

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS



MONKEYPOX
MULTI-COUNTRY
OUTBREAK RESPONSE
REGION OF THE AMERICAS

Report n. 4, 4 November 2022

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MONKEYPOX

SITUATION IN NUMBERS

Region of the Americas

As of 2 November 2022 (16:00 EST)

Total as of 2 Nov 2022	48,950 confirmed cases	Last 7 days 13 to 19 Oct 2022	1,833 new confirmed cases	4% increase in cases
31 countries/territories with confirmed cases	13 deaths		3 new deaths	0 newly affected countries

Global WHO Risk Assessment¹: Moderate

Risk Assessment for the Americas¹: High

- Globally**, there are 78,233 confirmed cases of monkeypox, including 36 deaths, from 109 Member States across all 6 WHO regions: 66% in the Region of the Americas, 32% in the European Region, 1% in the African Region, and ≤1% each in the 3 remaining WHO regions (*Figure 1*).
 - The number of new weekly reported cases in epidemiological week (EW) 43 compared to EW 42 (% variation) decreased by 40%.
 - In the past 7 days, 15 countries reported an increase in the weekly number of cases, with the highest increase reported in Nigeria. 59 countries have reported no new cases in the past 21 days.
 - 97% of cases with available data are male, the median age is 34 years (IQR: 29 – 41). 1% of cases with available age data are aged 0-17 years, including 138 cases aged 0-4 years. Males between 18-44 years old account for 80% of cases with available data.
- In the **Americas**, there are 51,670 cases confirmed from 31 countries and territories. 18 deaths have been confirmed in the Region of the Americas.
 - The number of new weekly reported cases in EW 43 compared to EW 42 (% variation) decreased by 40%.
 - Six countries in the Region are among the top 10 countries globally with the highest number of confirmed cases, and account for 95% of confirmed cases within the Region: United States of America, Brazil, Colombia, Peru, Mexico, and Canada.
 - 18,244 (95%) of confirmed cases with available information are male. Most cases with available information are aged 20 to 45 years old and self-identify as men who have sex with other men.
 - 9 countries in the Region have reported 424 confirmed cases among persons <18 years old, including 5 cases among infants < 1 year old.
- 2,000 (7%) of 26,952 confirmed cases with available information were hospitalized.
- The [third meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of monkeypox](#) was held on 20 October 2022. The Committee collectively advised the WHO Director-General that the multi-country outbreak of monkeypox continues to meet the criteria included in the definition of the PHEIC provide by Article 1 of the IHR. The updated Temporary Recommendations issued by the WHO Director-General extend, modify, or add to those previously issued on 23 July 2022.

