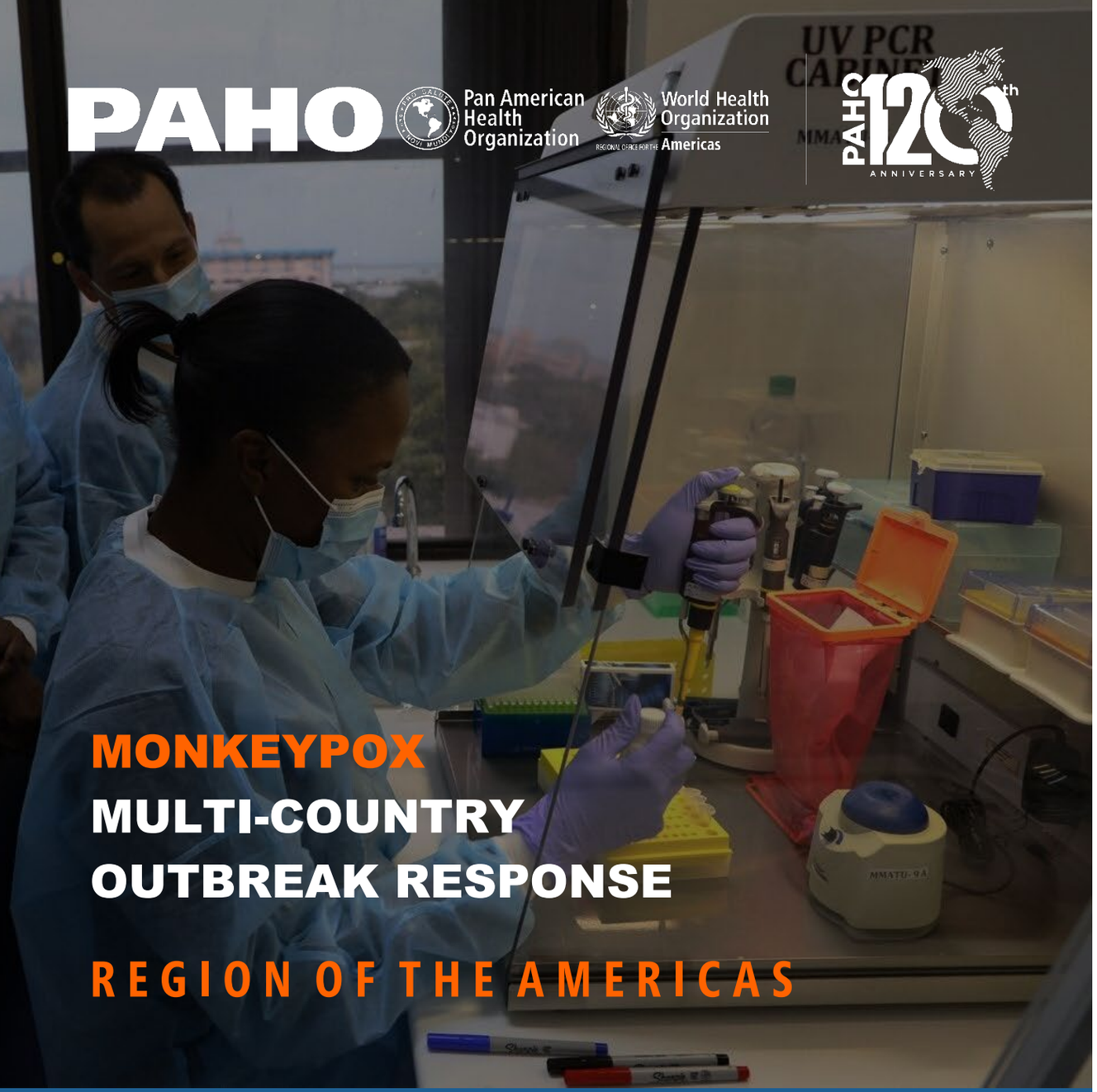

PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas

PAHO 120th Anniversary

MONKEYPOX MULTI-COUNTRY OUTBREAK RESPONSE

REGION OF THE AMERICAS

Report n. 3, 21 October 2022

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MONKEYPOX

