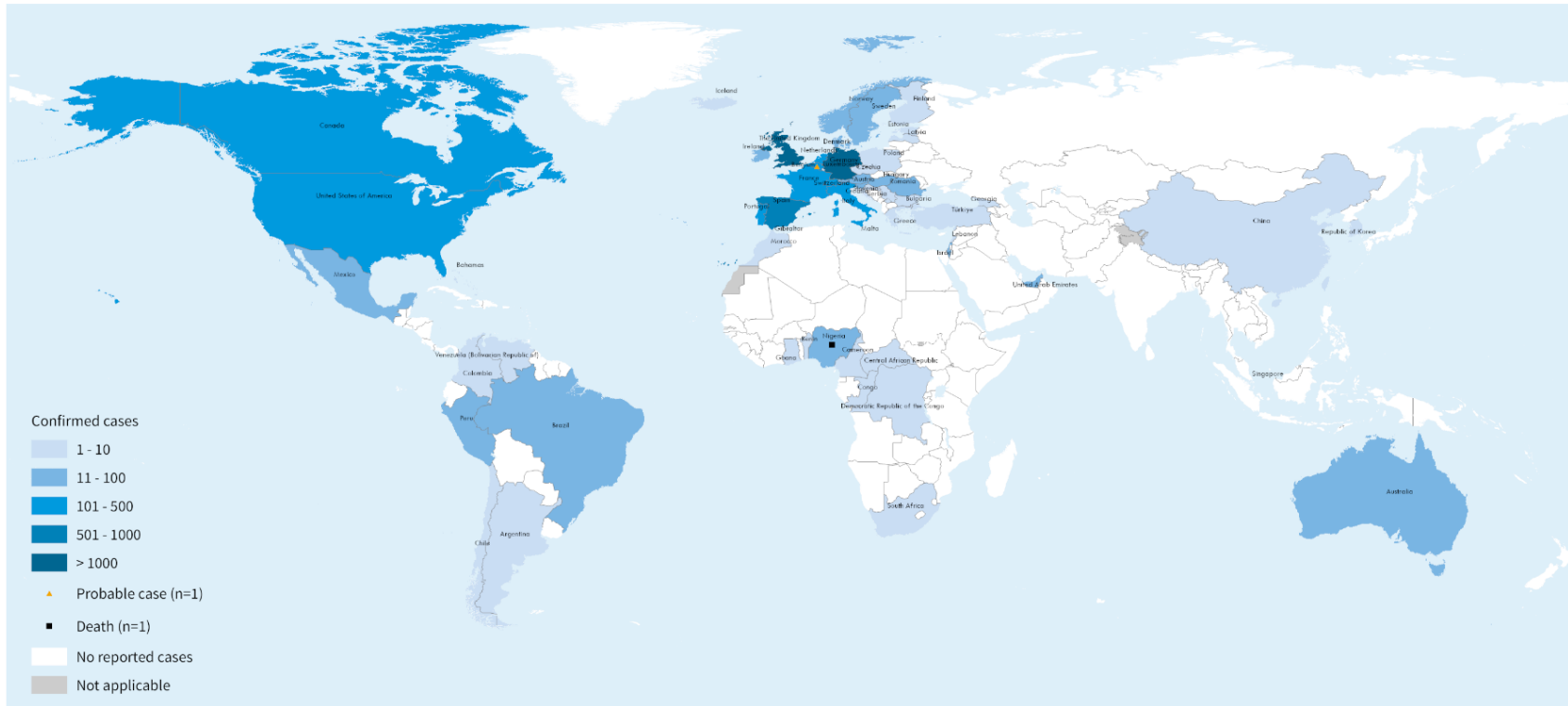
From 1 Jan 2022. Data as of 05 Jul 2022

	Total Confirmed Cases	Total Probable Cases	Total Deaths
European Region	5917	0	0
Region of the Americas	1060	2	0
African Region	95	0	1
Western Pacific Region	18	0	0
Eastern Mediterranean Region	15	0	0
South-East Asia Region	0	0	0