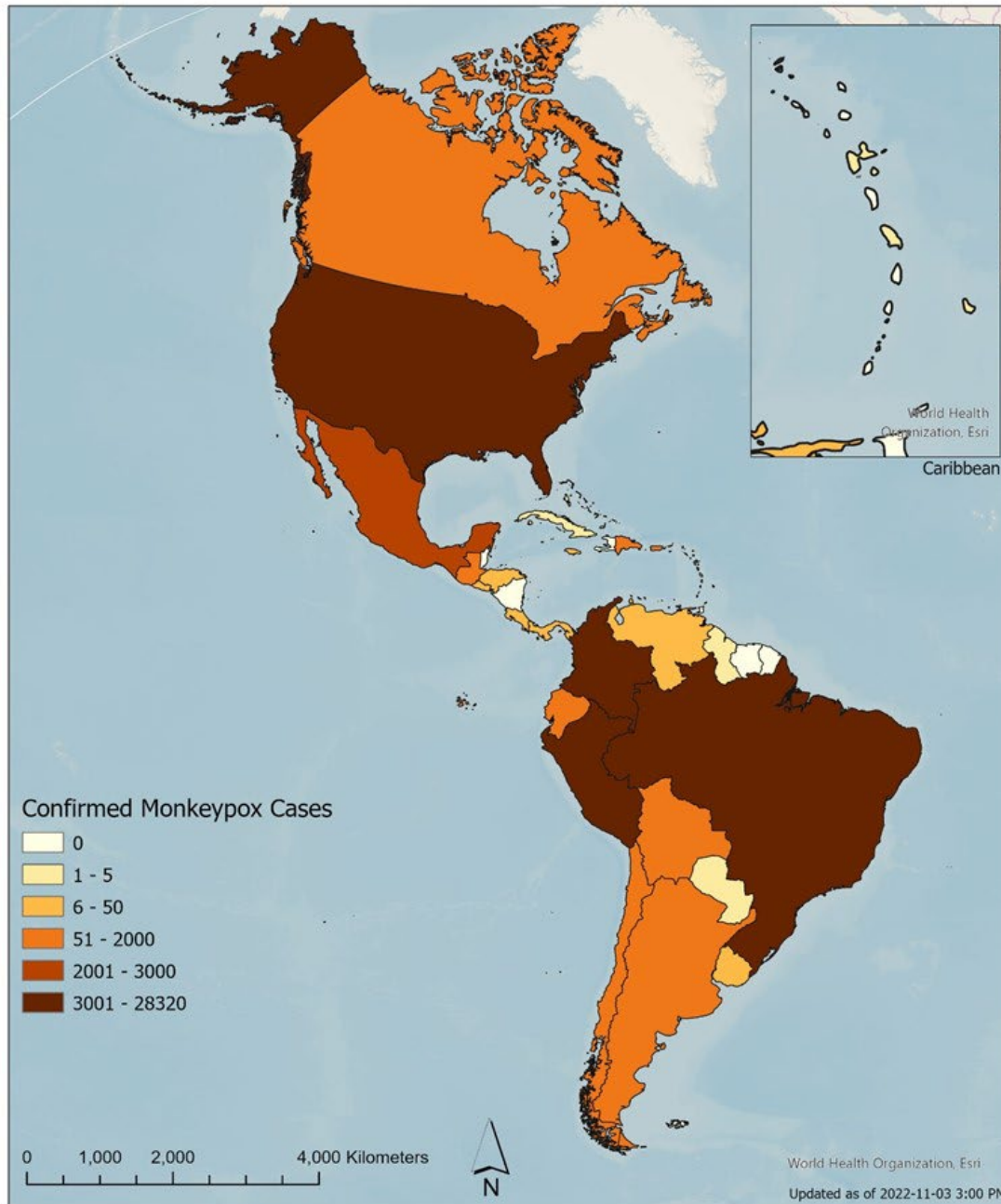
PAHO/WHO response to monkeypox in the Americas

On 23 May 2022, the Pan American Health Organization (PAHO) activated its standard emergency procedures (SEPs) and established an incident management support team (IMST) to ensure a timely response to the monkeypox outbreak in the Region of the Americas and lead preparedness efforts in Member States. Under International Health Regulations (IHR) (2005), on 23 July 2022, the World Health Organization (WHO) Director-General declared the monkeypox outbreak a Public Health Emergency of International Concern (PHEIC) and issued recommendations to countries to implement a coordinated response, stop transmission, and protect vulnerable groups.

WHO has issued interim guidance to guide countries in reinforcing their surveillance, case investigation, and contact tracing to break the chains of transmission and stop the outbreak. The first case in the Americas was confirmed on 18 May 2022. Since then and as of the date of this reporting, cases have been confirmed in 31 countries and territories in the Americas.

Together with WHO, PAHO is working to improve access to a vaccine approved in 2019 for use in preventing monkeypox, which is not yet widely available.

As of the date of this reporting, the majority of monkeypox cases were confirmed in gay and bisexual men, and other men who have sex with men. Therefore, PAHO has been working actively with civil society and targeted communities across the Region of the Americas to provide information about symptoms and raise awareness about preventive measures. A considerable number of cases have also been confirmed in women (5%*), including pregnant women, which must not be ignored. Cases in children have also been reported in the Region.



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Annex 1. Geographical distribution of confirmed cases of monkeypox in the Region of the Americas. As of 2 November 2022 (16:00 EST).

