

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS

PAHO
120th
ANNIVERSARY

MONKEYPOX
MULTI-COUNTRY
OUTBREAK RESPONSE
REGION OF THE AMERICAS

Report n. 2, 7 October 2022

CONTENTS

Highlights

PAHO/WHO Response highlights

Epidemiological Update

Gaps and challenges

Future outlook

Tools

Click to access



TECHNICAL INFO

Guidelines and technical
resources

COMMUNICATION

Resources for communicators

ADVICE FOR THE PUBLIC

Questions and answers

GLOBAL RESOURCES

WHO global resources

Visit PAHO monkeypox website
for resources and more information

MONKEYPOX

SITUATION IN NUMBERS

Region of the Americas

As of 5 October 2022 (16:00 EST)

Total as of 5 Oct 2022	45,342 confirmed cases	Last 7 days 29 Sep to 5 Oct 2022	3,051 new confirmed cases	7% increase in cases
31 countries/territories with confirmed cases	7 deaths		2 new deaths	0 newly affected countries

Global WHO Risk Assessment¹: Moderate

Risk Assessment for the Americas¹: **High**

- **Globally**, 71,159 confirmed cases of monkeypox, including 26 deaths, from 107 Member States: 64% in the Region of the Americas, 35% in the European Region, ≤1% each in the African, Eastern Mediterranean, Western Pacific, and South-East Asia regions (*Figure 1*).
 - 3,277 additional cases, 5% increase in the last 7 days.
 - 98% of cases with available data are male, the median age is 35 years (IQR: 29 – 42). <1% of cases with available age data are aged 0-17 years, including 93 cases aged 0-4 years. Males between 18-44 years old account for 79% of cases with available data.

In the **Americas**, 45,342 cases confirmed from 31 countries and territories. 7 deaths have been confirmed in the Region of the Americas. The WHO Regional Risk is now upgraded to **HIGH**.

- Six countries in the Region account 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, Peru, Colombia, Mexico, and Canada.
- 95% (13,699) of confirmed cases with available information are male. Most cases with available

information are aged 20 to 45 years old (87%) and self-identify as men who have sex with other men.

- There has been an increase in the proportion of women amongst the total number of confirmed cases.
- 8 countries in the Region have reported 335 confirmed cases among persons ≤18 years old, including 5 cases among infants.
- 1,492 (7%) of 20,317 cases with available information were hospitalized.
- 87% of 8,182 cases in the Americas with available information are locally transmitted cases.

