Monkeypox outbreak

THE LATEST ON THE MONKEYPOX OUTBREAK
AND ADVICE FOR HEALTH WORKERS

LAST UPDATED: 25 MAY 2022
Many non-endemic countries report monkeypox cases

Monkeypox, a zoonotic disease, is endemic in West and Central Africa

- Since May 2022, several non-endemic countries in four WHO regions have reported monkeypox cases
- Rare cases of monkeypox in other countries are usually linked to travel to endemic countries
- However, most of the current cases do not have any history of travel to endemic countries
- Therefore, the current outbreaks are unusual and different from previous travel-related outbreaks
Distribution of confirmed and suspected cases of monkeypox in non-endemic countries between 13 to 21 May 2022

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https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 21 May 2022
Monkeypox is a viral zoonotic disease

**Monkeypox is caused by the monkeypox virus**

- It is part of the Orthopoxvirus genus which includes variola virus (smallpox) and cowpox virus.
- There are two main strains, one more virulent and transmissible (Congo clade) than the other (West African clade). The less virulent West African clade has been identified among the current cases.
- The reservoir host is still unknown, although rodents are suspected to play a part in transmission.
Recognizing monkeypox

Signs and symptoms:

- Monkeypox is usually a self-limited disease and **typically lasts 2 to 4 weeks**
- It may be severe in children, pregnant women or persons with immune suppression due to other health conditions
- The **incubation period is usually 6 to 13 days** but can range from 5 to 21 days
- Typical symptoms include **fever, headache, muscle aches, backache, lack of energy, swollen lymph nodes** and a **skin rash or lesions**
- **Swelling of the lymph nodes** is a distinctive feature of monkeypox compared to other diseases that may initially appear similar (chickenpox, measles, smallpox)
- The skin eruption begins within 1 to 3 days (sometimes longer) after fever onset. The rash often begins on the face, then spreading to other parts of the body
- The rash evolves from macules (lesions with a flat base) to papules (slightly raised firm lesions), vesicles (lesions filled with clear fluid), pustules (lesions filled with yellowish fluid), and crusts which dry up and fall off
- The case fatality rate is around 3-6%, with most deaths occurring in younger age groups
Transmission and risk of infection

Monkeypox virus is transmitted from one person to another by close contact

• A person with monkeypox remains infectious while they have symptoms, normally for between 2 and 4 weeks

• Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids and contaminated materials such as bedding, clothing or eating utensils

• Ulcers, lesions or sores in the mouth can also be infectious, meaning the virus can spread through saliva

• People who closely interact with someone who is infectious, including health workers, household members and sexual partners are at greater risk of infection

• Transmission can also occur via the placenta from mother to fetus (which can lead to congenital monkeypox) or during close contact during and after birth

https://www.who.int/news-room/fact-sheets/detail/monkeypox
Monkeypox protective measures

Protect yourself and others

• Avoid close contact with people who have suspected or confirmed monkeypox

If there is contact with a person infected with monkeypox:

• Encourage the person to cover any lesions with a light bandage or clothing if possible

• Wear a medical mask as well as the person infected with monkeypox

• Avoid skin-to-skin contact and use disposable gloves if there is direct contact with lesions

• Clean hands regularly with soap and water or alcohol-based hand rub, especially after contact with the infected person or contaminated materials such as bedding, clothing or eating utensils

• Wash clothes, towels, bedsheets and eating utensils with warm water and detergent

• Wear a mask when handling any clothes or bedding

• Clean and disinfect any contaminated surfaces and dispose of contaminated waste
Managing the spread of monkeypox

Early detection, isolation and treatment of monkeypox cases could control the spread of the disease

- Any patient with suspected or confirmed monkeypox should be isolated until their lesions have crusted and the scabs have fallen off
- As soon as a suspected case is identified, contact tracing should be initiated
- Contacts should be monitored daily for the onset of symptoms for a period of 21 days
- Asymptomatic contacts should not donate blood, cells, tissue, organs, breast milk, or semen while they are under symptom surveillance
- Asymptomatic contacts can continue daily activities such as work and school (i.e., no quarantine is necessary)
- Health workers who have unprotected exposures (i.e., not wearing appropriate PPE) to patients with monkeypox or contaminated materials do not need to be excluded from work if asymptomatic, but should undergo active surveillance for symptoms, at least twice daily for 21 days following the exposure
Diagnosing a monkeypox infection

If monkeypox is suspected, health workers should collect a sample and transport it safely to a laboratory with appropriate capability.

- Optimal diagnostic samples for monkeypox are from skin lesions, the roof or fluid from vesicles and pustules and dry crusts.
- Lesion samples must be stored in a dry, sterile tube and kept cold.
- Polymerase chain reaction (PCR) is the preferred laboratory test.

https://openwho.org/courses/monkeypox-intermediate
Clinical care and therapeutics

Clinical care

• Clinical care should focus on alleviating symptoms, manage complications and prevent long-term consequences of Monkeypox

Therapeutics

• Tecovirimat is an antiviral approved for the treatment of monkeypox by the European Medical Agency (EMA) in 2022

• It can be considered for those with severe disease or at risk of poor outcomes (e.g. immunocompromised persons)

• It is not yet widely available
Vaccines against monkeypox

Vaccination against smallpox was demonstrated to be about 85% effective in preventing monkeypox

- At the present time, the original smallpox vaccines are no longer available to the general public
- However, an updated newer vaccinia-based vaccine was approved for the prevention of smallpox and monkeypox in 2019
- Availability of this two-dose vaccine remains limited
- Member States may want to consider vaccination of close contacts as post-exposure prophylaxis or for health workers for pre-exposure vaccination

https://openwho.org/courses/monkeypox-intermediate
WHO and Member State public health actions

- WHO and partners are working with Member States to understand the source and characteristics of the current outbreaks and raise awareness of monkeypox symptoms and protective measures.
- WHO has developed surveillance case definitions for the current monkeypox outbreak in non-endemic countries.
- Public health investigations are ongoing, including extensive case finding and contact tracing, laboratory investigation, clinical management and isolation provided with supportive care.
- Genomic sequencing, has been undertaken to determine the monkeypox virus clade(s) in this outbreak.
- Vaccination for monkeypox, is being deployed to manage close contacts, such as health workers. WHO is convening experts to discuss recommendations on vaccination.
# Additional resources

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