* As of 2 November 2022

PAHO/WHO response to monkeypox in the Americas through 21 October 2022

In the news

IHR Emergency Committee on monkeypox meets for the third time

On 20 October 2022, the International Health Regulations (IHR) emergency committee on the multi-country outbreak of monkeypox met for the third time. The meeting aimed to provide views to the WHO Director-General as to whether the multi-country outbreak of monkeypox continues to constitute a PHEIC, and, if so, to review the proposed temporary recommendations to States Parties. According to the opening remarks of the WHO Director-General, Dr Tedros Adhanom, when the committee first met in June, over 3,000 cases of monkeypox had been reported to WHO. By the time that the last meeting took place, more than 70,000 cases of monkeypox had been reported worldwide, including 26 deaths. However, he continued “we are now seeing a promising decline globally. The number of reported cases has dropped for eight straight weeks. This is very encouraging. But progress in the Americas is less certain, and this region accounted for almost 90% of cases reported last week”. Dr. Adhanom also stated that several countries are still entering the peak phase of the outbreak, and there is likely to be under reporting in others. Additionally, he remarked that vaccines and treatments to prevent and control monkeypox outbreaks are not available everywhere, also highlighted that scaling up and decentralizing diagnostic capacity are critical. “Stopping human-to-human transmission of monkeypox globally requires a comprehensive approach, with public health measures focused on communities at highest risk. Engagement with affected communities, giving them a voice in the response, is essential. We must go further to support countries to integrate services to prevent and treat monkeypox with other services for sexual health and HIV prevention and care,” he added. The WHO Director-General concluded his intervention by stating that investing in epidemic readiness and research in a One Health Approach is needed to learn more about monkeypox and reduce the risk of continuing emergence in all countries.

[READ MORE](#)



Press Briefing

21 September 2022

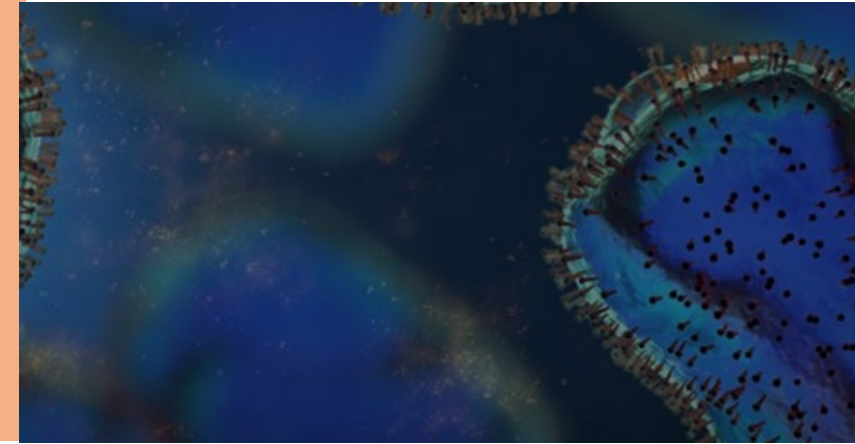
“The spread of monkeypox seems to be slowing down, but more than 2,300 new cases were still reported in the Americas last week. A majority of these were in the United States, but hundreds were reported in Brazil, Colombia and Mexico. PAHO has started to deliver vaccines to countries in the Region, and despite limited supplies, they remain an important tool to reduce transmission in high-risk communities. We know how to track this disease. We know who is most at risk. And we know how to keep people safe from infection. We urge countries to use this knowledge to drive down cases and end transmission.”

Dr. Carissa F. Etienne

Click [here](#) to read the full remarks of the press briefing delivered by PAHO Director.

PAHO/WHO response highlights

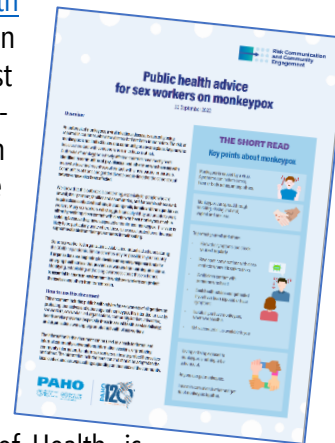
through 21 October 2022



Engaging and protecting communities

Risk communication and community engagement ▪ Community engagement and response in at-risk populations ▪ Mass gatherings & POE

During the reporting period, PAHO published [“Public health advice for sex workers on monkeypox,”](#) which focuses on advice on protecting sex workers of all genders against monkeypox. It is intended for use by sex workers, sex worker-led organizations, community leaders, advocates, health service providers (especially those in sexual health service delivery) and organizations working to promote the health of sex workers. The information can be used as a basis for formal and informal community conversations, information sessions, and dissemination within communities. Also available in [Spanish](#).



