

### Global situation summary

Between 1 January and 7 July 2022, a total of 7,892 confirmed cases, including three deaths, were reported from 63 Member States in five World Health Organization (WHO) Regions. The 3 fatal cases were reported from Nigeria (1) and the Central African Republic (2).

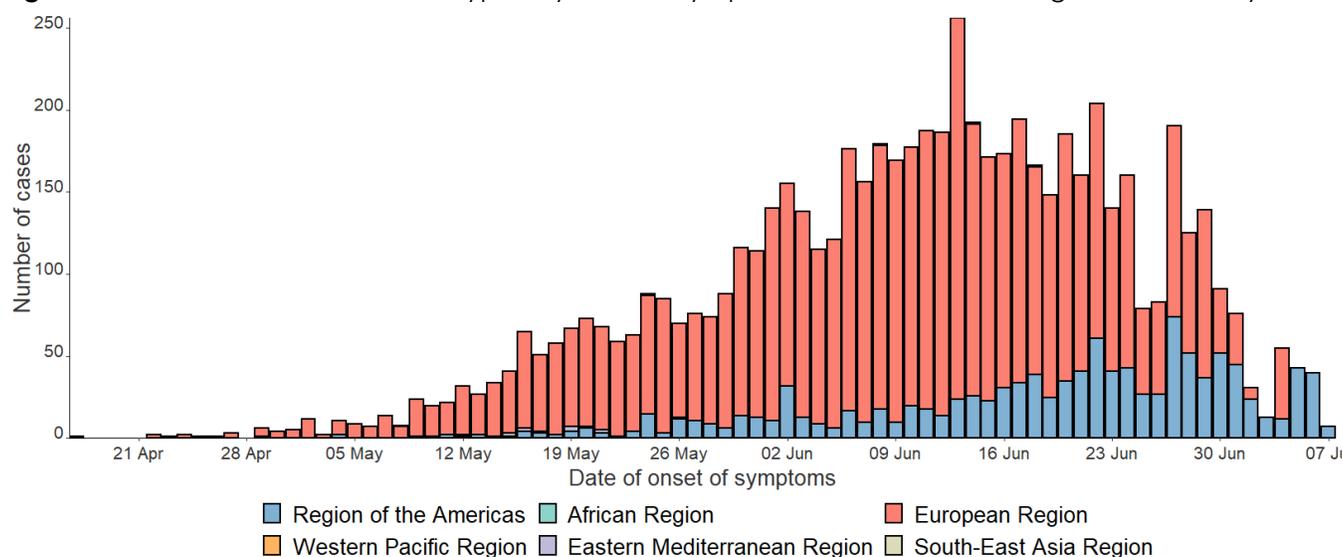
As of 7 July 2022, 82% (6,496 cases in 34 countries) of the confirmed cases were reported in the WHO European Region; 15% (1,184 cases in 14 countries) in the WHO Region of the Americas, 2% (173 cases in 8 countries) in the WHO African Region, <1% (24 cases in 4 countries) in the WHO Western Pacific Region, and <1% (15 cases in 3 countries) in the WHO Eastern Mediterranean Region.

During the last 7 days there was an increase of 41.6% in reported cases globally. During the same period, there was an increase of 82% in the Africa Region, 60% in the Western Pacific Region, 57% in the Region of the Americas and 38% in the European Region (**Figures 1-2**).

Globally, 78% of confirmed cases are males aged 18 to 44 years old (7 cases have been reported among children under 18 years of age in countries in the African and European Regions). Among the cases with available information on sexual orientation, 98% were identified as men who have sex with men (MSM) and of these, 41% are HIV-positive. Among the cases, 47% indicated that they had prior exposure to the disease during social events with sexual contact.

Of the 1,110 cases with available information, 113 are healthcare workers. Whether the infection in these cases was caused by occupational exposure is under investigation.