SITUATION IN NUMBERS

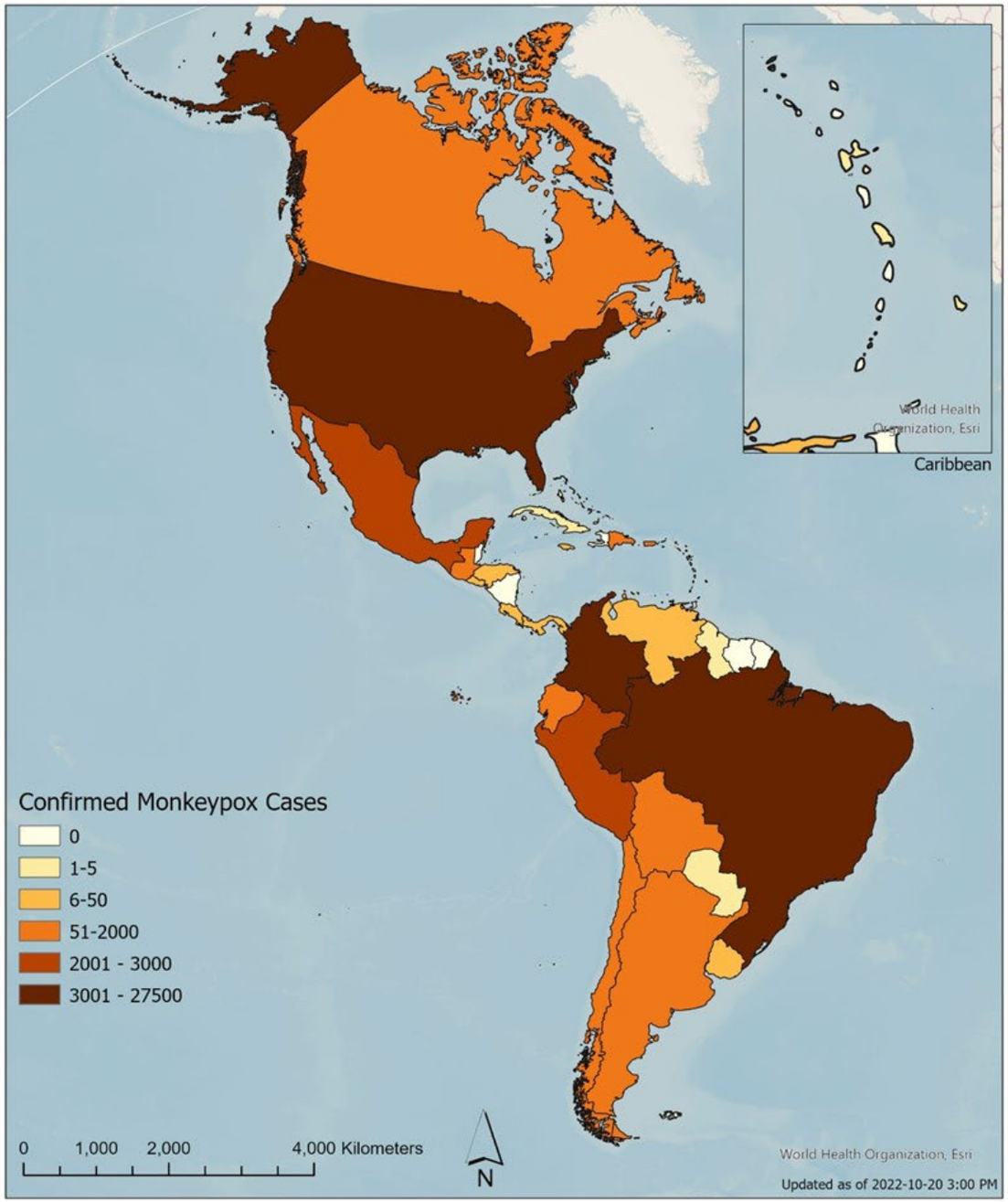
Region of the Americas

As of 19 October 2022 (16:00 EST)

Total as of 19 Oct 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 Assessment[1]: Moderate | Risk Assessment for the Americas[1]: High