In **Costa Rica**, PAHO, in collaboration with the Ministry of Health, is preparing a series of seven short animated videos with information about monkeypox, such as symptoms, ways of contagion, what to do in case of suspected cases, and other topics. The videos are aimed at the general public and will be disseminated on PAHO's and the Ministry's social media pages.



In **Mexico**, PAHO provided technical support to the General Directorate for Health Promotion (DGPS) in the development of communication materials focused on preventative measures and in the development of a monkeypox awareness-building campaign with participation of members from the LGBT+ community. Additionally, PAHO is collaborating with DGPS and CENSIDA (Centro Nacional para la Prevención y Control de VIH/SIDA, the country's national HIV/AIDS agency) to analyze and create communication strategies for response to monkeypox.

Clinical care and infection prevention control including protection of health workers

Clinical management ▪ Infection control and prevention ▪ Health services

In **Brazil**, during the reporting period, PAHO conducted an online capacity-building session and provided technical support to 40 municipalities in the state of Mato Grosso do Sul for diagnosis and clinical management of monkeypox patients among incarcerated populations. Additionally, on 19 October 2022, PAHO deployed a team to the city of Rorainópolis, in the state of Roraima, to train community health workers in the prevention of community-acquired infections and monkeypox. PAHO also provided technical support to state and municipal health secretariats across the country in monkeypox infection prevention and control (IPC) and in clinical management, including for severe cases.



Figure 1. Training in the city of Rorainópolis, in the state of Roraima. Credit: PAHO.

Collective intelligence for detection and containment

Laboratory diagnostics ▪ Surveillance, case investigation and contact tracing
▪ Information management and risk assessment ▪ Human to animal transmission (pets)

Laboratory

In **Costa Rica**, PAHO promoted online capacity-building sessions for health professionals and authorities on monkeypox. Issues addressed included guidelines, therapeutic protocols, epidemiological surveillance, contact tracing, IPC, and the analysis of monkeypox differential diagnostics.

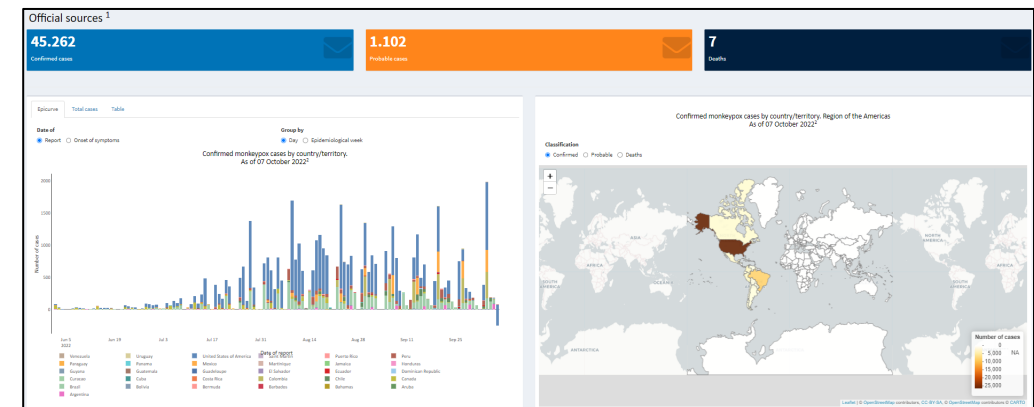
In **Guyana**, PAHO conducted a mission for technical cooperation, focusing on reinforcing laboratory capacities for monkeypox diagnosis, as well as COVID-19, genome sequencing, and laboratory-based activities in support of flu and polio/acute flaccid paralysis (AFP) surveillance.

In **Mexico**, PAHO has collected data on the number of health professionals certified to use Go.Data in each state. The Organization is also supporting the General Directorate for Health Operations

(DGOS) in hiring a contractor to develop awareness-raising messages and videos and empower groups at high-risk for monkeypox contagion.