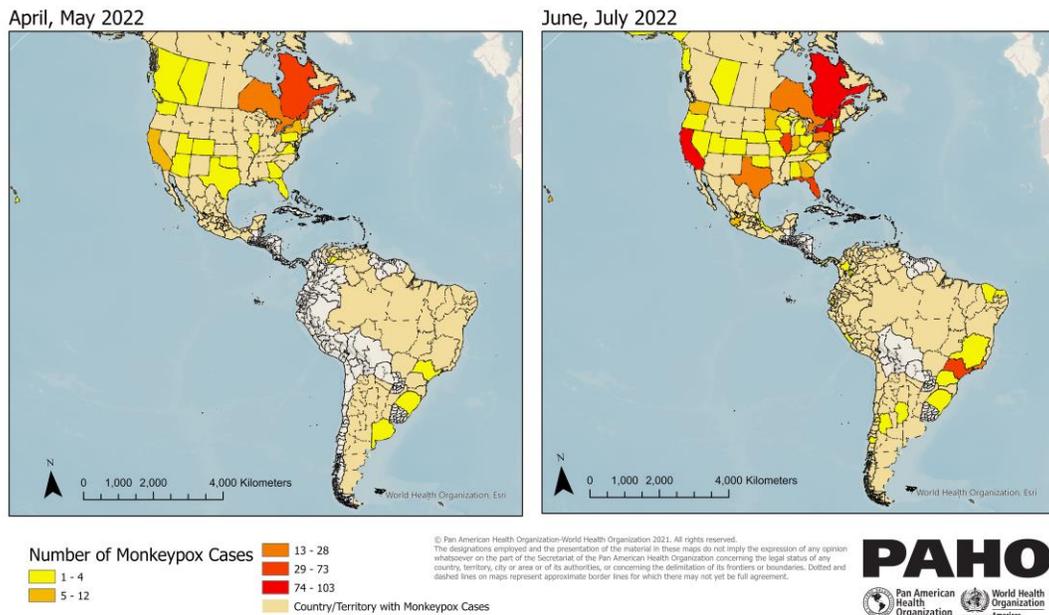
**Figure 1.** Confirmed cases of monkeypox by date of symptom onset and WHO Region, as of 7 July 2022.



**Source:** Cases reported to PAHO/WHO or published by Ministry of Health or Health Agencies.

**Suggested citation:** Pan American Health Organization / World Health Organization. Epidemiological Update: Monkeypox. 9 July 2022, Washington, D.C.: PAHO/WHO; 2022

**Figure 2.** Geographical distribution of monkeypox cases during April-May 2022 and June-July 2022. Region of the Americas.