- **Globally**, 75,141 confirmed cases of monkeypox, including 31 deaths, from 109 Member States across all 6 WHO regions: 65% in the Region of the Americas, 33% in the European Region, ≤1% each in the African, Eastern Mediterranean, Western Pacific, and South-East Asia regions (Figure 1).
  - 2,202 additional cases, 3% increase in the last 7 days.
  - 97% 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 128 cases aged 0-4 years. Males between 18-44 years old account for 79.5% of cases with available data.
- In the **Americas**, as of 19 October, 48,950 cases confirmed from 31 countries and territories. 13 deaths have been confirmed in the Region of the Americas.
  - 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.
  - 95% (18,069) 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 (70%).
  - 8 countries in the Region have reported 415 confirmed cases among persons ≤18 years old (Colombia, Mexico, Peru, Chile, Ecuador, Brazil, Dominican Republic, and Canada), including 5 cases among infants.
  - 1,649 (6%) of 25,808 cases with available information were hospitalized.
  - 84% of 12,563 cases in the Americas with available information are locally transmitted cases.



PAHO
Pan American Health Organization | World Health Organization Americas

Annex 1. Geographical distribution of confirmed cases of monkeypox in the Region of the Americas. As of 19 October 2022 (16:00 EST).

PAHO/WHO response to monkeypox in the Americas

On 23 May 2022, the Pan American Health Organization (PAHO) activated its special 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.

Due to limited supply at the global level, PAHO and WHO are working together to improve access to a monkeypox vaccine approved in 2019.

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 health authorities, civil society, and targeted communities across the Americas to provide information about symptoms and raise awareness about preventive measures. 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.

* As of 19 October 2022

PAHO/WHO Response highlights

through 21 October 2022

In the news

How to discuss monkeypox without contributing to stigmatization

On 5 October 2022, PAHO published guidelines to address monkeypox without reinforcing stigma and discrimination associated with the outbreak. The document provides resources for engaging on monkeypox issues with civil society, communities, and particularly organizations working with gay and bisexual men and men who have sex with other men.

In the context of diseases transmissible by close contact, silence, and inappropriate or inaccurate communication can reinforce blaming or scapegoating of a group of people due to their sexual habits. The PAHO document provides information and strategies that help communities, health professionals, and decision-makers avoid such stigmatization in the case of the monkeypox outbreak.

The first edition of the document includes information about the disease, including symptoms, signs, diagnostics, and treatment; anti-stigma actions; sexuality; monkeypox and HIV; vaccines; and myths and governance. Finally, it includes recommendations for the use of inclusive language.

The publication is currently available in Spanish. English version will be published soon.

READ MORE

Press Briefing

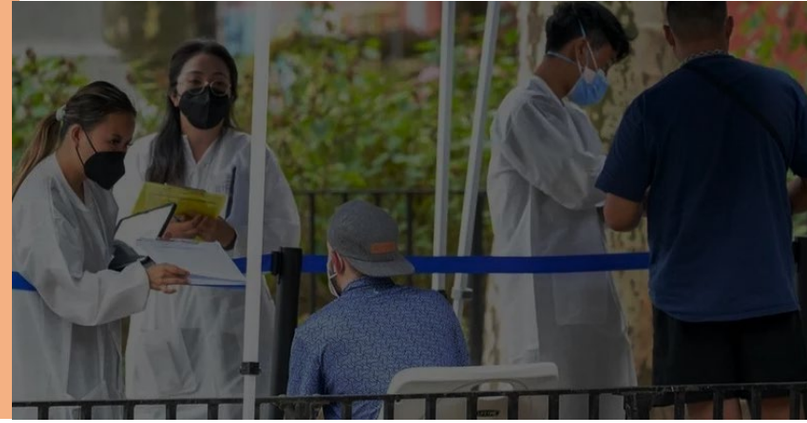
12 October 2022

"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."