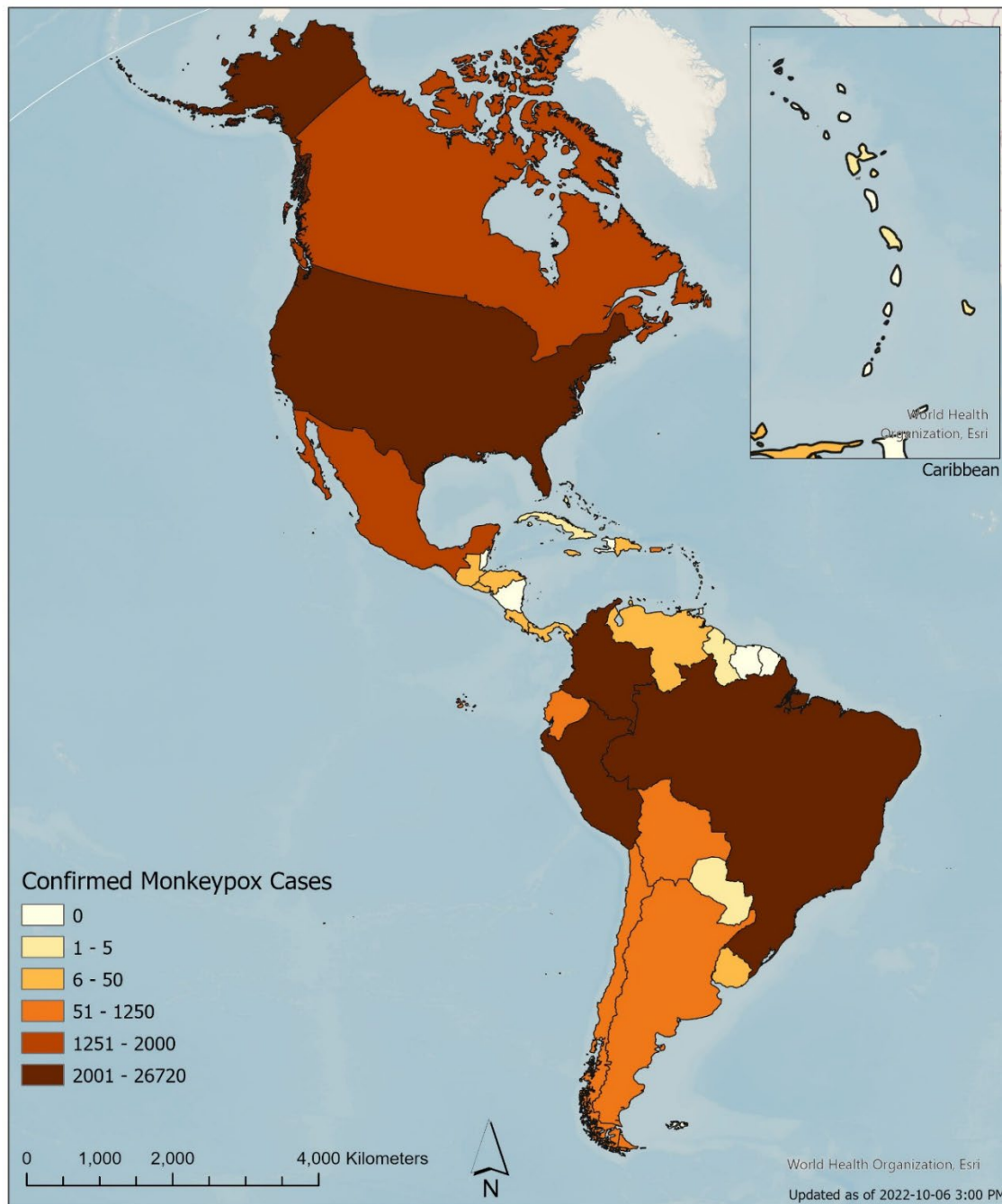
PAHO/WHO response to monkeypox in the Americas

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.



© Pan American Health Organization-World Health Organization 2022. All rights reserved. The designations employed and the presentation of the material in these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization 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.

Annex 1. Geographical distribution of confirmed cases of monkeypox in the Region of the Americas. As of 5 October 2022 (16:00 EST).

* As of 5 October 2022

PAHO/WHO Response highlights through 7 October 2022

In the news

PAHO calls for collaborative action to stop monkeypox outbreak in the region

As monkeypox cases remain at around 40,000, PAHO called on countries to intensify the response actions, prioritizing detection, surveillance, and community engagement to reduce new cases and put an end to the outbreak in the region. "It's too early to proclaim victory against monkeypox, as 7,000 cases were reported in the past week alone," PAHO's interim Assistant Director Dr. Marcos Espinal said during a special session to update Member States on the regional monkeypox situation at the 30th Pan American Sanitary Conference. "The Americas still account for the highest proportion of monkeypox cases globally," he added. Dr. Espinal explained that the number of reported cases could be an underestimate because some infected persons may not be seeking medical care or reporting their illness to authorities. In addition, Latin America and the Caribbean had limited experience in diagnosis of monkeypox when the first case was reported in Argentina in May 2022. PAHO has since provided countries with PCR tests and trained laboratory workers in workshops conducted in Brazil, Mexico, and Jamaica. "We now have over 40 National Public Health Laboratories with the capacity to implement molecular diagnosis for monkeypox," Dr. Espinal said. Community engagement and communication efforts to reach populations most at-risk have been at the center of the regional response since the beginning. PAHO is leveraging channels established during the regional response to HIV to disseminate information and guidance about transmission, symptoms, and self-care after being diagnosed with the disease. While global supplies of monkeypox vaccine remain extremely limited, PAHO's Revolving Fund has secured 130,000 doses of third-generation monkeypox vaccines for countries and territories in Latin America and the Caribbean, Dr. Espinal said. "We have the opportunity to stop, or significantly reduce, monkeypox transmission in our region but actions must start at the level of countries," said PAHO Director for Health Emergencies Dr. Ciro Ugarte. "PAHO can help countries make use of all available tools to intensify the response."

