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**Special awareness Bulletin**

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# **Monkey pox - multi-country, situation update**

This posting on the Event Information, published as the competent section of CAASL for Aviation Public Health matters pursuant to the provisions of IS 036, ICAO CAPSCA and International Health Regulations (2005) (IHR), to constitute an alert to the aviation industry Stake Holders. This aims at raising awareness, informing readiness efforts, and providing access to technical guidance for immediate actions recommended.

## **Event summary**

Since 13 May 2022, cases of monkey pox have been reported to WHO from 27 Member States across four WHO regions that are not endemic for monkey pox virus.

Epidemiological investigations are ongoing; most reported cases so far have presented through primary or secondary health care facilities. While the West African clade of the monkey pox virus has been identified from samples of confirmed cases so far, travel links of cases have been to countries in Europe and North America rather than to West Africa where this virus normally circulates.

The confirmation of monkey pox in persons who have not travelled to an endemic area is atypical and one case of monkey pox in a non-endemic country is considered an outbreak. The sudden and unexpected appearance of monkey pox simultaneously in several non-endemic countries without known epidemiological links to West or Central Africa suggests that there has been undetected transmission for possibly an extended period of time.

As of 2 June, 780 laboratory confirmed cases have been reported to WHO from 27 non-endemic countries in four WHO Regions. This represents an increase of 525 laboratory confirmed cases since the previous on 26 May 2022 when 255 cases were reported.

As of 2 June 2022, there have been no associated deaths.

The majority (88%) of confirmed cases (688) are from the WHO European Region (20 countries). Confirmed cases have also been reported from the Region of the Americas (80), Eastern Mediterranean Region (9) and Western Pacific Region (3).

## Clinical Presentation

To date, [the clinical presentation](#) has been variable. Many cases in this outbreak are not presenting with the classical clinical picture for monkey pox.

In cases described thus far in this outbreak, common presenting symptoms includes

1. genital and anogenital lesions,
2. fever,
3. swollen lymph nodes, and
4. Pain when swallowing.

While oral sores remain a common feature in combination with fever and swollen lymph nodes, the local anogenital distribution of rash (with vesicular, pustular or ulcerated lesions) sometimes appears first without consistently spreading to other parts of the body.

This initial presentation of a genital or peri-anal rash in many cases suggests close physical contact as the route of transmission during sexual contact. Some cases have also been described as having pustules appear before constitutional symptoms (e.g. fever) and having lesions at different stages of development, both of which are atypical of the way monkey pox has historically presented.

## Public Health Response:

WHO continues to support sharing of information. Clinical and public health incident response has been activated to coordinate comprehensive case finding, contact tracing, laboratory investigation, clinical management and isolation and implementation of infection and prevention and control measures.

Interim guidance is being developed to support Member States with raising awareness, surveillance, laboratory diagnostics and testing, case investigation and contact-tracing, clinical management, vaccines and immunization, and risk communication and community engagement.

WHO has developed the following documents:

- [Surveillance, case investigation and contact tracing for monkeypox: Interim guidance](#) (22 May 2022)
- [Laboratory testing for the monkeypox virus: Interim guidance](#) (23 May 2022)
- [Monkeypox: public health advice for men who have sex with men \(MSM\)](#) (25 May 2022)
- [WHO Monkeypox outbreak: update and advice for health workers](#) (26 May 2022)
- [Technical brief \(Interim\) and priority actions: Enhancing readiness for monkeypox in WHO South-East Asia Region](#) (28 May 2022)
- [Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022](#) (2 June 2022)

## **Risk Assessment:**

Currently, the public health risk at the global level is assessed as moderate considering this is the first time that monkey pox cases and clusters are reported concurrently in non-endemic countries in widely disparate WHO geographical areas and without known epidemiological links to West or Central Africa.

Cases have mainly, but not exclusively, been identified amongst men self-identified as part of extended sexual networks. At present the majority, but not all, of identified transmission is linked to recent sexual contacts.

The sudden appearance and wide geographic scope of many apparently sporadic cases indicate that widespread human-to-human transmission is already underway, and the virus may have been circulating unrecognized for several weeks or longer.

**Human-to-human transmission** occurs through close or direct physical contact with infectious lesions or mucocutaneous ulcers (face-to-face, skin-to-skin, mouth-to-mouth, mouth-to-skin) including during sexual activities, respiratory droplets (and possibly short-range aerosols), or contact with contaminated materials (e.g., linens, bedding, electronics, clothing).

Although the current risk to human health and for the general public remains low, the public health risk could become high if this virus exploits the opportunity to establish itself as a widespread human pathogen.