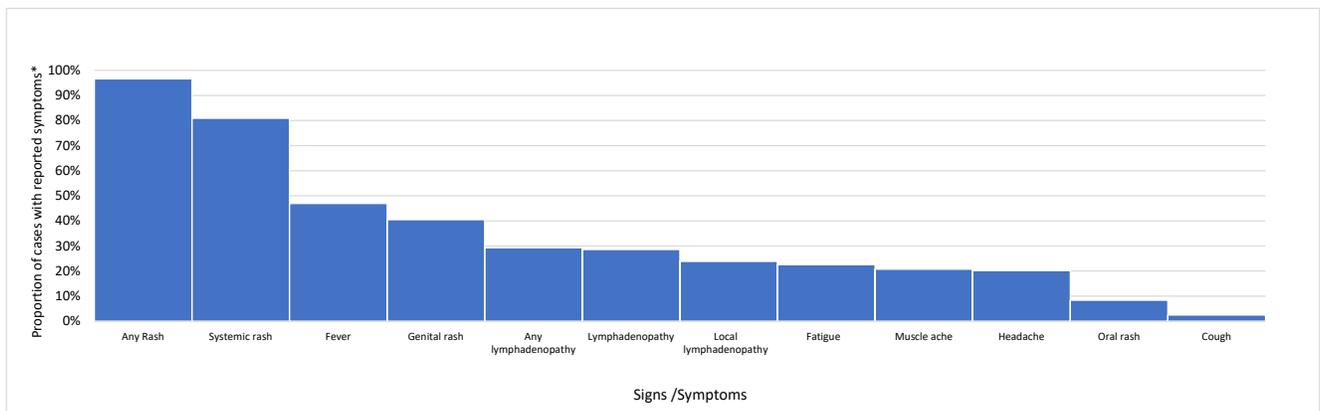


**Source:** This map includes cases reported PAHO/WHO or published by Ministry of Health or Health Agencies.

The clinical presentation of the monkeypox cases in this outbreak is different from that previously documented (**Figure 3**); rather than most of the cases presenting with the classic clinical picture described for monkeypox (fever, swollen lymph nodes, followed by centrifugal eruption), current cases have presented with the following clinical characteristics:

- Few lesions or even a single lesion
- Absence of skin lesions in some cases, with anal pain and rectal bleeding
- Lesions in the genital or perineal/perianal area that do not spread to other areas of the body
- Lesions appearing at different stages of development (asynchronous)
- The appearance of lesions before fever, malaise, and other systemic symptoms (absence of prodromal period).

**Figure 3.** Signs and symptoms among confirmed cases of monkeypox. Globally, as of 8 July 2022.



**Source:** Cases reported or identified by WHO. \*3,683 cases with available information on the signs and symptoms presented. Available at: <https://bit.ly/3ONyzGX>

Among 1,563 confirmed cases for which data on hospitalization was available, 9% required hospitalization for isolation or treatment (3). Two cases required management in an intensive care unit (ICU)<sup>1</sup>.

The real magnitude of the outbreak could be underestimated specially in countries that have not reported monkeypox cases previously, as clinical diagnosis and access to testing could be a challenge. There is the possibility of a greater impact of the outbreak if vulnerable population is affected; according to historical data, case fatality is highest among children, young adults, and immunocompromised people, including people living with uncontrolled HIV infection, who are at higher risk of developing severe disease (4).

## Epidemiological situation in the Region of the Americas

Between 10 May and 8 July 2022, a total of 1,325 monkeypox cases were reported in 14 countries and territories. Overall, 81% of confirmed cases were reported by the United States of America (53%) and Canada (28%), with an increase of 77% and 31% in the last 7 days, respectively. During the same period, Brazil and Peru reported an increase of 198% and 500%, respectively.

**Table 1.** Confirmed cases of monkeypox and the relative increase in the last 7 days. Region of the Americas. As of 8 July 2022.

Country/territory	Confirmed cases	Cases reported in the last 7 days	Relative increase in the last 7 days (%)
United States of America	700	304	77
Canada	375	88	31
Brazil	173	115	198
Mexico	27	4	17
Peru	18	15	500
Chile	13	7	117
Argentina	6	0	0
Colombia	6	3	100
Bahamas	1	0	0
Ecuador	1		
Jamaica	1		
Panama	1		
Dominican Republic	1		
Venezuela (Bolivarian Republic of)	1	0	0

**Source:** Cases reported to PAHO/WHO or published by Ministry of Health of Health Agencies.

Among 472 cases with data available, 75% are males between 18 and 44 years old. Among 168 cases with available information on sexual orientation, 94% identified themselves as men who have sex with men (MSM) and of these, 24% are HIV-positive. Among 52 cases with available information on the probable site of exposure, 35% referred to social events with sexual contact.

Among 145 cases with available information, 92 are healthcare workers. These cases are being investigated to determine if the infection was caused by occupational exposure.

<sup>1</sup> No information was available regarding the reason that the case required care in an intensive care unit.

## Guidance for national authorities

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States continue to strengthen surveillance, diagnosis, case investigation, contact tracing, clinical management, infection prevention and control activities, and risk communication.