Map

Confirmed and probable cases of monkeypox (from 1 January 2022 until 5 July 2022 as of 16:30 CEST)

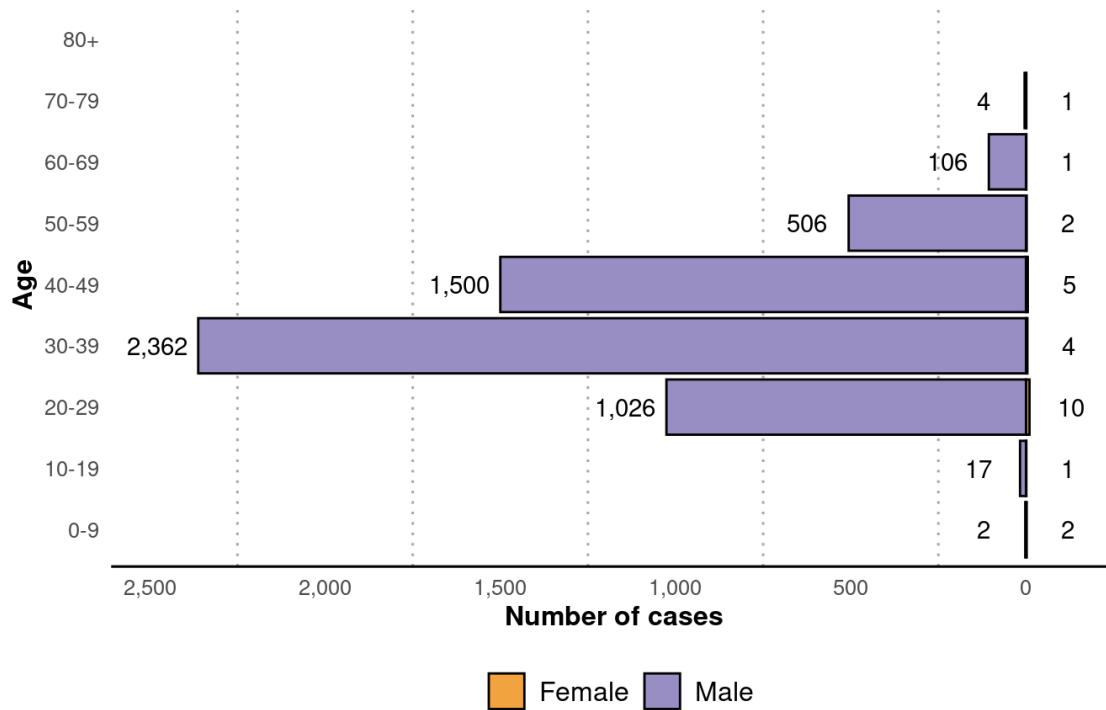


The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 5 July 2022

Demographics

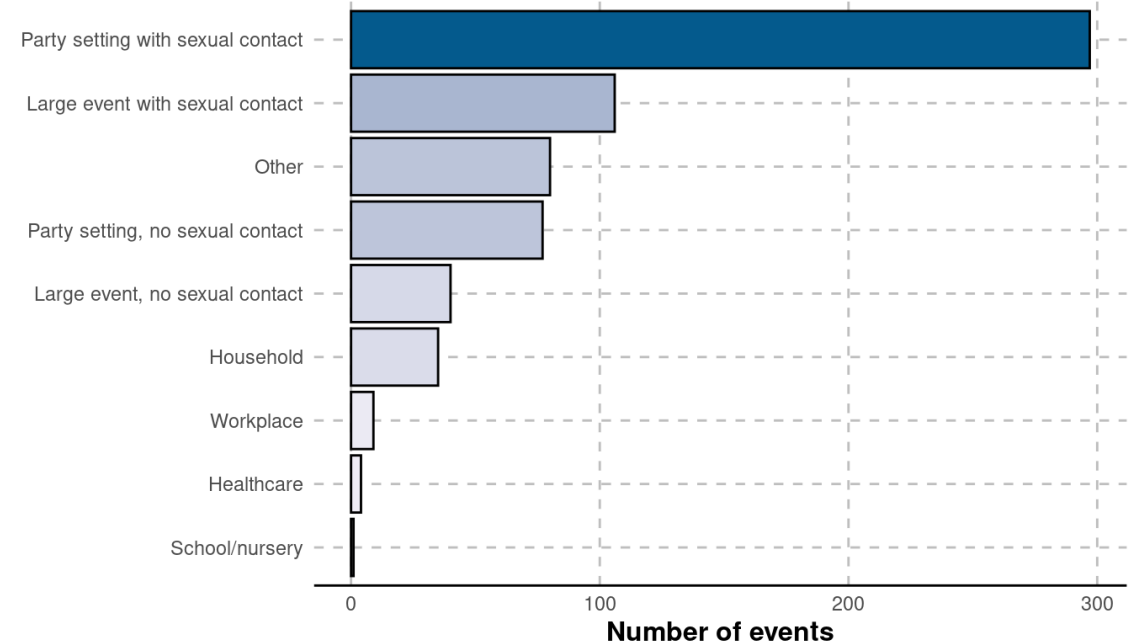
Age and sex pyramid, common exposure settings of cases