[READ MORE](#)



Press Briefing

21 September 2022

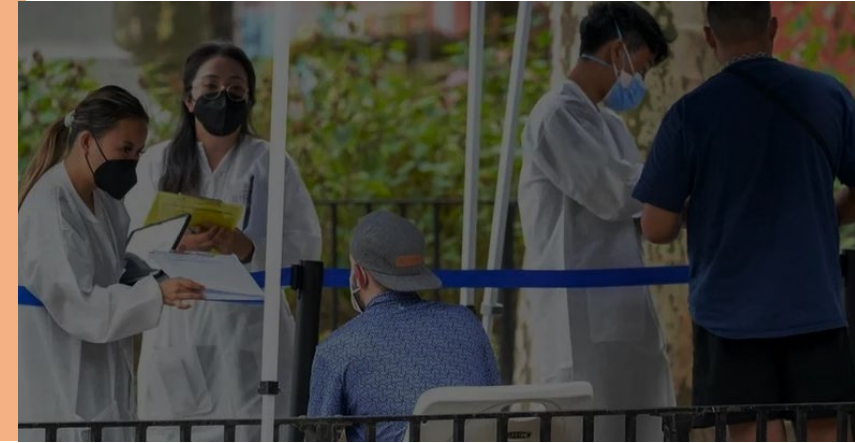
"Countries must act now to control the spread of monkeypox. Active engagement of affected communities, testing and contact tracing can all have a significant impact in reducing transmission. Especially while vaccine supplies remain very limited."

Dr. Carissa F. Etienne

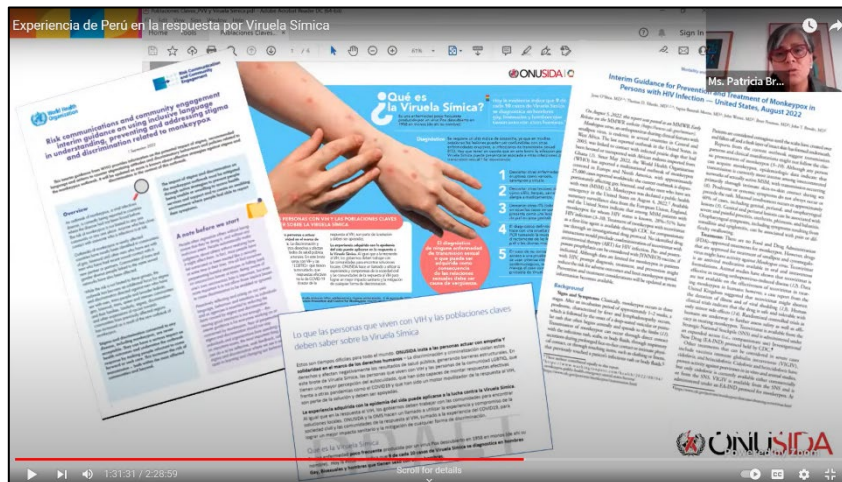
Click [here](#) to read the full remarks of the press briefing delivered by PAHO Director.

Engaging and protecting communities

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



On 22 September 2022, PAHO presented a webinar that shared the **experience of Peru** in response to monkeypox. The online event shared initiatives from the Ministry of Health and other health authorities, as well as the participation of other relevant actors at national and subnational levels. The video recording is available on [PAHO TV](#).



In **Antigua and Barbuda** PAHO supported the production of monkeypox communications material to strengthen risk communication and community participation.

In **Colombia**, PAHO supported the organization of workshops that used the knowledge dialogue methodology to understand perceptions of groups composed of men who have sex with other men; knowledge dialogues have also been used by the Organization to engage with indigenous groups and others in situations of vulnerability.

In **Martinique**, PAHO has shared with health authorities monkeypox communications material developed by the Organization to help promote public awareness.

In **Panama**, PAHO has been collaborating with health authorities to provide technical information on monkeypox, especially information on preventative measures aimed at targeted and general audiences. The Organization is also supporting meetings with civil society organizations to ensure their participation in the development of messages for targeted groups and an action plan for prevention, surveillance, and control of monkeypox.



Clinical care and infection prevention control including protection of health workers

Clinical management • Infection control & prevention • Health services

In **The Bahamas and Turks and Caicos Islands**, PAHO is providing ongoing access to tools, guidelines, and online training activities to conduct disease surveillance, contact tracing, Infection, Prevention, and Control (IPC) and differential diagnosis of monkeypox.

