

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. 5, 18 November 2022

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MONKEYPOX

SITUATION IN NUMBERS

Region of the Americas

As of 16 November 2022 (16:00 EST)

Total as of 16 Nov 2022	53,786 confirmed cases	Last 7 days 10 to 16 Nov 2022	959 new confirmed cases	19% decrease in cases
31 countries/territories with confirmed cases	31 deaths		1 new deaths	0 newly affected countries

Global WHO Risk Assessment¹: Moderate

Risk Assessment for the Americas¹: High

- **Globally**, 79,641 confirmed cases of monkeypox, including 51 deaths, from 110 Member States across all 6 WHO regions: 67% 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) 45 compared to EW 44 (% variation) decreased by 25%.
 - In the past 7 days, 18 countries reported an increase in the weekly number of cases, with the highest increase reported in Brazil. 65 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 149 cases aged 0-4 years. Males between 18-44 years old account for 80% of cases with available data.
- In the **Americas**, 53,786 confirmed cases were reported from 31 countries and territories. 31 deaths have been confirmed in the Region of the Americas.
 - The number of new weekly reported cases in EW 45 compared to EW 44 (% variation) decreased by 19%.
 - Six countries in the Region are among the top 10 countries globally with the highest number of confirmed cases, and account for 93% of confirmed cases within the Region: United States of America, Brazil, Colombia, Peru, Mexico, and Canada.
 - 20,063 (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 445 confirmed cases among persons <18 years old, including 19 cases among infants.
- 2,110 (7%) of 30,535 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.

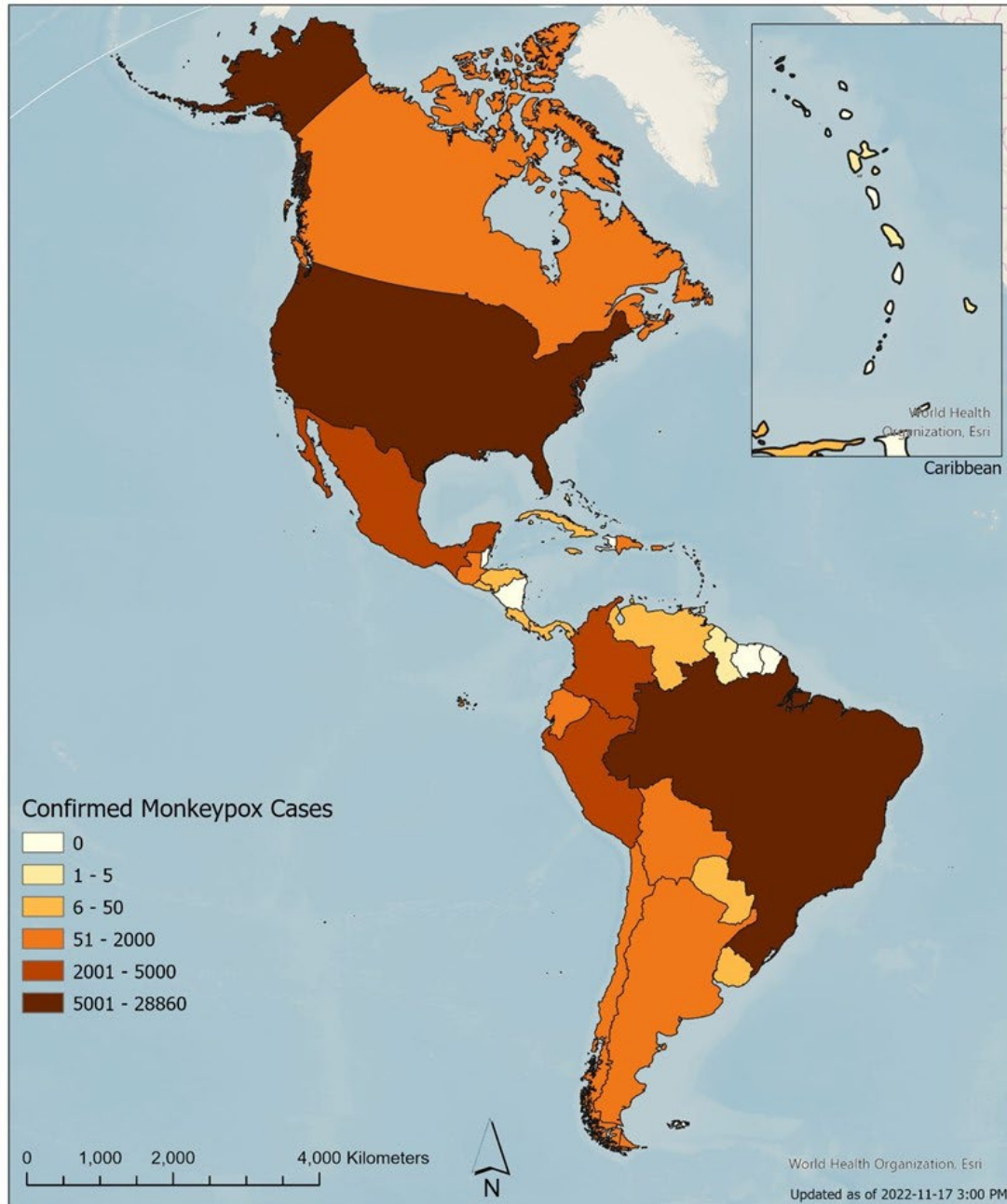
PAHO/WHO response to monkeypox in the Americas

