

Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

Monkeypox Update

The multi-country outbreak of monkeypox was declared a Public Health Emergency of International Concern on 23 July 2022. From 1 January through 22 August 2022, 41,664 laboratory-confirmed cases of monkeypox and 12 deaths have been reported to WHO from 96 countries. To support countries in their response, WHO has issued guidance on surveillance and contact tracing, laboratory testing and diagnosis, clinical management, infection, prevention and control, vaccine and immunization and gatherings. There are no therapeutics with proven efficacy for monkeypox and there is limited clinical information on vaccine efficacy for different at-risk groups and different types of exposure. WHO recommends countries to invest in surveillance, testing, medical countermeasures, community engagement and systematic collection of clinical and epidemiological data and efficacy to inform future recommendations.

1. BACKGROUND

Monkeypox is caused by the monkeypox virus and is usually a self-limited disease with symptoms lasting from two to four weeks. Monkeypox is transmitted person to person by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding. The clinical presentation resembles that of smallpox, a related and eradicated orthopoxvirus. Monkeypox typically presents with fever, rash, swollen lymph nodes and may lead to medical complications. The incubation period is usually six to 13 days following exposure but can range from five to 21 days.

From 1 January through 24 August 2022, 41,677 laboratory-confirmed cases of monkeypox and 12 deaths have been reported to WHO from 96 countries. The number of new cases reported weekly increased 33% from 8 to 14 August. The majority of cases reported are from the United States and Europe. Among reported cases, 98% are male and, among cases with sexual orientation reported, 95% of cases identify as men who have sex with men. Reported cases have mostly been mild and self-limiting with low case fatality (<0.1%), suggesting the need for specific therapeutics is not high.

From 1 January to 24 August, 134 cases and 0 deaths have been reported in the Western Pacific Region and the overall risk of Monkeypox across the Western Pacific Region has been assessed as low to moderate, based on the disease severity, importation risk and transmission risk in the region.

2. PROGRESS AND ACHIEVEMENTS

2.1 Public Health Emergency of International Concern

The multi-country outbreak of monkeypox was declared a Public Health Emergency of International Concern on 23 July 2022¹. Concerns leading to the declaration include (and are not limited to): the need for further understanding of transmission dynamics; that monkeypox is on the rise in countries that had previously never detected the disease; the limited availability of vaccines and therapeutics; the impact of fear and stigma on health seeking behaviours, especially among men who have sex with men; the potential implications on rights based delivery of care; and the challenges related to the use of public health and social measures to stop onward transmission.

¹ [Second meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022](#)

WHO continues to closely monitor the situation, and support international coordination and information sharing with Member States and partners. Clinical and public health incident response have been activated by Member States to coordinate comprehensive case finding, contact tracing, laboratory investigation, isolation, clinical management, implementation of infection prevention and control measures, and vaccination activities, as well as support to ongoing epidemiological and countermeasures research.

2.2 WHO Interim Guidance

To support countries in their response, WHO has issued guidance on surveillance and contact tracing, laboratory testing and diagnosis, clinical management, infection, prevention and control, vaccine and immunization and gatherings.

- Surveillance, case investigation and contact tracing for monkeypox: interim guidance, 25 August 2022 <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.3>
- Risk communication and community engagement (RCCE) for monkeypox outbreaks: Interim guidance, 24 June 2022 <https://www.who.int/publications/i/item/WHO-MPX-RCCE-2022.1>
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022 <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>
- Vaccines and immunization for monkeypox: Interim guidance, 24 August 2022 <https://www.who.int/publications/i/item/WHO-MPX-Immunization-2022.2-eng>

2.3 WHO clinical trial coordination

WHO published a CORE protocol for a multi-country randomized, placebo-controlled, double-blinded trial of monkeypox treatments².

2.4 Monkeypox in the Pacific

- With the support of the Fiji Center for Disease Control, WHO and development partners, the Fiji public health laboratory expanded testing capacity to improve detection of infectious disease risks in the Pacific. By the close of 2022, the laboratory will attain a new milestone with the ability to conduct monkeypox testing.

² [CORE Protocol, 24 July 2022](#)

- WHO and the US Centers for Disease Control are supporting countries to send Monkeypox sample to reference laboratories through technical and material support including specific sample boxes.

3. CHALLENGES

- There are no therapeutics with proven efficacy for monkeypox cases; WHO is coordinating the planning of clinical trials to evaluate efficacy and safety of potential therapeutics. Existing antiviral data come from animal models, with continued uncertainties about their efficacy. Candidate therapeutics include Tecovirimat, Brincidofovir and Cidofovir
- There is limited clinical information on vaccine efficacy for different at-risk groups and different types of exposure; vaccine protection for a single dose versus two doses or a full dose versus a fractional dose; duration of vaccine protection.
- Supplies are extremely limited. There are about 16 million doses of MVA-BN vaccine globally. Most are in bulk form, meaning they will take several months to “fill and finish” into ready to use vials. Several countries with monkeypox cases have secured supplies of the MVA-BN vaccine. WHO is working with Member States and partners to map the availability of supplies and planned production to define what type of coordination mechanism could be put in place to ensure fair access to vaccines (and treatments). There are many regulatory, legal, operational, technical, and other issues to clarify before an allocation mechanism is fully operational.

4. FUTURE DIRECTIONS

WHO recommends countries to invest in surveillance, testing, other medical countermeasures, community engagement and systematic collection of clinical and epidemiological data and efficacy to inform future recommendations. Clinical care needed for monkeypox is symptomatic treatment, including monitoring skin lesions to prevent secondary bacterial infection.

Temporary Recommendations issued by the WHO Director-General in relation to the multi-country outbreak of monkeypox accompanied the declaration of monkeypox as a Public Health Emergency of International Concern³. Recommendations apply to countries based on their epidemiological situation, patterns of transmission and capacity.

³ [Second meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022](#)

1. States Parties, with no history of monkeypox in the human population or not having detected a case of monkeypox for over 21 days are recommended to: activate coordination, strengthen readiness: plan and/or implement interventions to avoid stigmatization and discrimination; establish disease surveillance; intensify detection capacity by raising awareness; engage community groups; focus risk communication on setting where transmission is likely higher; and report probable and confirmed cases to WHO through International Health Regulation mechanisms.
2. States Parties, with recently imported cases of monkeypox in the human population and/or otherwise experiencing human-to-human transmission of monkeypox virus, including in key population groups and communities at high risk of exposure are recommended to: implement a coordinated response; engage and protect communities; intensify surveillance and public health measures; use recommended clinical management and infection prevention and control guidance; contribute to medical countermeasures research; and adopt specific international travel measures.