In **Brazil**, during the reporting period, PAHO provided technical support to state and Municipal Health Secretariats in the prevention and clinical management of monkeypox, including severe cases. On 19 and 20 September 2022, PAHO conducted two training sessions in the municipality of Bonfim in the state of Roraima. The trainings focused on prevention of community transmission of monkeypox in vulnerable populations, identification and management of the disease, and home isolation. Thirty-four professionals from six primary health care units were trained.



Figure 3. Training in the municipality of Bonfim, in the state of Roraima. Credit: PAHO.

In **Panama**, PAHO has provided technical documents and regional and global information to support development of national guidelines for surveillance, prevention, control, and management of monkeypox. The Organization also supported the recording of a training and awareness raising

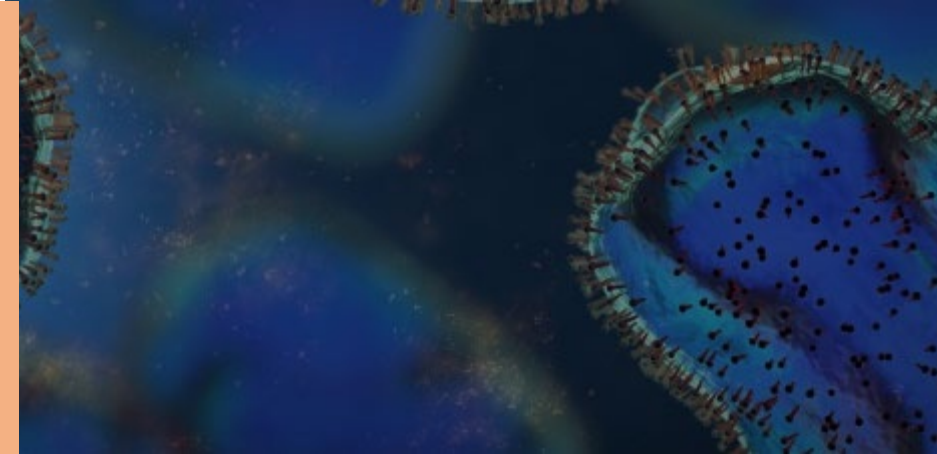
session for health care workers. The [video](#), made available by the Ministry of Health, provides a comprehensive approach to monkeypox, diagnosis, and infection control measures for nurses. Together with the Ministry of Health of Panama, PAHO participated in development of an action plan for prevention, surveillance, and control of monkeypox. Other bilateral and multilateral organizations and civil society were involved in the process.



In **Colombia**, PAHO supported capacity building sessions at the local level aimed at raising awareness and sharing information among health professionals on the prevention and detection of monkeypox.

Collective intelligence for detection and containment

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



Laboratory

On 22 September 2022, PAHO delivered reagents (PCR enzyme and monkeypox DNA control) for monkeypox detection in **Belize**. **Cuba** also received reagents for screening monkeypox during the reporting period. PAHO provided **Turks and Caicos Islands** with reagents and supplies for testing, contact tracing resources, and access to the Go.Data outbreak investigation platform and database.

In **Anguilla**, during the reporting period, PAHO completed a virtual training on monkeypox testing. PAHO has also trained an expert in PCR diagnostics from **Cuba**. From 19 September to 31 October 2022, PAHO will provide technical assistance to **Antigua and Barbuda** through the deployment of a specialist in surveillance, investigation, contact tracing, and information systems for both COVID-19 and monkeypox.

In **Barbados**, PAHO is supporting the development of a summary Integrated Monkeypox Surveillance Guidance for Eastern Caribbean Countries (ECC) to facilitate the implementation of different guidelines released by PAHO/WHO.