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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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.

PAHO/WHO response to monkeypox in the Americas through 4 November 2022

Stories from the field

Peru responds to monkeypox by engaging affected communities

With more than 3,000 people affected with monkeypox to date, Peru is one of the countries in the Americas that has reported the most cases since Europe declared last May an atypical outbreak of the disease not linked to African countries, where the disease is endemic. But even before the detection of the first case in Peru last June, the Andean country's health authorities had already begun to implement a response plan drawn up with the technical support of the Pan American Health Organization (PAHO). The plan includes the training of health professionals in epidemiological surveillance, laboratory diagnosis, and case prevention and management for the search and timely identification of infected persons. It also considers risk communication actions on monkeypox and prevention advice carried out in collaboration with the community so that people can make informed decisions in favor of their health.

Dr. Carlos Benites, Director of HIV/AIDS Prevention and Control of Peru, stressed that close coordination with more than 40 civil society and community organizations, as well as the dissemination of key messages through an app for LGBTQ+ people has made it possible to "firmly and forcefully reach affected populations with preventive information." Representatives of the LGBTQ+ community and people living with HIV have been actively involved in creating the key messages about monkeypox and have proposed ways to communicate them in Peru.

Urban mobile brigades have been another focus of Peru's response to monkeypox. After mapping community socialization spaces to be intervened, the teams - made up of health personnel and peer educators - took prevention information to Lima's saunas, bars, nightclubs, and busy streets.

A monkeypox hotline was also set up by health authorities to answer questions about infection, transmission and where to get tested, but also to refer people with suspected infection to health centers where they can receive care. The line operates 24 hours a day, seven days a week. Up to September it received more than 117,000 calls.

Dr. Alexis Holguin, Director of Strategic Interventions in Public Health in Peru, listed some of the upcoming challenges in the prevention and management of monkeypox, such as the management of complications and the adequate and timely follow-up of patients. He considered that, given the limited number of vaccines, another challenge is vaccination as a complementary prevention tool, in a specific population and without discriminating or stigmatizing. Peru acquired, through PAHO's Revolving Fund, 9,800 doses of monkeypox vaccine. The country recently announced that it will give priority to people with HIV and those at risk of seriously developing the disease. Although the country continues to report cases of monkeypox, these have been reduced in recent weeks. **Read the full article [here](#).**