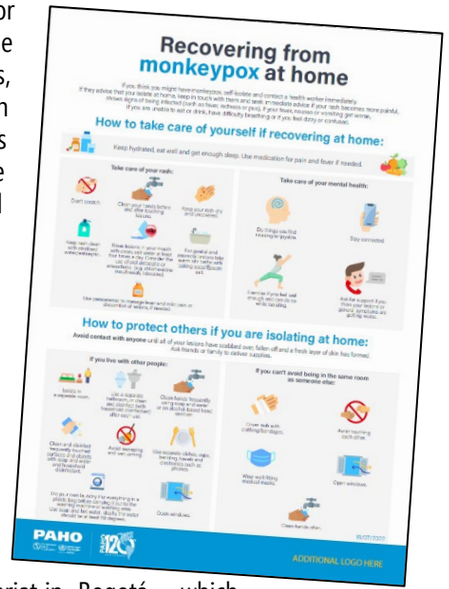
Dr. Carissa F. Etienne

Engaging and protecting communities

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



On 3 October 2022, PAHO published a poster with advice for the public while recovering at home from monkeypox. The material is aimed at health authorities in Member States, which can n download the poster and include their own institutional information for dissemination. Besides measures to take care of rashes and help patients recover, the guidance includes recommendations for home isolation and mental health care.



In **Chile**, PAHO has been strengthening liaisons with communication teams from the Ministry of Health (MoH) and other health authorities through continual dissemination of communications material, including social media. Additionally, PAHO is collaborating with the Amanda Jofré Union of Sexual Workers to develop workshops on prevention in prisons of monkeypox and other sexually transmissible infections, including HIV.

In **Colombia**, PAHO is collaborating with the Health Secretariat in Bogotá -- which has more monkeypox cases than any other city in the country – to support the development of a communication strategy with civil society organizations working with populations at higher risk. Additionally, the Organization has conducted workshops with civil society organizations to understand perceptions of monkeypox among men who have sex with men. These events have used the methodology known as knowledge dialogues, which were developed to engage with populations in situations of vulnerability, including indigenous communities.

In **Mexico**, PAHO has been supporting the General Directorate for Health Promotion (DGPS) in the development of a communications strategy, including generation of communications materials and analysis of public perceptions about monkeypox. PAHO also supported DGPS in organizing an event with civil society organizations, and medical and health experts that work with men who have sex with men.

Clinical care and infection prevention control including protection of health workers

Clinical management ▪ Infection control & prevention ▪ Health services

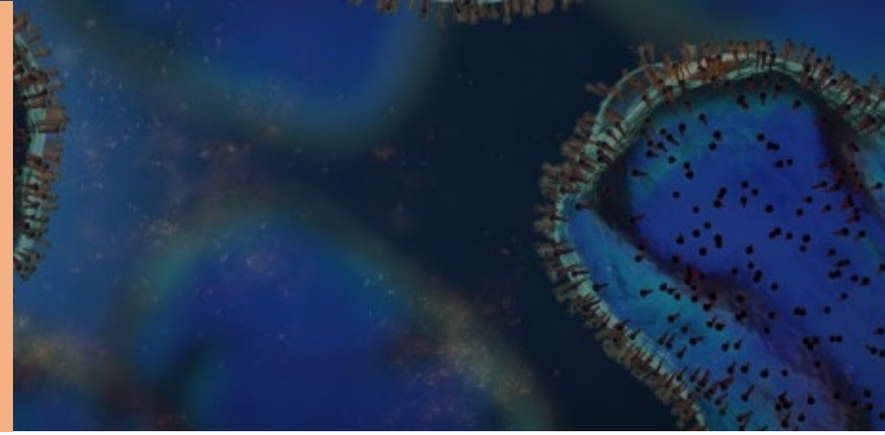
PAHO gave a presentation on "Sterilization and Disinfection," which included measures to prevent monkeypox infections, in a virtual Infection Prevention and Control (IPC) Basic Training Course. The session was offered in English to approximately 337 persons from 25 countries.

In **Colombia**, PAHO is providing support to develop capacity-building sessions on prevention and detection of monkeypox at the local level among health workers and organizations outside the MoH.

In **Panama**, PAHO has been providing health authorities with technical regional and global documents to support decision-making.

