

TAG RECOMMENDATIONS FOR MPOX

Pan-American Health Organization (PAHO), 2024

PAHO



Pan American
Health
Organization



World Health
Organization

Americas Region

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2022 Recommendations

May

- The TAG commends PAHO for its proactive response to the recent outbreaks of monkeypox in Europe and the Americas. TAG urges PAHO to monitor these outbreaks and their investigations closely and support enhancement of the preparedness and response of countries in order to curtail the spread of monkeypox in the Americas as soon as possible. PAHO will facilitate countries by, inter alia, preparing resource material for training health and frontline workers as well as risk communication, simplifying the WHO case definition, facilitating laboratory diagnostic capacity in countries and leading negotiations for access to vaccines, therapeutics and other essential items on behalf of the region.
- The TAG urges countries to review WHO's recommendation (31) for monkeypox surveillance and control – including syndromic identification, notification, laboratory diagnostics, contact tracing and isolation/quarantine – and develop national guidelines to implement these operations. Countries must clearly define the characteristics of a close contact (32) of a monkeypox confirmed case (e.g., type of contact, time since last contact, travel history) and evaluate the risk of transmission (33). It is imperative that countries implement these operations thoroughly and interrupt all transmission chains as soon as possible, since this is the most effective and readily available option to stop the outbreak.
- To avoid overburdening national laboratories that are still processing large quantities of COVID-19 samples, the TAG recommends that WHO and PAHO provide clear, simple algorithms for differential diagnostics of different rashes and skin lesions (with pictures). These guidelines must be disseminated widely in healthcare settings (including primary care, emergency rooms and dermatology clinics) and in the community to facilitate identification of suspected cases.
- Countries must define and enforce infection prevention and control (IPC) measures in all settings where monkeypox cases are found in order to limit viral transmission including strategies for partners and household members of confirmed cases. Strict adherence to guidelines for the correct use of personal protective equipment (PPE) in health settings is strongly encouraged (34) especially for health personnel who offer care to suspected monkeypox cases.
- The TAG urges the RFV to negotiate access to monkeypox vaccines on behalf of the 42 Member States and to procure vaccine doses for all countries based on their epidemiological situation. Negotiations must take into account technical regulatory

criteria, vaccine effectiveness and safety, the limited availability of vaccine doses and price.

- The TAG strongly endorses the WHO recommendation (35) that only close contacts of a confirmed monkeypox case should be offered vaccination. Post-exposure vaccination (ideally within four days of exposure) may be considered by some countries for high-risk close contacts (28). TAG recommends that PAHO establish clear guidelines regarding which Monkeypox vaccine should be made available to close contacts of confirmed cases, depending on their risk of infection and risk of developing adverse events. Most persons aged 50 years or older would have received the smallpox vaccination and should be given only a single dose of a 3rd generation vaccine as a booster. There is no place for mass vaccination currently, nor are there sufficient supplies of vaccine to do this.
- The TAG recognizes that all monkeypox vaccines can generate adverse events. Therefore, when proposing vaccination to a close contact, countries must inform the person of the possible sequelae of vaccination and offer alternative infection control measures where feasible.
- If countries use 3rd generation vaccines, the route of application is subcutaneous and requires no additional training for their administration. However, if countries use 2nd generation monkeypox vaccines, they should provide training to vaccinators in order to minimize programmatic errors and adverse events – since health personnel are not trained in the scarification administration technique required for this vaccine.
- Ministries of Health should work closely with national and local civil society organizations to develop communication strategies that help prevent unnecessary risks while fostering community trust and engagement. Care must be taken to avoid stigmatizing language.

July

- TAG recommends that countries continue to sensitize clinicians and other healthcare workers, and enhance surveillance and diagnostic capacity to identify and curtail spread of the multi-country monkeypox outbreak. TAG commends PAHO on its development of guidelines and training materials for clinicians to facilitate the detection of suspected monkeypox cases and recommends that the Organization expand these efforts to reach public and private health facilities and non-governmental organizations that cater to mainstream media networks and the general population.

- Due to the extremely limited supply of vaccines against monkeypox, current allocation efforts must consider the geographic distribution of confirmed cases and the likelihood of viral spread. TAG recommends that the PAHO Revolving Fund for Vaccines (RFV) continue to work with vaccine manufacturers to map the expansion of vaccine capacity at the global level and promote the inclusion of equitable distribution of vaccine doses in the allocation algorithm.