Press Briefing

16 November 2022

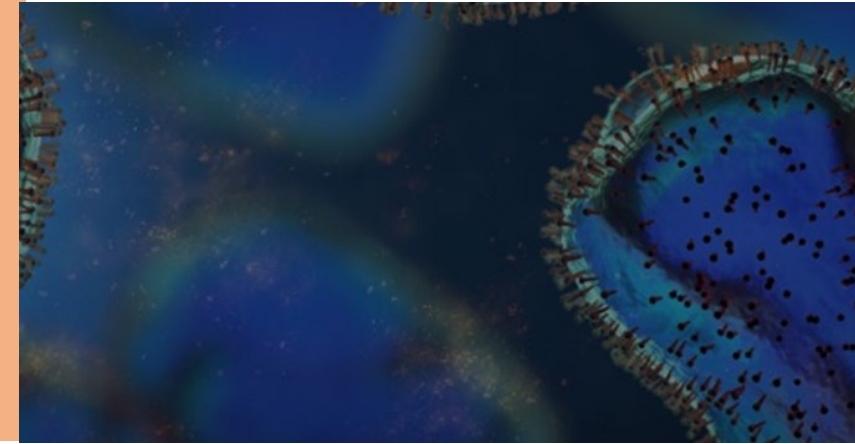
"Although the Americas are still the Region most impacted by monkeypox, cases have fallen in most of the severely affected countries. We must take advantage of this momentum to drive monkeypox cases to zero as quickly as possible."

Dr. Carissa F. Etienne

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

PAHO/WHO response highlights

through 4 November 2022



Engaging and protecting communities

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

On 25 October 2022, PAHO participated in a meeting on monkeypox at the 4th LA HIV Forum in Lima, Peru. The event included presentations and discussions with the public, exploring opportunities to re-launch HIV prevention and care in the context of the monkeypox outbreak. Two hundred persons participated in the event. The Organization presented updates on the epidemiological situation in the Region, as well as experiences from Brazil, Mexico, and Peru.

Clinical care and infection prevention and control, including protection of health workers

Clinical management ▪ Infection prevention and control (IPC) ▪ Health services

On 28 October 2022, PAHO presented the webinar "[Strengthening Capacities for IPC and Clinical Management of Monkeypox in the Caribbean](#)." PAHO is hosting weekly webinars open to all healthcare providers and medical allies. These webinars include presentations on critical topics for the adequate management of the disease. Topics included the presentation of updated information about the epidemiological situation, the most recent PAHO/WHO IPC and clinical management recommendations, and the experiences of Caribbean countries in managing monkeypox cases. The webinar was presented in English, French, Portuguese, and Spanish, and included the participation of 200 persons from across the Region.

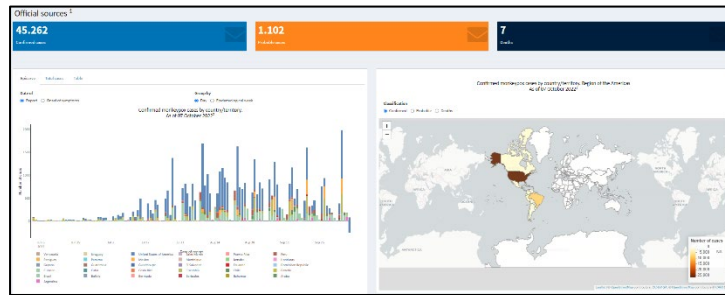
On 4 November 2022, PAHO presented the webinar "[Monkeypox outbreak in a piercing and tattoo establishment in Spain](#)." On 19 July 2022, Spain reported a monkeypox outbreak linked to a piercing and tattoo establishment in Cádiz, Spain, affecting five individuals. The webinar described the clinical and epidemiological investigations of the first reported outbreak of monkeypox in a piercing and tattoo establishment in Europe and discussed this outbreak in the context of Latin America and the Caribbean. Monkeypox can spread between people through direct contact with sores, scabs, or bodily fluids, meaning industries like tattoo parlors and barber shops, which rely on close contact with clients, could be at risk.