Collective intelligence for detection and containment

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



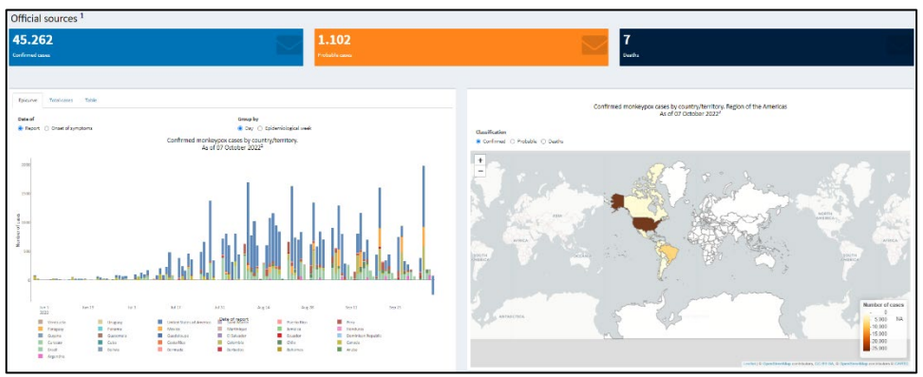
Laboratory

In **Colombia**, PAHO has provided support for procurement and distribution of laboratory supplies and reagents for molecular and genomic diagnostics. The items have included RT-PCR enzymes, DNA/RNA extraction kits, and reagents and supplies for genomic sequencing to be distributed to national laboratory networks in the country. PAHO also supported the national genomic laboratory through purchase of equipment such as sterilizers and laptop computers.

In **Mexico**, from 26 to 30 September 2022, together with the national Institute for Epidemiological Diagnostic and Reference (InDRE), PAHO organized a workshop on Genomic Surveillance Sequencing for SARS-CoV-2, with participation from seven state laboratories and other authorities from the country. The strengthening of the national genomic sequencing platform will also enable the molecular characterization of the monkeypox virus and other biological hazards.

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 **Antigua and Barbuda**, on 6 and 7 October 2022, a PAHO mission was deployed to evaluate surveillance and laboratory response. The laboratory information system will be adapted to include diagnostics of the monkeypox virus. Epidemiology discussions were held, and a PAHO consultant was posted in the country to support monkeypox alert and response until the end of October 2022. Data collection and reporting tools are being developed to include monkeypox.

In **Colombia**, PAHO continues to support the procurement and distribution of essential supplies for the detection of monkeypox. PAHO has procured 1,000 swabs to facilitate testing for the monkeypox virus. Supplies were delivered to the rapid response team of the National Health Institute (INS), which is conducting field missions for monkeypox surveillance in the country.

In the **Eastern Caribbean Countries (ECC)**, PAHO has provided technical follow-up and material support to the ECC MoH Epidemiology Units and laboratories. To facilitate implementation of PAHO/WHO guidelines on monkeypox, which are adaptable for each country's context, PAHO is also supporting the development of a summary of Integrated MPX Surveillance Guidance for Eastern Caribbean Countries.

In **Chile** and **Mexico**, PAHO has been supporting implementation and updating of the Go.Data tool for case notification, investigation, and contact tracing. PAHO assistance included the hiring of professionals for technical support and training staff from different regions to expand the use of the tool in the two countries.

Additionally, in **Mexico** PAHO held meetings with the Undersecretary for Health Prevention and Promotion, and the Directorate for Epidemiological Surveillance of Communicable Diseases of the General Directorate of Epidemiology. Both PAHO and national health authorities will work towards strengthening monkeypox surveillance and disseminating messages on prevention and risk communication strategies in the country.

In **Saint Kitts and Nevis**, PAHO conducted laboratory training and provided reagents to support monkeypox diagnostics and surveillance.

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 synthetized 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.

PAHO is providing support to Member States on how to implement the WHO's monitored emergency use of unregistered and experimental interventions (MEURI) [1] protocol for monkeypox in the Americas. The Organization also held an *ad hoc* meeting of its Ethics Review Committee to review the monkeypox MEURI protocol in order to enable the emergency use of potential treatments to manage monkeypox cases under specific ethical conditions.

In **Chile**, on 6 October 2022, with support from its Revolving Fund, PAHO delivered the country's first doses of monkeypox vaccines.

In countries of the Region such as **Colombia,**, PAHO is supporting implementation of the WHO global clinical platform for monkeypox, a secure, limited-access, password-protected platform intended to describe and assess the clinical characteristics of monkeypox. In **El Salvador**, PAHO has met with the country's National Health Institute and national regulatory authority to discuss revisions to relevant national legislation pertaining to research.