Surveillance

PAHO has developed a [monkeypox cases dashboard](#) to facilitate data visualization, analysis, and follow-up. The dashboard is available in English, French, Portuguese, and Spanish.



On 21 October 2022, PAHO presented the webinar “Epidemiological surveillance of monkeypox in the Region.” The session was directed at the Epidemiological Surveillance Programs/Directorates, HIV/AIDS and sexual health country programs. Topics addressed included an update on the monkeypox situation in the Americas, the WHO surveillance guide (with a focus on intensified surveillance in key populations), and experiences shared by Brazil, Chile, and Peru. The webinar was presented in English, Portuguese, and Spanish, and included the participation of 330 persons from across the Region.

In **Brazil**, PAHO, in partnership with the Ministry of Health, the National Council of Health Secretariats, and the National Council of Municipal Health Secretariats, launched the Go.Data basic course on monkeypox. The course aims to support the emergency response to the disease, seeking to facilitate outbreak investigation, case follow-up, and contact tracing. PAHO has also been continuously updating the monkeypox notification and investigation system (Sinan Notifica).

Countermeasures and research: secure access to supplies

Immunization ▪ Vaccines access ▪ Strategic health supplies ▪ Regulatory issues ▪ Research

On 22 September 2022, PAHO published “**Therapeutic options for monkeypox: evidence x synthesis**,” also available in [Spanish](#). The publication includes the results of a systematic rapid review of available evidence. Evidence of four potential therapeutics was synthesized from 12 available randomized and non-randomized controlled trials and observational studies. As new evidence emerges, PAHO will periodically update the publication and corresponding recommendations.



The PAHO Revolving Fund facilitated the procurement of monkeypox vaccines for The **Bahamas** and **Jamaica**. The vaccine doses arrived in both countries on 17 October 2022. The Organization continues providing support for procurement and delivery of vaccines.

Emergency preparedness and coordination

Project management, administration, planning, and monitoring and evaluation (M&E) ▪ Resource mobilization and liaison with external partners ▪ Procurement ▪ Operations support and logistics

In **Brazil**, during the reporting period, PAHO provided technical support to the Ministry of Health in the preparation of its third monkeypox contingency plan, which covered topics such as clinical management and use of the antiviral tecovirimat.

Gaps and challenges of countries in the Americas in facing the monkeypox emergency

GAPS

Engaging and protecting communities

- Low levels of knowledge among health care workers in community-based facilities and hospitals, including HIV/STI clinics, about detection and management of monkeypox. This is compounded by health care worker shortages across facilities and services.
- Limited to nonexistent risk communication in some countries, which has resulted in a low level of awareness and understanding of monkeypox and associated risks. Lack of expanded and diversified communication strategies, including risk communication, to raise awareness and reach the most at-risk populations.
- Lack of pre-existing coordination to reach the most at-risk populations.

Clinical care, IPC, and protection of health workers

- Need for the development and reinforcement of guidelines and protocols for clinical management, prevention, and control.

Collective intelligence for detection and containment

- Current surveillance systems are burdened by ongoing COVID-19 surveillance activities, investments to enhance timely detection, reporting, and response is needed.
- Limited resources for contact tracing and isolation of cases.
- Lack of appropriate data management tools to conduct timely analyses and share information.

Countermeasures and research: secure access to supplies

- Lack of clinical management capacity-building due to lack of previous cases. Health facilities can find themselves ill-prepared to provide the appropriate care to suspected and confirmed cases.
- Difficulties with access to medicines, vaccines, and supplies, as well as appropriate storage facilities and conditions.

Emergency coordination and enabling functions

- Limited resources at the national level that can be dedicated to targeting the most vulnerable/at-risk groups.

CHALLENGES

Engaging and protecting communities

- There is concern that misinformation can spread easily and may stigmatize certain groups.
- Seasonal tourist events might generate an increase in cases.

Clinical care, IPC, and protection of health workers

- Stigmatization prevents potential cases from seeking health care at the early stage.
- Little evidence on treatment, especially regarding severe cases.

Collective intelligence for detection and containment

- Individuals with monkeypox do not always disclose all close contacts, presenting challenges for contact tracing.
- Low availability of updated data to perform epidemiological analyses, including data related to age, sex, date of symptoms onset, profession, source of infection, hospitalization, and other topics.
- Increase laboratory capacities, including early diagnosis and case monitoring tools.