### Mass gathering events in the context of the monkeypox outbreak

Following a long period of social distancing and restrictions imposed by the COVID-19 pandemic, the attendance at large events such as carnivals, festivals, parades, music events, and others, has increased considerably as interaction between people (including sexual contact). The high density and mobility of attendees (crowding) during these events could lead to close, prolonged, and frequent interactions between people. For some, these new interactions could also lead to sexual activity, which may play a role in the spread of the monkeypox virus.

Considering the summer period and holidays in several countries of the Region, the likelihood of attending crowded events increases the probability of exposure to monkeypox infection.

PAHO/WHO reiterates public health recommendations for holding events during the current monkeypox outbreak.

### **Public health recommendations for decision makers (authorities and event organizers)**

To decrease the risk of event-associated monkeypox transmission, the following precautionary measures may be considered:

- Health authorities are invited to:
  - identify events within their jurisdiction that are most likely to be associated with the risk of monkeypox virus transmission, based on the predominant modes of transmission and the likely profile of attendees;
  - ensure monkeypox is included among diseases regularly reported through routine surveillance; in this regard, the Organization has published guidance on surveillance, case investigation, and contact tracing related to monkeypox;
  - adopt measures to ensure prompt isolation and appropriate clinical treatment of identified cases; the Organization has published guidance in this regard;
  - Keep the general population and event organizers informed about the evolution of the outbreak; monitor and appropriately address rumors and misinformation about monkeypox.
- Event organizers should establish a link with the relevant health authorities and take into account the epidemiological situation of monkeypox in the area where they are held.
- Meetings should be used as opportunities to share information and conduct risk communication and community engagement activities; those activities should also address individual behaviors associated with side events, unplanned gatherings, and unstructured socializing in public or private spaces.

- Health authorities and event organizers should facilitate the adoption of appropriate public health and social measures, including those for infection prevention and control, to reduce the risk of transmission of monkeypox virus associated with the event.
- Personnel responsible for caring for people who require medical attention during the event should receive information on how to identify and treat people with signs and symptoms consistent with monkeypox, and on the relevant personal protective equipment (PPE).
- At points of entry, consideration should be given for the need to carry out risk communication and community engagement activities, including the development of materials for travelers on signs and symptoms consistent with monkeypox, prevention measures, and infection control, and how to seek medical attention in countries where cases of this disease have been reported.

### **Public health recommendations for people hosting smaller gatherings or attending events of any size and type**

- People with signs and symptoms consistent with monkeypox should refrain from close contact with anyone else, avoid attending gatherings, and follow the advice of relevant health authorities.
- Close contact, including sexual contact, with someone who has signs and symptoms consistent with monkeypox should be avoided.
- Anyone who thinks they have been exposed to monkeypox should take extra precautions.

Event attendees should be reminded that they must apply the principle of individual responsibility to their decisions and actions, in order to preserve their health, that of the people with whom they are in contact with, and that of their community.

**Below is a summary of the additional considerations related to surveillance, diagnosis, clinical management, vaccination, international travel and risk communication.**

### **Surveillance**

PAHO/WHO request Member States to continue using the **monkeypox case reporting form<sup>2</sup> to report cases that meet the definitions of probable or confirmed cases**. This will allow for the collection of the minimum information sufficient for the clinical and epidemiological characterization of cases and thus contribute to the ongoing investigation at a global level.

Additional guidelines for surveillance were shared in the Epidemiological Alert on monkeypox in non-endemic countries published on 20 May 2022 and which remain valid. Available at: <https://bit.ly/3uytEBw>

### **Diagnosis and laboratory testing**

Guidelines on the diagnosis and laboratory testing for monkeypox were shared in the Epidemiological Update on monkeypox in non-endemic countries published on 13 June 2022 and which remain valid. Available at: <https://bit.ly/3OW5DMT>

### **Clinical management and infection prevention and control**

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<sup>2</sup> The list of minimum variables for the notification of monkeypox cases is published and available on the WHO website, available at: <https://bit.ly/3ttUp9K>