[1] Monitored Emergency Use of Unregistered and Experimental Interventions (MEURI). MEURI aims at offering affected persons access to interventions in view of their possible benefit, while ensuring that their use is monitored and contributes data to the generation of evidence. Robust clinical trials are still needed in order to demonstrate the safety and efficacy of these interventions.

In **Jamaica**, PAHO is currently making monkeypox vaccine doses available to Jamaica through its Revolving Fund. The purchase order was finalized on 30 September 2022 for the shipment of 4,200 doses to Jamaica. In **Panama**, PAHO has supported the acquisition of 1,400 monkeypox/smallpox vaccines through its Revolving Fund.

In **Peru**, PAHO delivered ethics training for teams from Peru's national regulatory authority (INS/OGITT) who will be involved in upcoming clinical trials. PAHO also collaborated with **Paraguay's** MoH to provide this training to the country's research ethics committees.

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 **Colombia**, PAHO is following the process of monitoring and implementation of risk assessment for monkeypox.

In **Mexico**, the Organization is providing technical cooperation and multisectoral coordination to create efficient response plans to control and stop transmission of monkeypox.

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 19 October 2022 (16:00 EST), there is a total of 48,950 confirmed cases of monkeypox, including 13 deaths in Brazil (7), the United States of America (4), Cuba (1), and Ecuador (1), reported from 31 countries and territories (Table 1).

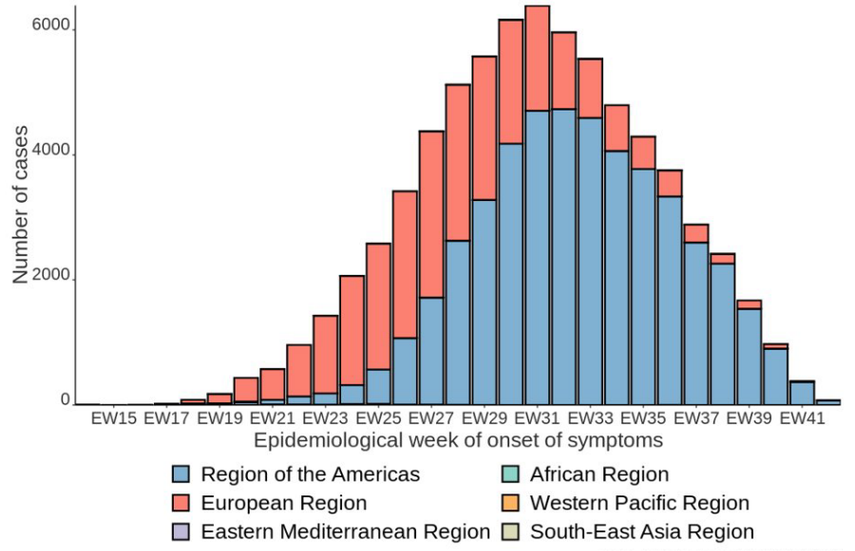
In the **Region of the Americas**, as of 19 October 2022 (16:00 EST), there are a total of 48,950 confirmed cases of monkeypox, including 13 deaths in Brazil (7), United States of America (4), Cuba (1), and Ecuador (1), reported from 31 countries and territories (Table 1, Annex 1, Figure 2). Six countries in the Region account for 95% of confirmed cases: United States of America, Brazil, Colombia, Peru, Mexico, and Canada (Figure 3).

Compared to the 7 October 2022 report, no new countries reported confirmed monkeypox cases, and 6 additional deaths were reported (Brazil and the United States). There was a 4% 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 46,957 confirmed cases. Of these, 18,968 cases had sex information available, of which 18069 (95.3%) were male; 19,926 cases had age information, which ranged from 0 to 95 years old (median 32 years, mean 33.4 years) and 415 confirmed cases aged 18 years or younger were reported by 8 countries, including 5 cases among infants; 38,983 cases reported dates of symptom onset in 2022, ranging from 14 January to 19 October 2022. Of 12,563 cases with available information on history of reported travel, 84% reported no recent travel. Among 25,808 cases with hospitalization information, 1,649 (6%) were hospitalized (including for isolation purposes). Of 11,329 cases with sexual orientation information, 7,964 (70%) were men who have sex with men (MSM).