Source: WHO
5,549 cases with age-sex data

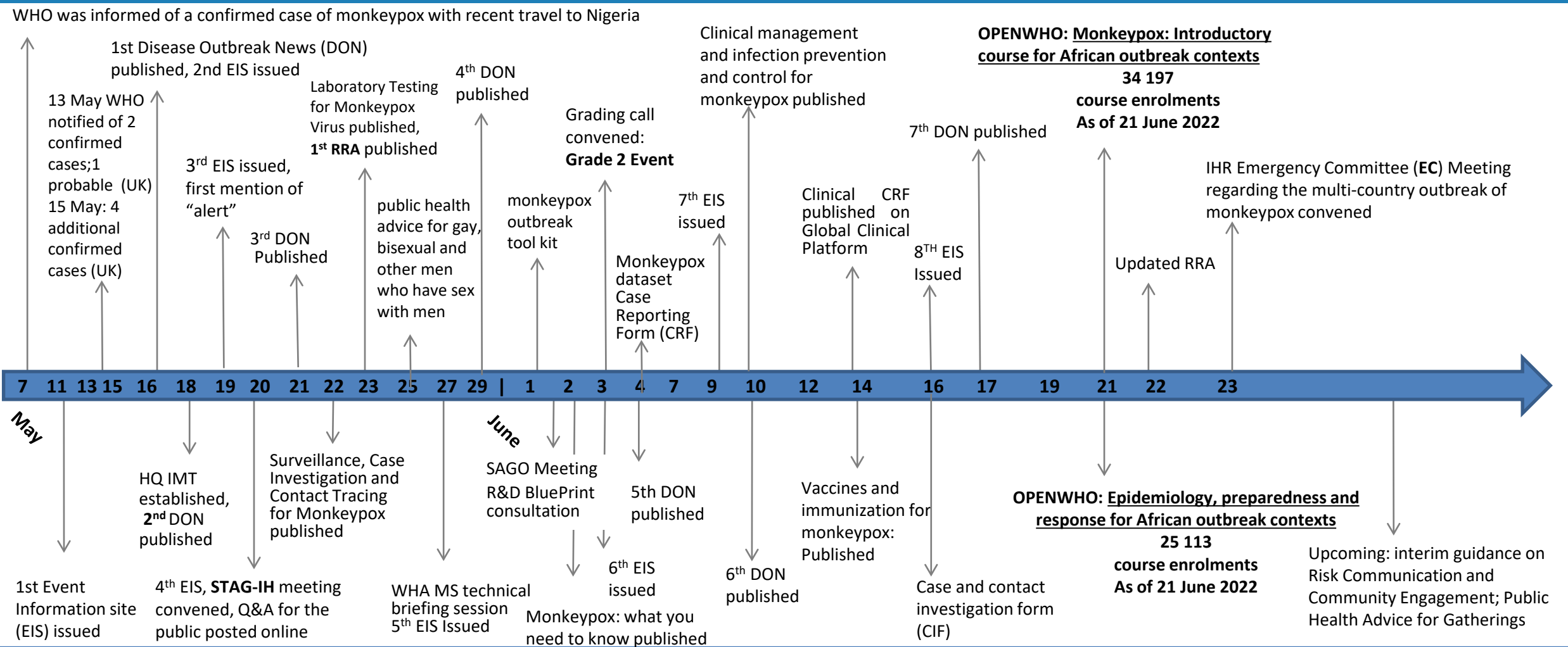
Monkeypox cases, by exposure type

Total of 649 events,
More than one event may be attributed per case



Source: WHO

Timeline of WHO Key Actions to Date: 7 May 2022 - Present



Rapid risk assessment update (21 June; first RRA 23 May)

Rapid risk assessment, acute event of potential public health concern
WHO Health Emergencies Programme
EMG Event ID 2022-6906137
MONKEYPOX, MULTICOUNTRY

Date and version of current assessment: 21 June 2022, v2
Led by: CO RO HQ

Date(s) and version(s) of previous assessment(s): 23 May 2022, v1

Overall Global risk and confidence			
Overall risk		Confidence in available information	
Global	Moderate	Global	Moderate

Overall Regional risk and confidence			
Regional Risk		Confidence in available information	
Regional AFRO	Moderate	Regional AFRO	Moderate
Regional AMRO	Moderate	Regional AMRO	Moderate
Regional EMRO	Moderate	Regional EMRO	Moderate
Regional EURO	High	Regional EURO	Moderate
Regional SEARO	Moderate	Regional SEARO	Moderate
Regional WPRO	Low-Moderate	Regional WPRO	Moderate

Overall risk statement

Since the first rapid risk assessment (RRA) for this event published on 23 May 2022, there have been continuing reports of additional cases of monkeypox, which have expanded the geographical scope of the outbreak including 28 additional new Member States/Territories reporting monkeypox virus positive cases, in addition to the 19 countries initially referenced in the first RRA.

Since 1 January 2022, cases of monkeypox (MPV) have been reported to WHO from 47 Member States/Territories across five WHO regions (Regional Office for the Americas, Regional Office for Europe, Regional Office for the Eastern Mediterranean, Regional Office for Africa, Regional Office for the Western Pacific). As of 21 June 2022, 1040 laboratory confirmed cases including one death have been reported to WHO from 47 Member States/Territories (Table 2). The majority (91%) of confirmed cases (2453) are from the WHO European Region. Confirmed cases have also been reported from the African Region (87), the Region of the Americas (115), Eastern Mediterranean Region (15) and Western Pacific Region (8). The case count fluctuates as more information is reported and becomes available daily and data are verified under the IHR (Table 2).

At the time of writing, following assessment of the risk against the established criteria the regional risk is considered to be high in one region, EURO and moderate in five other WHO regions. The event is proposed for review by the IHR Emergency Committee for consideration as a Public Health Emergency of International Concern (PHEIC) by the Director General (DG).