The purpose of these webinars is to strengthen the national capacity of countries in Latin America and the Caribbean to manage monkeypox cases, while sharing lessons learned within the context of the monkeypox situation. In addition, the webinars are intended to disseminate new information related to monkeypox and act as a platform for discussing and exchanging experiences.

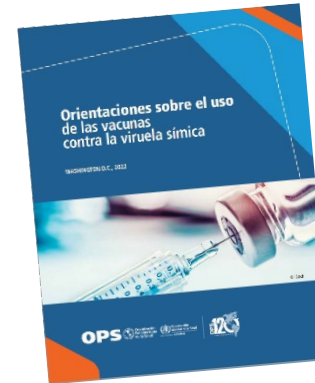
Collective intelligence for detection and containment

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

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 1 November 2022, PAHO published the Spanish version of "[Guidance on the use of monkeypox vaccines](#)." The document addresses different aspects of the use of vaccines to assist primary public health interventions in stopping human-to-human transmission of monkeypox. The document provides useful and accessible information about monkeypox vaccines in order to facilitate the implementation prevention strategies, based on the epidemiological context of countries affected.

In **Eastern Caribbean Countries (ECC)**, from 1 to 4 November 2022, PAHO held a health surveillance meeting was held with representatives from all countries and the United Kingdom Overseas Territories. Topics addressed laboratory and epidemiological surveillance for monkeypox, challenges therein, and how countries are progressing in these areas. Important technical updates were also provided to member States.

Countermeasures and research: secure access to supplies

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

As of 31 October 2022, the PAHO Revolving Fund has placed purchase orders for 93,800 monkeypox vaccine doses requested by 12 countries: Bahamas, Belize, Brazil, Chile, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Panama, Peru, and Trinidad and Tobago. Twenty-five thousand doses were delivered to seven countries in the Americas during October: The Bahamas, Brazil, Chile, Ecuador, El Salvador, Panama, and Peru. First shipments were prioritized according to the epidemiological situation reported by 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 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 need investment and enhancement to provide timely detection, reporting, and response.
- 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 appropriate care for 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.

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

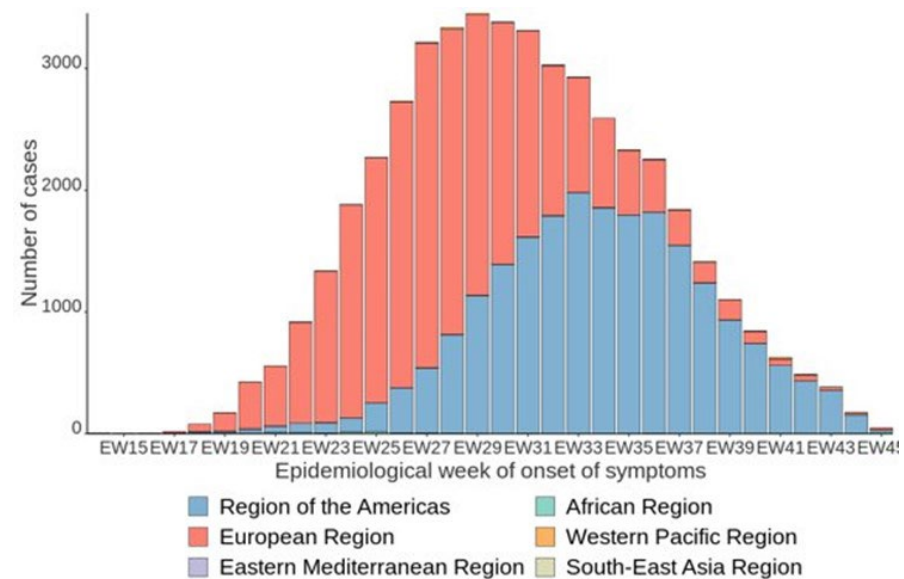
Epidemiological Update

In the Region of the Americas, as of 16 November 2022 (16:00 EST), there is a total of **53,786** confirmed cases of monkeypox, including **31 deaths** in Brazil (12), the United States of America (11), Mexico (4), Ecuador (2), Chile, (1) and Cuba (1), reported from **31 countries** and territories (Table 1).