Countermeasures and research: secure access to supplies

- Limited vaccine doses and insufficient data on vaccination.
- Low availability of appropriate medicines for monkeypox treatment and lack of knowledge of drug interactions.

Emergency coordination and enabling functions

- Little exposure of the response to this emergency due to concurrent social and political circumstances at the national and global levels.

REGION OF THE AMERICAS

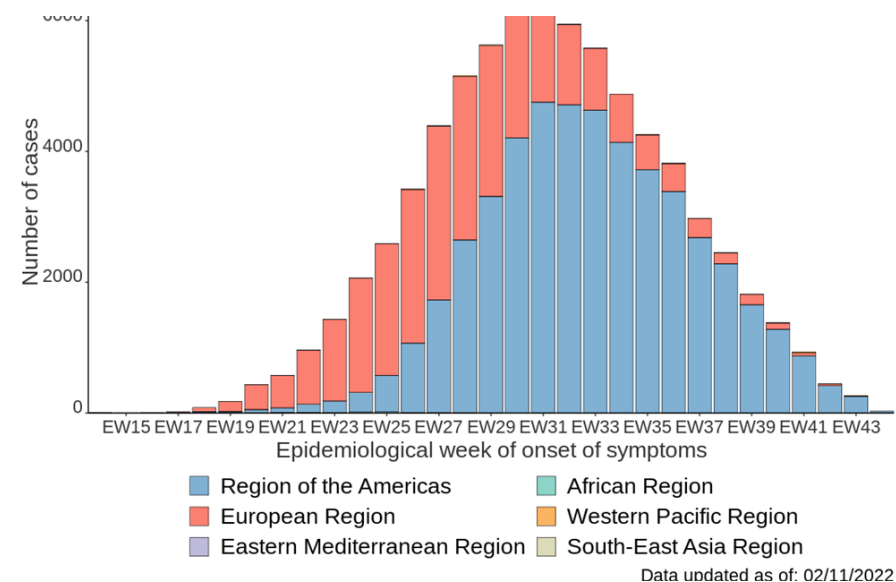
Epidemiological Update

In the Region of the Americas, as of 2 November 2022 (16:00 EST), there is a total of **51,670** confirmed cases of monkeypox, including **18 deaths** in Brazil (10), the United States of America (6), Cuba (1), and Ecuador (1), reported from **31 countries** and territories (Table 1).

In the **Region of the Americas**, as of 2 November 2022 (16:00 EST), there are a total of 51,670 confirmed cases of monkeypox, including 18 deaths in Brazil (10), United States of America (6), Cuba (1), and Ecuador (1), reported from 31 countries and territories (Table 1, Annex 1, Figure 2). Six countries in the Region account for 95% of confirmed cases: United States of America, Brazil, Colombia, Peru, Mexico, and Canada (Figure 3). The number of new weekly reported cases in EW 43 compared to EW 42 (% variation) decreased by 40%. Compared to the 21 October 2022 report, 5 additional deaths were reported (Brazil and the United States).

PAHO/WHO has received an anonymized line list from Member States regarding 47,712 confirmed cases. Of these, 19,159 cases had sex information available, of which 18,244 (95%) were male; 19,180 cases had age information, which ranged from 0 to 95 years old (median 32 years, mean 33.4 years) and 424 confirmed cases aged 18 years or younger were reported by 9 countries, including 5 cases among infants (<1 year-old); 39,366 cases reported dates of symptom onset in 2022, ranging from 14 January to 27 October 2022. Of 12,568 cases with available information on history of reported travel, 89% reported no recent travel. Among 26,952 confirmed cases with hospitalization information, 2,000 (7%) were hospitalized (including for isolation purposes). Of 13,904 cases with sexual orientation information, 9,839 (71%) were men who have sex with men (MSM). Of 915 confirmed cases reported among women, 26 correspond to pregnant women. Forty-six of the cases among women required hospitalization (including for isolation purposes), three of these were pregnant.

Figure 1. Global distribution of monkeypox cases by epidemiological week (EW) of symptom onset. As of 2 November 2022.



Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies, or similar and reproduced by PAHO/WHO.

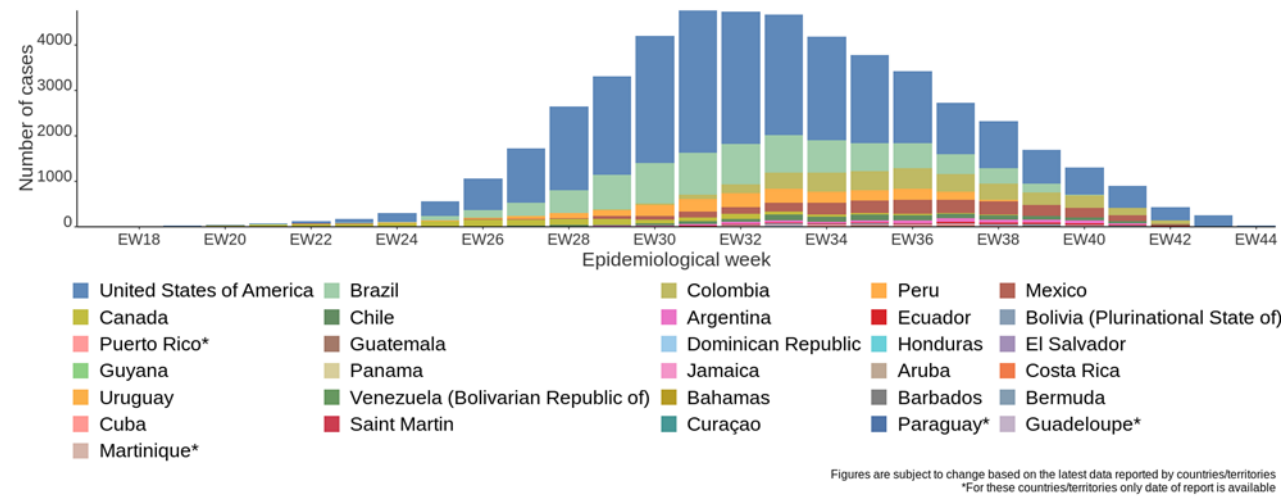
Table 1. Confirmed and suspected cases of monkeypox by country/territory in the Region of the Americas. As of 2 November 2022 (16:00 EST)*.

Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases - EW43	Cases - EW42	% variation
United States of America	28,651	6	86.6	360	561	-35.8
Brazil	9,260	10	43.6	205	326	-37.1
Colombia	3,523	0	69.2	188	380	-50.5
Peru	3,110	0	94.3	106	157	-32.5
Mexico	2,901	0	22.5	186	321	-42.1
Canada	1,437	0	38.1	0	26	-100
Chile	1,175	0	61.5	33	52	-36.5
Argentina	675	0	14.9	55	96	-42.7
Ecuador	243	1	13.8	31	27	14.8
Bolivia (Plurinational State of)	242	0	20.7	2	8	-75
Puerto Rico	200	0	69.9	3	5	-40
Guatemala	88	0	4.9	3	16	-81.2
Dominican Republic	52	0	4.8	0	0	-
Panama	18	0	4.2	0	0	-
Jamaica	16	0	5.4	2	0	-
El Salvador	15	0	2.3	2	1	100
Uruguay	14	0	4.0	2	0	-
Venezuela (Bolivarian Republic of)	10	0	0.4	0	0	-
Honduras	9	0	0.9	1	0	-
Costa Rica	8	0	1.6	0	1	-100
Cuba	4	1	0.4	0	0	-
Paraguay	4	0	0.6	1	0	-
Aruba	3	0	28.1	0	0	-
Curaçao	3	0	18.3	0	0	-
Bahamas	2	0	5.1	0	0	-
Guyana	2	0	2.5	0	0	-
Bermuda	1	0	16.1	0	0	-
Barbados	1	0	3.5	0	0	-
Guadeloupe	1	0	2.5	0	0	-
Saint Martin	1	0	25.9	0	0	-
Martinique	1	0	2.7	0	0	-

Data is preliminary and subject to change.