The public health risk at global level is assessed as Moderate considering: 1) this is the first time that cases and clusters are reported concurrently in widely disparate WHO geographical areas (at present African region, the Americas, Eastern Mediterranean, European and Western Pacific regions) 2) this is the first time that in newly-affected countries cases have mainly, but not exclusively, been confirmed among men who have had recent sexual contact with a new male partner or partners in the activities of extended sexual networks; 3) the unexpected appearance of monkeypox and wide geographic scope of many apparent sporadic cases indicates that MPV might have been circulating below the detection of the surveillance systems and sustained human-to-human transmission through close contact (direct or indirect) might have been undetected for a period of time, the duration of which is not known; 4) genomic data has revealed an unusual mutation pattern which is hypothesised to reflect adaptation of the virus to humans; 5) the high likelihood of further spread of the virus through close physical and sexual contact that seems to be the probable mechanism of transmission in the cases detected in the current outbreak, the genome of the virus has been detected by polymerase chain reaction (PCR) in semen samples, however, further research is required to confirm possible sexual transmission; 6) the likelihood of community transmission cannot be ruled out and the extent to which presymptomatic or asymptomatic infection may occur as the infectious period is unknown; 7) although the risk to human health and for the general public remains low, the public health risk would be high if this virus were to exploit the opportunity to establish itself as a human pathogen; 8) a large part of the population is vulnerable to monkeypox virus (MPV), as the smallpox vaccination, which confers cross-protection, has been discontinued since the 1980s and only a small percentage of military and frontline health professionals and laboratory workers have been vaccinated in recent years; 9) the likelihood of further spread of MPV among persons with multiple sexual partners in interconnected networks due to the link of some cases to festivals, parties and venues which shows the likely role of such venues in amplification; 10) limited epidemiological and laboratory information; 11) the actual number of cases may be underestimated, in part due to the lack of early clinical recognition of an infection previously known in only a handful of countries, and limited enhanced surveillance mechanisms in many countries for a disease previously