In the **Region of the Americas**, as of 16 November 2022 (16:00 EST), there are a total of 53,786 confirmed cases of monkeypox, including 31 deaths in: Brazil (12), United States of America (11), Mexico (4), Chile (1), Ecuador (2) and Cuba (1), reported from 31 countries and territories (*Table 1, Annex 1, Figure 2*). Six countries in the Region account for 93% of confirmed cases: United States of America, Brazil, Colombia, Peru, Mexico, and Canada (*Figure 3*). The number of new weekly reported cases in EW 45 compared to EW 44 (% variation) decreased by 19%. Compared to the 04 November 2022 report, 13 additional deaths were reported (Brazil, United States, Mexico, and Chile).

PAHO/WHO has received an anonymized line list from Member States regarding 50,576 confirmed cases. Of these, 20,958 cases had sex information available, of which 20,063 (95%) were male; 21,655 cases had age information, which ranged from 0 to 95 years old (median 32 years, mean 33.4 years) and 532 confirmed cases aged 18 years or younger were reported by 10 countries, including 19 cases among infants (<1 year-old); 43,639 cases reported dates of symptom onset in 2022, ranging from 14 January to 12 November 2022. Of 14,529 cases with available information on history of reported travel, 88% reported no recent travel. Among 30,535 confirmed cases with hospitalization information, 2,110 (7%) were hospitalized (including for isolation purposes). Of 16,010 cases with sexual orientation information, 11,631 (73%) were men who have sex with men (MSM). Of 967 confirmed cases reported among women, 31 correspond to pregnant women. Forty-eight of the cases among women required hospitalization (including for isolation purposes), five of these were pregnant.

Figure 1. Global distribution of monkeypox cases by epidemiological week (EW) of symptom onset. As of 16 November 2022.

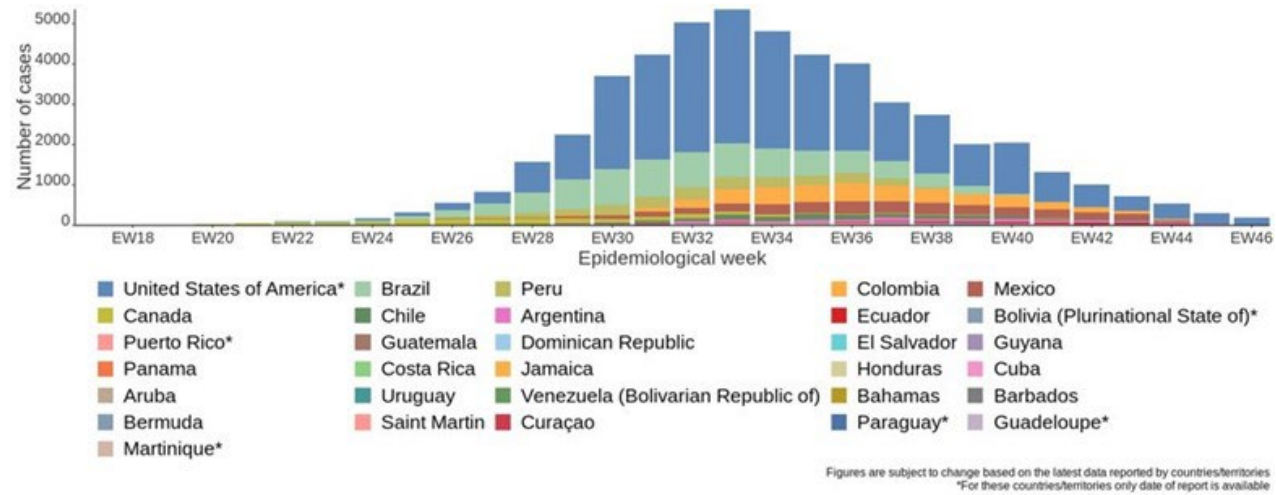


Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies, or similar and reproduced by PAHO/WHO.