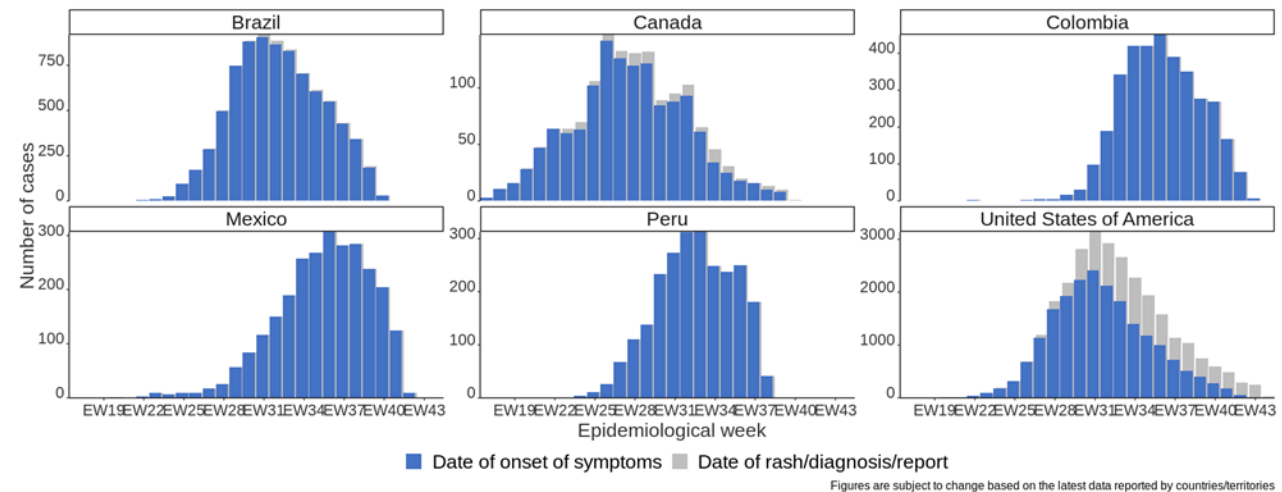
Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels. The country/territory data published in this table is collected either automatically using web-scraping processes or manually when the extraction is not possible; therefore, it is subject to human error, as well as further change due to retrospective adjustment

Figure 2. Confirmed monkeypox cases by country/territory and epidemiological week (EW) of symptom onset for cases with available information in the Region of the Americas. As of 2 November 2022 (16:00 EST)*



Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

Figure 3. Confirmed monkeypox cases by select countries and epidemiological week (EW) of symptom onset or rash/diagnosis/report in the Region of the Americas. As of 2 November 2022 (16:00 EST)*.



Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

FUTURE OUTLOOK

Globally, the number of new weekly cases is declining. The majority of cases reported in the past 4 weeks globally were notified by the Region of the Americas (89%) and the European Region (7%). In the Region of the Americas, the number of new weekly cases in the most recent epidemiological week decreased compared to the previous week (by 40%). The most at-risk populations have predominantly remained the same; however, cases among women, including pregnant women, as well as in children cannot be overlooked. Cases among indigenous and incarcerated persons continue to be of concern due to their vulnerable conditions. The response should continue to have a key focus on communication with and engagement of at-risk communities, leveraging mass gatherings for communication and preventive measures, the timely detection and treatment of patients, and protection of health workers. Transmission chains should also be contained in close cooperation with affected communities. PAHO provides detailed recommendations on response actions through regular [Epidemiological Updates](#).

Response Strategy and Donor Alert

PAHO and its strategic partners throughout the Americas, using a whole-of-society approach have launched a Response Strategy and Donor Alert to continue supporting Latin American and Caribbean countries.

An estimated US\$1,284,000 is needed for the response plan to stem further transmission of monkeypox and mitigate the impact of the outbreak.

Donations will enable PAHO to:

- Ensure evidence-based information is communicated appropriately and that communities are engaged to prevent infection and combat misinformation.
- Ensure that the Member States have installed capacities to timely detect and contain the spread of monkeypox.
- Treat and protect health workers, ensuring that Member States receive evidence-based guidance and appropriate tools to manage cases of monkeypox adequately.
- Provide leadership, coordination, and logistical support for the emergency response phase of monkeypox epidemics in the Region.

Donate now: [read the donor alert](#)

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