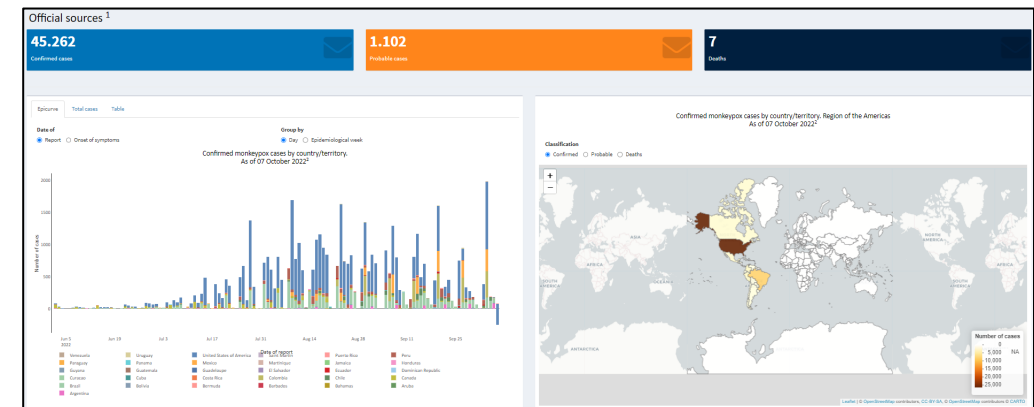
In **Bolivia**, PAHO has provided supplies and reagents to the INLASA and CENETROP laboratories, helping them develop installed capacity for the diagnosis of monkeypox. PAHO involved **Colombia** in capacity building sessions for genomic surveillance of monkeypox.

In **Colombia**, PAHO also has provided logistics support for transportation of samples from departmental public health laboratories to the national reference laboratory. The Organization also supported the participation of 74 professionals from departmental laboratories in a certificate program for transportation of infectious substances. Further, PAHO supported procurement of rapid test kits and laboratory equipment, supplies, and reagents. At the subnational level, PAHO has provided technical support for implementation of PCR detection at the Departmental Laboratory of Chocó. With PAHO support, laboratory personnel were also trained in biosecurity.

In **Mexico**, PAHO is providing certified containers for air and land transportation of category A infectious substances to reduce the risk of further infections when samples are transported to laboratories for testing for monkeypox. Additionally, the Organization is supporting strengthening of the use of the Go.Data platform within the National Health Institute in order to continue building capacity for use of outbreak investigation and contact tracing tools.

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.



In **Brazil**, PAHO has been providing support to 27 states on contact monitoring and tracking using the Go.Data tool. On 20 and 21 September 2002, a PAHO team trained professionals from the State Health Secretariat of Rio Grande do Norte on the Go.Data tool. Additionally, on 21 September 2022, PAHO conducted a simulated monkeypox case investigation with professionals from the

Center for Strategic Information in Health Surveillance (CIEVS) in the state of Santa Catarina. The Organization also supported the preparation of a technical document for the Ministry of Health and the Ministry of Agriculture, Livestock and Supply for notification in cases of spillover transmission from humans to animals.



Figure 4. Training on the Go.Data tool for professionals from the state health Secretariat of Rio Grande do Norte. Credit: PAHO.



Figure 5. Simulated monkeypox case investigation with the CIEVS professionals, Santa Catarina. Credit: PAHO.

In **Colombia**, PAHO has been supporting the Centers for Regulation of Urgencies and Emergencies (CRUE) in the departments of Vichada, Tolima, Caldas, Amazonas, Arauca, Nariño to improve communication systems, and adapting and acquiring equipment to strengthen monkeypox surveillance and alert and response management.

In **Panama**, PAHO has been working with the National Council of Statistics (CNE) to support data management and sharing . The Organization is also helping with automatization of situation reports in the country.

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**, 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.



In **Brazil** on September 12 and 13, PAHO and the Ministry of Health of Brazil participated in a meeting with researchers from the Federal University of Rio de Janeiro and Fiocruz for coordination of research on Tecovirimat. On 21 September 2022, the Organization participated in a meeting with the Ministry of Health on the use of tecovirimat in the treatment of monkeypox. PAHO has also supported Brazil in the acquisition of 50,000 doses of vaccines through PAHO's Revolving Fund, and 504 treatment courses for monkeypox.