1) Andrew A. Valleron, 1) Vito L. Corbelli, 2) Hassan O. Lappin et al. et al. Epidemiologic, clinical and virologic characteristics of four cases of monkeypox support transmission through sexual contact. Wkly. 2022. <https://doi.org/10.1093/cid/ciab914>.

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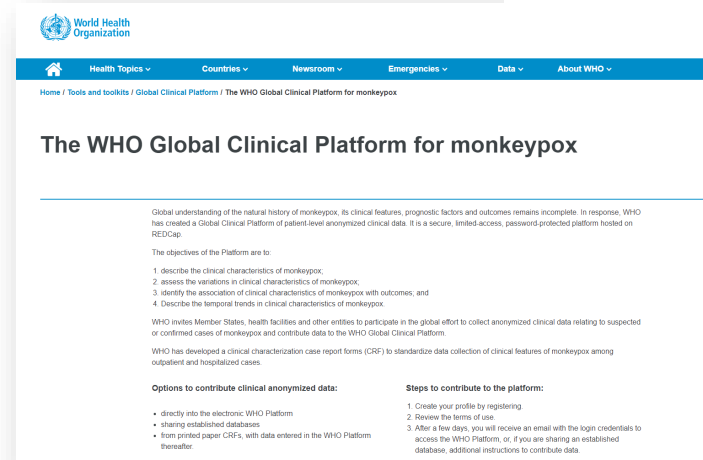
- Overall global risk remains **Moderate (Moderate in all regions except High in EUR)**
- **Main factors in level of risk:**
 - first time that cases and clusters are reported **concurrently in widely disparate locations**
 - First time cases are mainly in MSM in extended **sexual networks**
 - Mutations suggest **adaptation to human host**
 - High risk if MPXV exploits **ecological niche of smallpox**
 - **Low population immunity**
 - **Limited diagnostics, therapeutics and vaccines**
 - Presently **low mortality but could increase** if reaches groups at high risk for severe disease

Health Operations: interim guidance Clinical Management & IPC for monkeypox



Planning for GRADE
based guidance
development to
start in 1-2 months

For any additional questions, please
contact:
monkeypox_clinicaldataplatfom@who.int



WHO Global
Clinical Platform

[Clinical management and infection prevention and control for monkeypox: interim rapid response guidance, 10 June 2022 \(who.int\)](https://www.who.int/tools/global-clinical-platform/monkeypox)

Risk communication and community engagement and infodemic management for monkeypox