Guidelines on clinical management and infection prevention and control were shared in the Epidemiological Update on monkeypox in non-endemic countries published on 13 June 2022 and which remain valid. Available at: <https://bit.ly/3OW5DMI>

During the care of suspected, probable, and/or confirmed cases of monkeypox, early identification is needed through detection protocols adapted to local environments; these cases should be isolated immediately and appropriate infection prevention and control (IPC) measures<sup>3</sup> should be rapidly implemented, tests should be performed to confirm the diagnosis, symptomatic management should be applied for patients with mild or uncomplicated monkeypox, and follow-up and treatment of complications and serious conditions<sup>4</sup> should be carried out.

Patients with mild or moderate clinical presentation of monkeypox who can be cared for at home require careful assessment of the ability to isolate safely and maintain required IPC precautions in their home in order to prevent transmission to other household members and the community.

Precautions (isolation and IPC measures) should be maintained until a new layer of skin has formed under the scabs.

## Vaccination

Guidelines on vaccination were shared in the Epidemiological Update on monkeypox in non-endemic countries published on 13 June 2022 and which remain valid. Available at: <https://bit.ly/3OW5DMI>

## Mass gatherings and international travel

Guidelines on mass gatherings and international travel were shared in the Epidemiological Update on monkeypox in non-endemic countries published on 13 June 2022 and which remain valid. Available at: <https://bit.ly/3OW5DMI>

## Risk communication

Guidelines on risk communication were shared in the Epidemiological Update on monkeypox in non-endemic countries published on 13 June 2022 and which remain valid. Available at: <https://bit.ly/3OW5DMI>

**WHO suggests the consistent use of condoms during sexual activity (oral/anal/vaginal receptive and insertive) during the 12 weeks following the recovery of a confirmed case**, in order to reduce the potential transmission of monkeypox via this route, considering that this risk is still unknown.

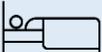
**Prevent the spread of rumors and misinformation about monkeypox.** It is important that public health authorities systematically listen to and analyze the information shared through social networks to identify key questions and information gaps and based on this, develop communication strategies. The public should be encouraged to obtain information only from official sources

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<sup>3</sup> Standard and transmission-based precautions, including the addition of ventilator use for healthcare workers caring for patients with suspected monkeypox, and an emphasis on safe management of bedding and management of the environment.

<sup>4</sup> **Progression of skin lesions, secondary bacterial infection of skin lesions, eye lesions, and, rarely, severe dehydration, severe pneumonia, or sepsis.**

Below is a list of links to guidelines, scientific reports and other resources published by PAHO/WHO and WHO.