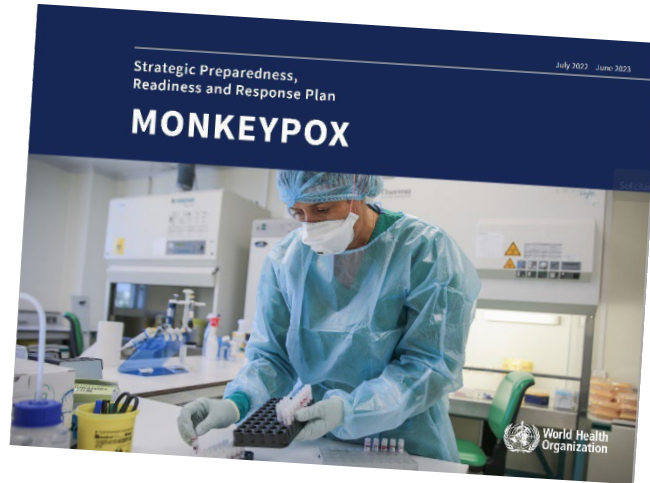
In the **Eastern Caribbean Countries (ECC)** PAHO is coordinating a pool for the procurement of monkeypox vaccines under better pricing conditions. PAHO is currently making vaccine doses available or facilitating procurement for **Jamaica, Panama, and Colombia**.

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



On 5 October 2022, WHO launched its [Monkeypox Strategic Preparedness, Readiness and Response Plan \(SPRP\)](#) which outlines the priority actions needed to stop human-to-human transmission of monkeypox, minimize animal-human transmission of the virus in affected countries, and protect vulnerable groups at risk of severe disease. WHO invites countries to develop their own context specific approach to prepare for and respond to the current monkeypox outbreak guided by the SPRP, with a specific focus on three strategic objectives: interrupt human-human transmission, protect vulnerable groups at risk, and minimize zoonotic transmission.



In **The Bahamas and Turks and Caicos Islands**, PAHO is coordinating with Ministries of Health on development of monkeypox response plans to obtain additional funding for activities to address the emergency.

In several countries, such as **Chile** and the **ECC**, PAHO has been participating in regular meetings held by the Ministries of Health and other health authorities to discuss the monkeypox situation in the countries.

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 established 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

- Insufficient laboratory capacities, including early diagnosis and case monitoring tools.
- Existing surveillance systems are burdened by ongoing COVID-19 surveillance activities, and they are often too outdated to provide timely detection, reporting, and response.
- Limited resources for contact tracing and isolation of cases.
- No repository for disseminating anonymized data to conduct timely analyses.

Countermeasures and research: secure access to supplies

- Lack of clinical management capacity building due to lack of previous cases. Health facilities are also 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 an early stage.
- Little evidence on treatment, especially regarding severe cases.

Collective intelligence for detection and containment

- Disclosure of contacts. Individuals with monkeypox do not always disclose all close contacts, presenting challenges for contact tracing activities.
- Low availability of updated data to perform epidemiological analyses, including data related to age, sex, date of symptoms onset, profession, source of infection, hospitalization, among others.

Countermeasures and research: secure access to supplies

- Access to limited vaccine doses and insufficient data on vaccination.
- Weak availability of 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

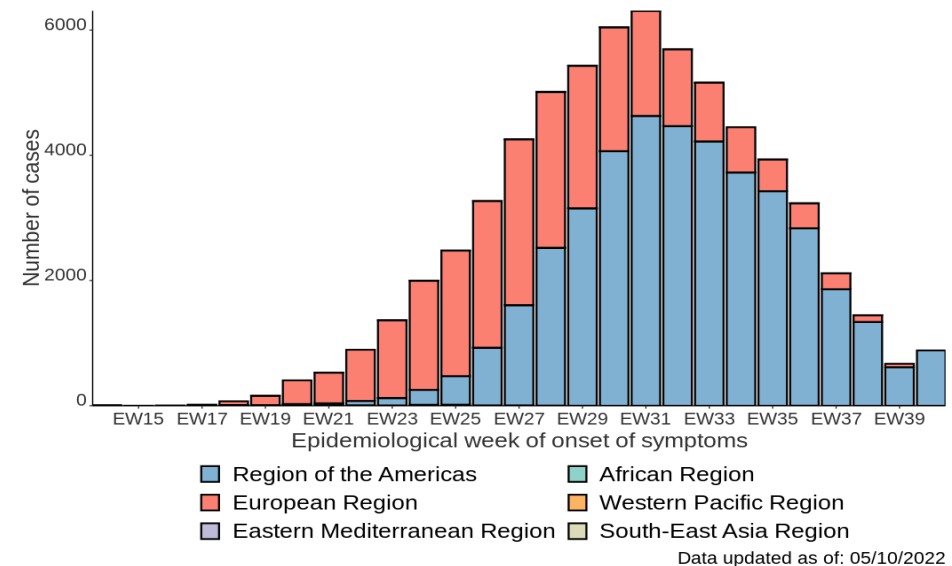
In the Region of the Americas, as of 5 October 2022 (16:00 EST), there is a total of **45,342** confirmed cases of monkeypox, including **7 deaths** in Brazil (3), the United States of America (2), Cuba (1), and Ecuador (1), reported from **31 countries** and territories (Table 1).