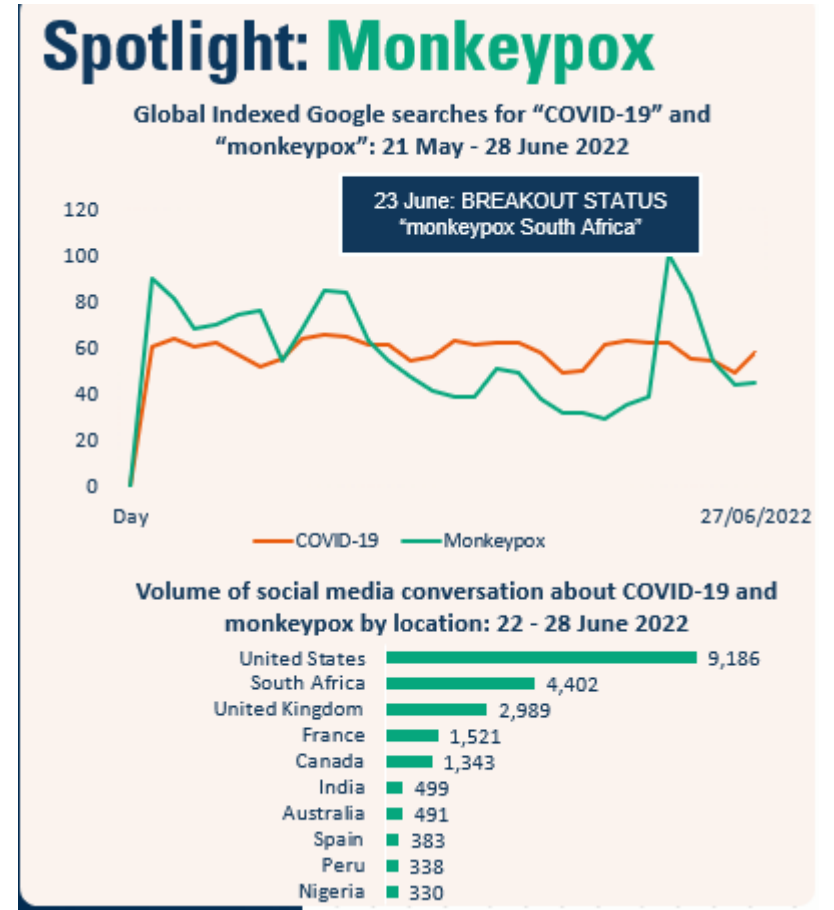
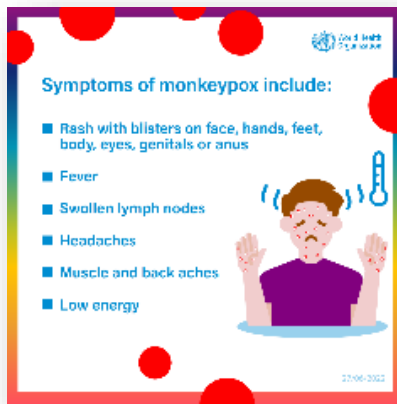
Working with festival and Pride organizers