Of 899 cases reported among women in the Region of the Americas as of 20 October, 25 correspond to pregnant women. Thirty-three of the cases among women required hospitalization (including for isolation purposes), three 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 19 October2022.



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 19 October 2022 (16:00 EST)*.

Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases - EW41	Cases - EW40	% variation
United States of America	27,774	4	83.9	735	1,289	-43
Brazil	8,778	7	41.3	312	471	-33.8
Colombia	3,110	0	61.1	277	411	-32.6
Peru	2,913	0	88.3	198	66	200
Mexico	2,468	0	19.1	179	341	-47.5
Canada	1,411	0	37.4	0	15	-100
Chile	1,116	0	58.4	87	97	-10.3
Argentina	524	0	11.6	45	83	-45.8
Bolivia (Plurinational State of)	236	0	20.2	16	20	-20
Ecuador	212	1	12.0	43	22	95.5
Puerto Rico	194	0	67.8	3	6	-50
Guatemala	66	0	3.7	17	11	54.5
Dominican Republic	52	0	4.8	0	21	-100
Panama	16	0	3.7	0	0	-
Jamaica	14	0	4.7	0	0	-
El Salvador	11	0	1.7	1	2	-50
Uruguay	11	0	3.2	2	1	100
Venezuela (Bolivarian Republic of)	10	0	0.4	2	3	-33.3
Costa Rica	7	0	1.4	1	2	-50
Honduras	6	0	0.6	0	0	-
Cuba	4	1	0.4	0	1	-100
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	-
Paraguay	2	0	0.3	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	-

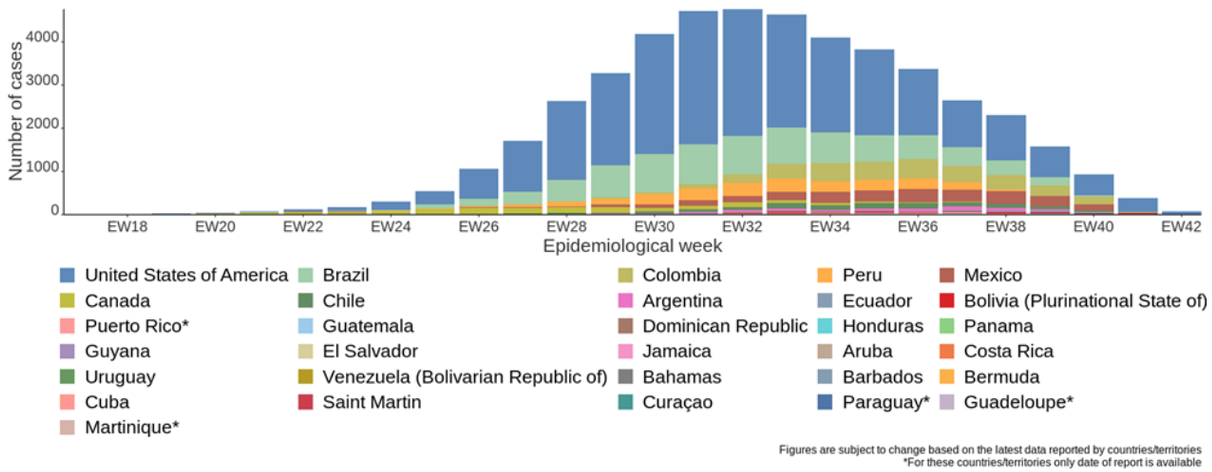
Data updated as of: 19/10/2022

Data sources: 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

Data is preliminary and subject to change.