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

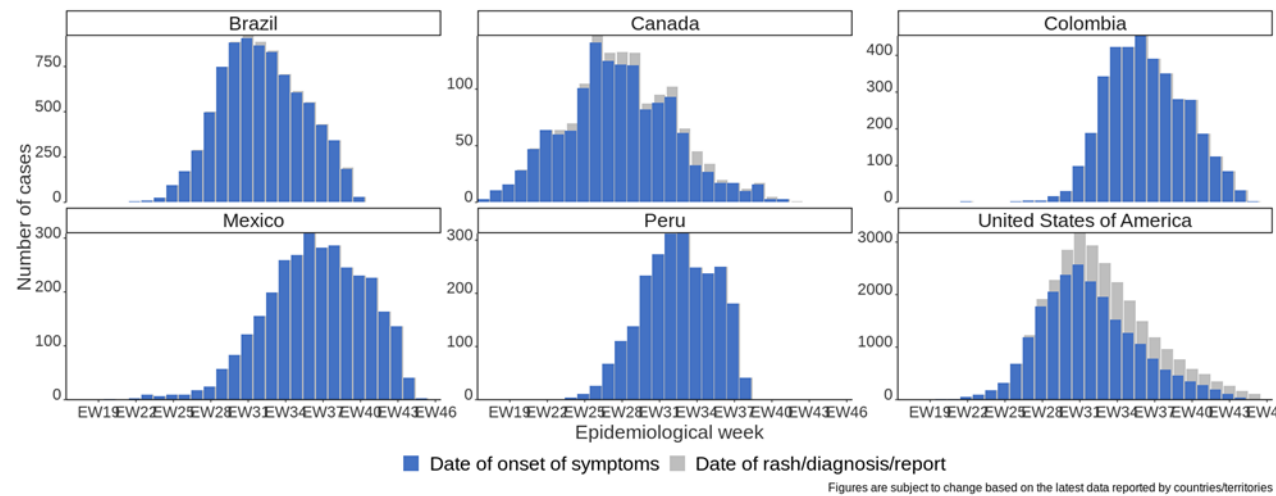
Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases - EW45	Cases - EW44	% variation
United States of America	29,187	11	88.2	260	374	-30.5
Brazil	9,655	12	45.4	294	129	127.9
Colombia	3,719	0	73.1	107	225	-52.4
Peru	3,359	0	101.9	95	156	-39.1
Mexico	3,145	4	24.4	106	247	-57.1
Canada	1,447	0	38.3	0	9	-100
Chile	1,260	1	65.9	51	26	96.2
Argentina	862	0	19.1	0	71	-100
Ecuador	346	2	19.6	68	0	-
Bolivia (Plurinational State of)	250	0	21.4	5	1	400
Puerto Rico	202	0	70.6	0	2	-100
Guatemala	141	0	7.9	21	16	31.2
Dominican Republic	52	0	4.8	0	0	-
Panama	34	0	7.9	3	2	50
Costa Rica	21	0	4.1	8	0	-
El Salvador	19	0	2.9	0	4	-100
Jamaica	16	0	5.4	0	0	-
Paraguay	14	0	2.0	2	2	0
Uruguay	14	0	4.0	0	1	-100
Honduras	10	0	1.0	1	2	-50
Venezuela (Bolivarian Republic of)	10	0	0.4	0	0	-
Cuba	8	1	0.7	4	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	-

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 16 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 16 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 from the Region of the Americas (90%) and the European Region (7%). However, 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 19%). 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 incarcerated persons continue to be 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](#)

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