Google ad campaigns (7 languages) - 4 million impressions

EPI-WIN networks - health workers, youth, religious leaders

Infodemic monitoring

Advice for gatherings, social networks



WHO Strategic Plan for the Containment of the Multi-Country Monkeypox Outbreak

Laboratory testing for the monkeypox virus

Interim guidance
23 May 2022



Surveillance, case investigation and contact tracing for Monkeypox

Interim guidance
22 May 2022



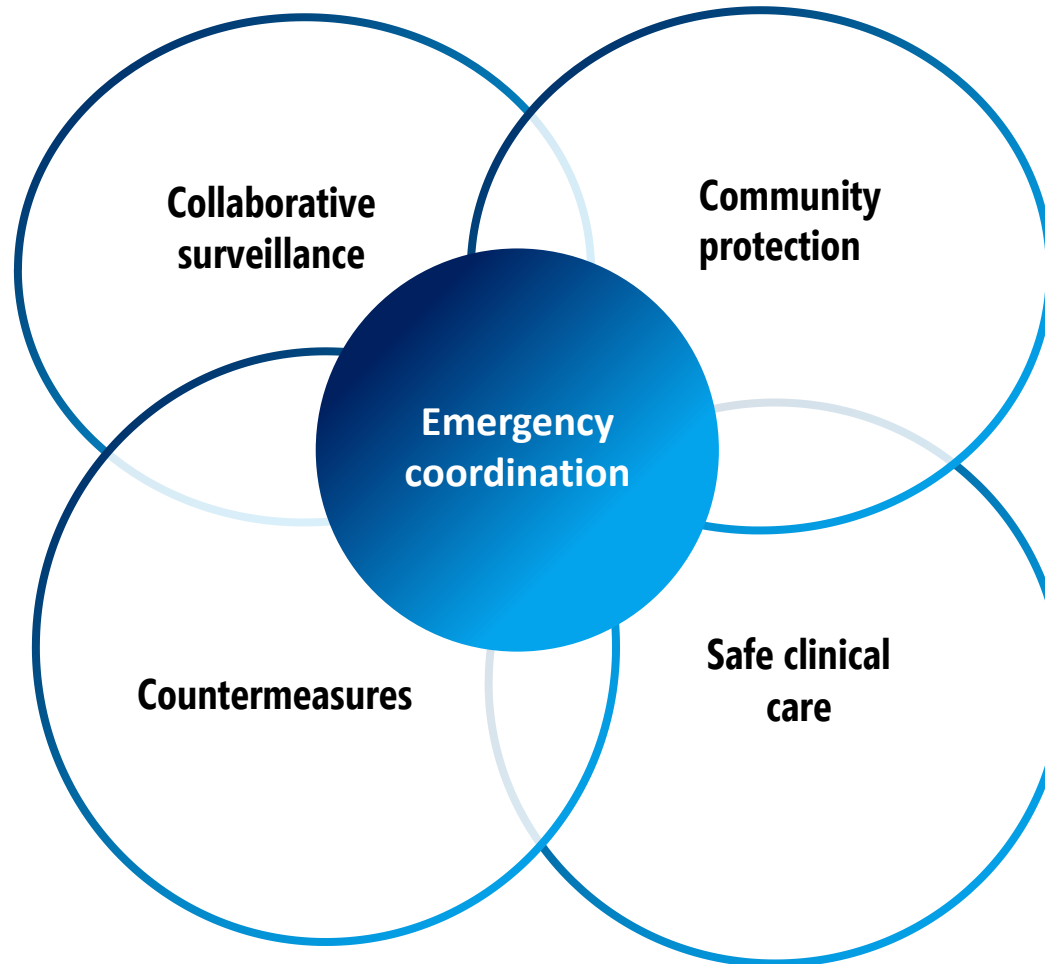
Vaccines and immunization for monkeypox

Interim guidance
14 June 2022



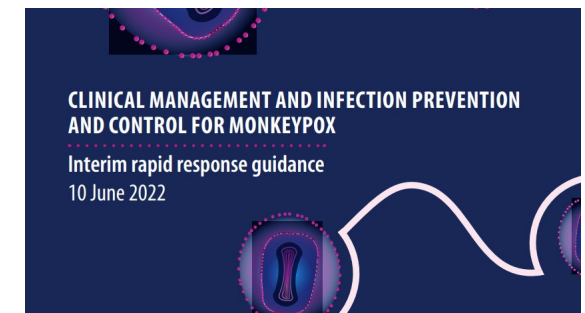
Risk communication and community engagement (RCCE) for monkeypox outbreaks

Interim guidance
24 June 2022



Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022

Joint report by WHO Regional office for Europe/ECDC
2 June 2022



PARTICIPANT ID: _____



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Global Clinical Data Platform

Monkeypox
CASE REPORT FORM (CRF)

IHR – Emergency Committee

- EC convened on 23 June 2022 and advised WHO DG that
 - “at this stage the outbreak should be determined to not constitute a PHEIC”
 - “controlling the further spread [...] requires intense response efforts”
 - “the event should be closely monitored and reviewed” based on the following:
 - Spread to and within countries
 - » in previously- affected countries
 - » in vulnerable groups
 - » among sex workers
 - Severity of reported cases
 - Evidence of reverse spillover to the animal population
 - Evidence of significant change in viral genome
 - Technical guidance provided by WHO Secretariat to Member States regarded as adequate



Home / News / Meeting of the International Health Regulations (2005) Emergency Committee regarding the multi-country monkeypox outbreak



Meeting of the International Health Regulations (2005) Emergency Committee regarding the multi-country monkeypox outbreak



EC to be reconvened during the week of 18 July 2022, or sooner if needed

Thank-you