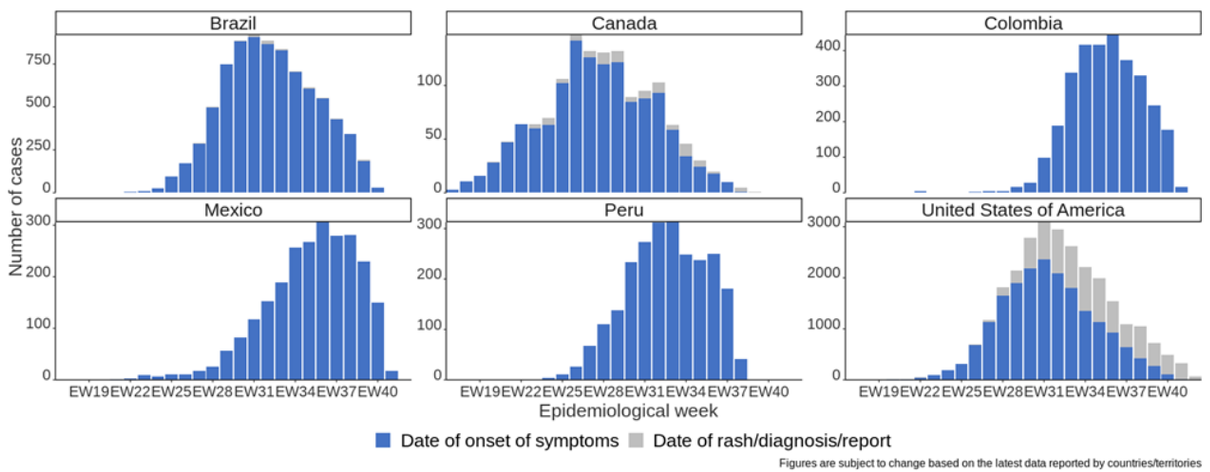
Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels. The country/territory data published in this table is collected either automatically 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 19 October 2022 (16:00 EST)*



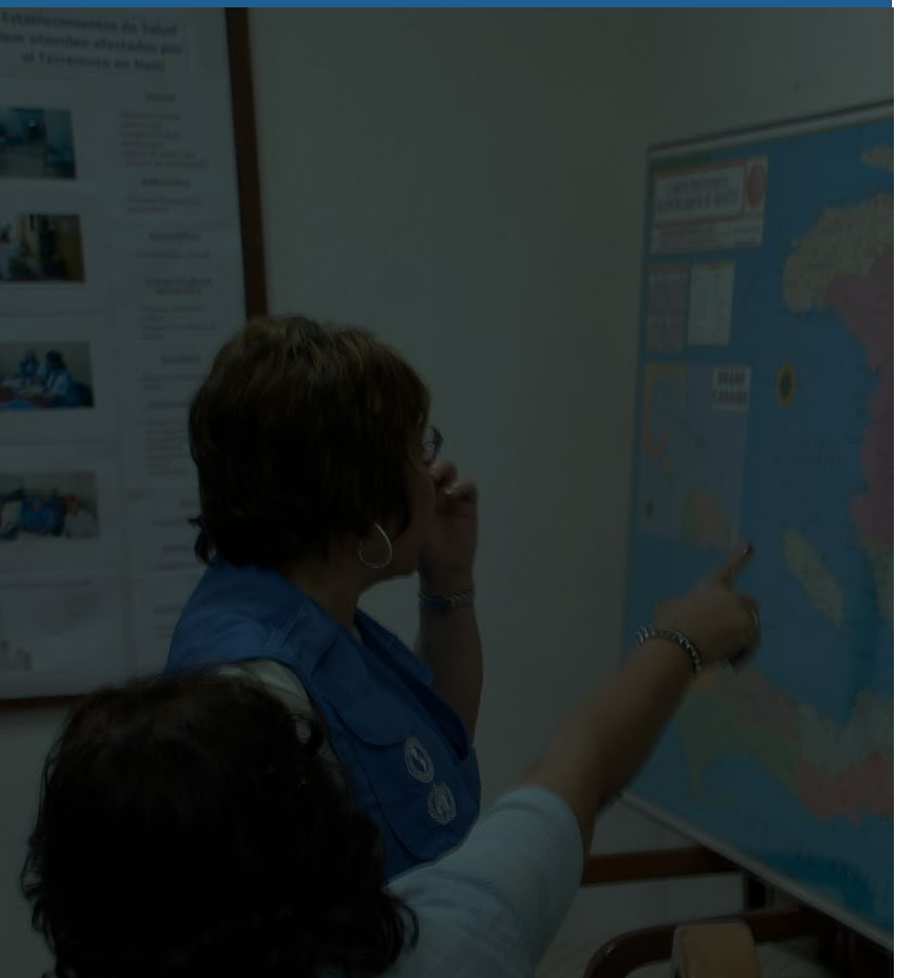
Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

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 19 October 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



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 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, cases among women, including pregnant women, as well as in children 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