There is also a risk to health workers and other workers who engaged in public services if they are not wearing appropriate personal protective equipment (PPE) to prevent transmission;

**Risk of severe disease and mortality is recognized to be higher among children and immunocompromised individuals, including persons with poorly controlled HIV.**

**Infection with monkey pox in pregnancy is poorly understood, although limited data suggests that infection may lead to adverse outcomes for the foetus.**

## **WHO Advice:**

1. All countries should be on the alert for signals related to patients presenting with a rash that progresses in sequential stages – macules, papules, vesicles, pustules, scabs, at the same stage of development over all affected areas of the body – that may be associated with fever, enlarged lymph nodes, back pain, and muscle aches.
2. Some cases may have secondary bacterial infections. These individuals may present to various community and health care settings including but not limited to primary and secondary care, fever clinics, sexual health services, infectious disease units, obstetrics and gynaecology, emergency departments and dermatology clinics.

3. Increasing awareness among potentially affected communities, as well as health care providers, public service providers and laboratory workers, is essential for identifying and preventing further cases and effective management of the current outbreak.
4. Any individual meeting the definition for a suspected case should be offered testing. The decision to test should be based on both clinical and epidemiological factors, linked to an assessment of the likelihood of infection. Due to the range of conditions that cause skin rashes and because clinical presentation may more often be atypical in this outbreak, it can be challenging to differentiate monkey pox solely based on the clinical presentation.
5. Caring for patients with suspected or confirmed monkey pox requires early recognition through screening protocols adapted to local settings, prompt, isolation and rapid implementation of appropriate measures (standard and transmission based precautions), and testing to confirm diagnosis. Precautions (isolation) should remain in place until lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath.
6. Information should reach those who need it most during upcoming potentially amplifying large gatherings and all efforts should be made to avoid unnecessary stigmatization of individuals and communities potentially affected by monkey pox.

### **Laboratory testing**

There is an increasing number of commercial PCR kits available on the market, some specific for monkey pox virus detection.

### **Risk communication and community engagement**

1. Anyone who has direct contact, including but not limited to sexual contact, with an infected person can get monkey pox. Steps for self-protection include avoiding sexual contact with someone with a localized anogenital rash and limiting the number of sex partners; avoiding close contact with someone who has symptoms consistent with possible monkey pox infection;
2. Keep hands clean with water and soap or alcohol-based gels; and maintaining respiratory etiquette.
3. If a person develops symptoms such as a rash with blisters on face, hands, feet, eyes, mouth, and/or genitals and peri-anal areas; fever; swollen lymph nodes; headaches; muscle aches; and fatigue they should contact their health care provider and get tested for monkey pox.
4. If someone is suspected or confirmed as having monkey pox, they should isolate, avoid skin-to-skin and face-to-face contact with others and abstain from sex, including oral sex, until the scabs have fallen off. During this period, cases can get supportive treatment to ease monkey pox symptoms.
5. Anyone caring for a person sick with monkey pox should use appropriate personal protective measures as mentioned above.

6. Residents and travellers to monkey pox-endemic countries should avoid contact with sick mammals such as rodents, marsupials, non-human primates (dead or alive) that could harbour monkey pox virus and should refrain from eating or handling wild game (bush meat).

### **Vaccines**

1. There is a vaccine recently approved for monkey pox which is not yet widely available. Some countries may hold smallpox vaccine products which could be considered for use according to national guidance.
2. Regardless of vaccine supply, mass vaccination is not required nor recommended for monkey pox.

### **Large gatherings**

Large gatherings may represent a conducive environment for the transmission of monkey pox virus if they entail close, prolonged and frequent interactions among people, which in turn could expose attendees to contact with lesions, body fluids, respiratory droplets and contaminated materials.

- Although monkey pox and COVID-19 spread between people differently, some of the COVID-19 measures applied during social gatherings such as keeping a physical distance and practicing regular hand washing are also effective against the transmission of monkey pox virus; as such, they should be continued; skin-to-skin and face-to-face contact should be discouraged;
- Close contact with someone who has signs and symptoms consistent with monkey pox should be avoided.
- Attendance lists for participants in gatherings can be introduced, if applicable, to facilitate contact tracing in the event that a monkey pox case is identified;
- Staff responsible for dealing with attendees who fall ill at the event should be provided with information on how to manage people with signs and symptoms consistent with monkey pox.

### **International travel**

1. Based on available information at this time, **WHO does not recommend** that States Parties adopt any international travel-related measure for either incoming or outgoing travellers.
2. Any rash-like illness during travel or upon return should be immediately reported to a health professional, including information about all recent travel, sexual history and smallpox immunization history.
3. Individuals who have been identified as contacts of monkey pox cases and, therefore, are subject to health monitoring, should avoid undertaking any travel, including international, until completion of their health monitoring period.

WHO urges all Member States, to action public health measures before the virus can be allowed to establish itself as a human pathogen with efficient person-to-person transmission in both endemic and non-endemic contexts.

**Any query regarding this, kindly contact AMS, CAASL.**