In the Region of the Americas, as of 5 October 2022 (16:00 EST), there is a total of 45,342 confirmed cases of monkeypox, including 7 deaths in Brazil (3), United States of America (2), 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, Peru, Colombia, Mexico, and Canada (Figure 3). Compared to the 23 September 2022 report, no new countries reported confirmed monkeypox cases, and 2 additional deaths were reported. There was a 7% relative increase in confirmed cases in the Region of the Americas in the last 7 days.

PAHO/WHO has received an anonymized line list from Member States regarding 42,943 confirmed cases. Of these, 14,386 cases had sex information available, of which 13,699 (95%) were male; 14,408 cases had age information, which ranged from 0 to 95 years old (median 33 years, mean 34 years) and 335 confirmed cases aged 18 years or younger were reported by 8 countries, including 5 cases among infants; 32,661 cases reported dates of symptom onset in 2022, ranging from 14 January to 30 September 2022. Of 8,182 cases with available information on history of reported travel, 87% reported no recent travel. Among 20,317 cases with hospitalization information, 1,492 (7%) were hospitalized (including for isolation purposes). Of 6,730 cases with sexual orientation information, 4,427 (66%) were men who have sex with men (MSM).

Of 687 cases reported among women in the Region of the Americas as of 5 October, 20 correspond to pregnant women. Thirty-one of the cases among women required hospitalization (including for isolation purposes), two of these were pregnant. An increase in the proportion of women amongst the total number of confirmed cases has been observed.

Figure 1. Global distribution of monkeypox cases by date of symptom onset. As of 5 October 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.

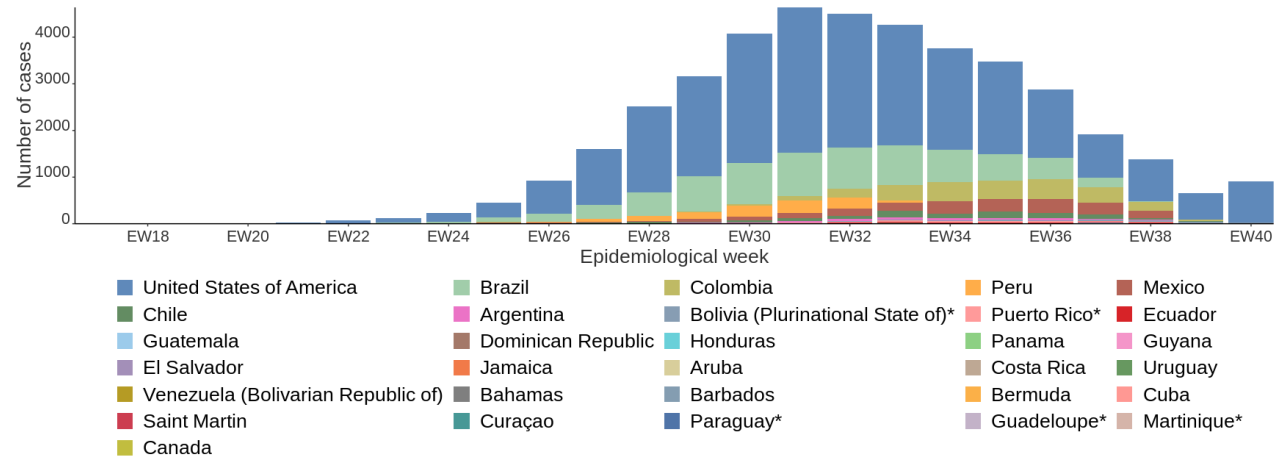
Table 1. Confirmed and suspected cases of monkeypox by country/territory in the Region of the Americas. As of 5 September 2022 (16:00 EST)*.

Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases - EW39	Cases - EW38	% variation
United States of America	26,723	2	80.7	1,032	1,445	-28.6
Brazil	8,147	3	38.3	451	611	-26.2
Peru	2,587	0	78.5	210	257	-18.3
Colombia	2,453	0	48.2	389	393	-1
Mexico	1,968	0	15.3	260	317	-18
Canada	1,400	0	37.1	7	26	-73.1
Chile	977	0	51.1	38	114	-66.7
Argentina	396	0	8.8	70	61	14.8
Bolivia (Plurinational State of)	210	0	18.0	31	35	-11.4
Puerto Rico	187	0	65.4	9	13	-30.8
Ecuador	142	1	8.0	27	25	8
Guatemala	32	0	1.8	9	6	50
Dominican Republic	31	0	2.9	0	0	-
Panama	16	0	3.7	3	1	200
Jamaica	14	0	4.7	0	2	-100
El Salvador	9	0	1.4	3	2	50
Uruguay	9	0	2.6	2	1	100
Venezuela (Bolivarian Republic of)	8	0	0.3	0	0	-
Costa Rica	6	0	1.2	0	0	-
Honduras	6	0	0.6	0	2	-100
Cuba	4	1	0.4	1	0	-
Aruba	3	0	28.1	0	0	-
Curaçao	3	0	18.3	0	2	-100
Bahamas	2	0	5.1	0	0	-
Guyana	2	0	2.5	0	0	-
Paraguay	2	0	0.3	1	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

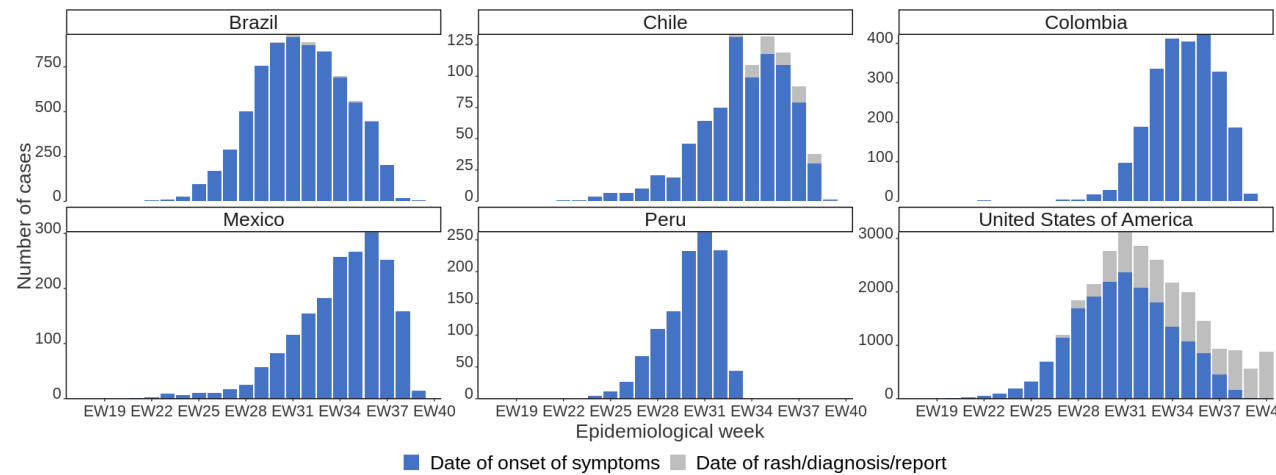
Figure 2. Confirmed monkeypox cases by country/territory and epidemiological week (EW) of symptom onset for cases with available information in the Region of the Americas. As of 5 October 2022 (16:00 EST)*



Figures are subject to change based on the latest data reported by countries/territories
*For these countries/territories only date of report is available

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 5 October 2022 (16:00 EST)*.



Figures are subject to change based on the latest data reported by countries/territories

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

The Region of the Americas continues to account for the highest cumulative proportion of monkeypox cases globally and the highest proportion of new weekly cases. Six countries in the Region (United States, Brazil, Peru, Colombia, Mexico, and Canada) are among the top 10 countries with the highest number of confirmed cases globally and account for 95% of cases in the Region, of which 2 of these have been recently added: Mexico and Colombia, indicating increased transmission in more countries in the Region. Additionally, there is a likelihood of increased transmission in other population groups. The most at-risk populations have predominantly remained the same; however, there has been an increase of cases among women, including pregnant women, as well as in children, which cannot be overlooked. Cases among indigenous and incarcerated persons are of concern. 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](#)

STAY CONNECTED