<p style="text-align: center;"><b>Surveillance, rapid response teams, and case investigation</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Clinical management</b></p> <p style="text-align: center;"></p>
<p>WHO. Monkeypox minimum dataset case reporting form (CRF). 4 June 2022. Available at: <a href="https://bit.ly/3xtUT21">https://bit.ly/3xtUT21</a></p> <p>WHO. Surveillance, case investigation and contact tracing for Monkeypox. 22 May 2022. Available at: <a href="https://bit.ly/3toy25B">https://bit.ly/3toy25B</a></p> <p>WHO. Monkeypox outbreak toolbox. June 2021. Available at: <a href="https://bit.ly/3lz59iA">https://bit.ly/3lz59iA</a></p>	<p>WHO. Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. Available at: <a href="https://bit.ly/39i91SX">https://bit.ly/39i91SX</a></p> <p>WHO. Update 77 – Monkeypox outbreak, update and advice for health workers. 30 May 2022. Available at: <a href="https://bit.ly/3xtXqlr">https://bit.ly/3xtXqlr</a></p>
<p style="text-align: center;"><b>Laboratory</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Infection and prevention control</b></p> <p style="text-align: center;"></p>
<p>WHO. Laboratory testing for the monkeypox virus: Interim guidance. 23 May 2022. Available at: <a href="https://bit.ly/3zrLB8j">https://bit.ly/3zrLB8j</a></p> <p>PAHO/WHO. Laboratory Guidelines for the Detection and Diagnosis of Monkeypox Virus Infection. 25 May 2022. Available at: <a href="https://bit.ly/3NBtDUX">https://bit.ly/3NBtDUX</a></p>	<p>WHO. Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. Available at: <a href="https://bit.ly/39i91SX">https://bit.ly/39i91SX</a></p> <p>WHO. Update 77 – Monkeypox outbreak, update and advice for health workers. 30 May 2022. Available at: <a href="https://bit.ly/3xtXqlr">https://bit.ly/3xtXqlr</a></p>
<p style="text-align: center;"><b>Critical preparedness and response</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Risk communication</b></p> <p style="text-align: center;"></p>
<p>WHO. Technical Brief (interim) and Priority Actions: Enhancing Readiness for monkeypox in WHO South-East Asia Region. Available at: <a href="https://bit.ly/3Hd1Yax">https://bit.ly/3Hd1Yax</a></p>	<p>WHO. Monkeypox: public health advice for gay, bisexual and other men who have sex with men. 25 May 2022. Available at: <a href="https://bit.ly/3mxdDry">https://bit.ly/3mxdDry</a></p> <p>WHO. Public health recommendations for holding events during the current monkeypox outbreak. July 2022. Available at: <a href="https://bit.ly/3uyqi8g">https://bit.ly/3uyqi8g</a></p>
<p style="text-align: center;"><b>Investigation, training, and other resources</b></p> <p style="text-align: center;"></p>	
<p>WHO consultation sets research priorities for monkeypox. 3 June 2022. Available at: <a href="https://bit.ly/39oTcJY">https://bit.ly/39oTcJY</a></p> <p>WHO advisory committee on variola virus research: report of the twenty-third meeting, virtual meeting, 3-4 November 2021. Available at: <a href="https://bit.ly/3HeViss">https://bit.ly/3HeViss</a></p> <p>Additional resources: <a href="https://bit.ly/3tyDL8X">https://bit.ly/3tyDL8X</a></p>	

## Sources of information

1. Epidemiological Alert Monkeypox in non-endemic countries, published on 20 May 2022. Available at: <https://bit.ly/3uytEBw>
2. Epidemiological Update on monkeypox in non-endemic countries, published on 13 June 2022. Available at: <https://bit.ly/3OW5DMT>
3. WHO. Internal Report - Multi-Country Monkeypox Outbreak - Global Trends. Available at: <https://bit.ly/3P7WP6j>
4. WHO. Multi-country monkeypox outbreak: situation update. Disease Outbreak News (DON). Available at: <https://bit.ly/3mAkTCs>
5. IHR National Focal Points of the Member States that reported cases to WHO and PAHO/WHO.
6. WHO. Public health recommendations for holding events during the current monkeypox outbreak. Available at: <https://bit.ly/3uygi8g>
7. European Centre for Disease Prevention and Control (ECDC). Interim Guidance for Public Health Authorities on Summer Events During the Monkeypox Outbreak, 2022. Available at: <https://bit.ly/3RjcZvu>
8. United States Centers for Disease Control and Prevention (US CDC). Guidance on the monkeypox and smallpox vaccine. Available at: <https://bit.ly/3lxql90>
9. United States Centers for Disease Control and Prevention (US CDC). Monkeypox virus infection in the United States and other non-endemic countries-2022. Available at: <https://bit.ly/3xMqnk3>
10. United States Food and Drug Administration (FDA). The FDA approves the first non-replicating live vaccine to prevent smallpox and monkeypox. September 24, 2019. Available at: <https://bit.ly/3PwsnUz>; <https://bit.ly/3sNxkhZ>; <https://bit.ly/3PBjZ5Y>; <https://bit.ly/3G55OSp>