

# Weekly situation report on monkeypox multi-country outbreak response - Region of the Americas

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## Highlights

**Global WHO Risk Assessment<sup>1</sup>: Moderate Americas<sup>1</sup>: Moderate**

**WHO Risk Assessment for the Americas<sup>1</sup>: Moderate**

As of 31 August 2022:

- **Globally**, 51,071 confirmed cases of monkeypox from 101 Member States: 54% in the Region of the Americas, 44% in the European Region, 1% in the Africa Region, <1% each in the Eastern Mediterranean Region, Western Pacific Region, and South-East Asia Region (*Figure 1*).
  - 5,870 additional cases, 13% increase in the last 7 days.
  - 98% (26,574/27,052) of cases with available data are male, the median age is 36 years. <1% (161/27,614) of cases with available age data are aged 0-17 years, including 43 cases aged 0-4 years. Males between 18-44 years old account for 78% of cases with available data.
- In the **Americas**, 27,803 cases confirmed from 31 countries and territories. 4 deaths have been confirmed in the Region of the Americas.
  - Four countries in the Region account for 93% of confirmed cases (United States of America, Brazil, Peru, and Canada).
  - For the fifth consecutive week, the Americas has reported the highest number of new monkeypox cases globally. For the third consecutive week, the number of cases has exceeded that in the WHO European Region, which previously had the highest cumulative number of cases.
  - El Salvador reported their first confirmed case. One additional death was reported (Brazil).
  - 97% of 5,126 confirmed cases with available information are male. Most cases with available information are aged 25 to 45 years old and self-identify as men who have sex with other men.
  - In recent weeks, an increase in the proportion of women amongst the total number of confirmed cases has been observed.

## MONKEYPOX SITUATION IN NUMBERS

### Region of the Americas

As of 31 August 2022 (16:00 EST)

### Total

(13 May – 31 August 2022)

**27,803**

Confirmed cases

**4**

deaths

**31**

Countries/territories with confirmed cases

### Last 7 days

(25– 31 August 2022)

**4,324**

New Confirmed cases

**1**

New Death

**18%**

% Increase in cases

**1**

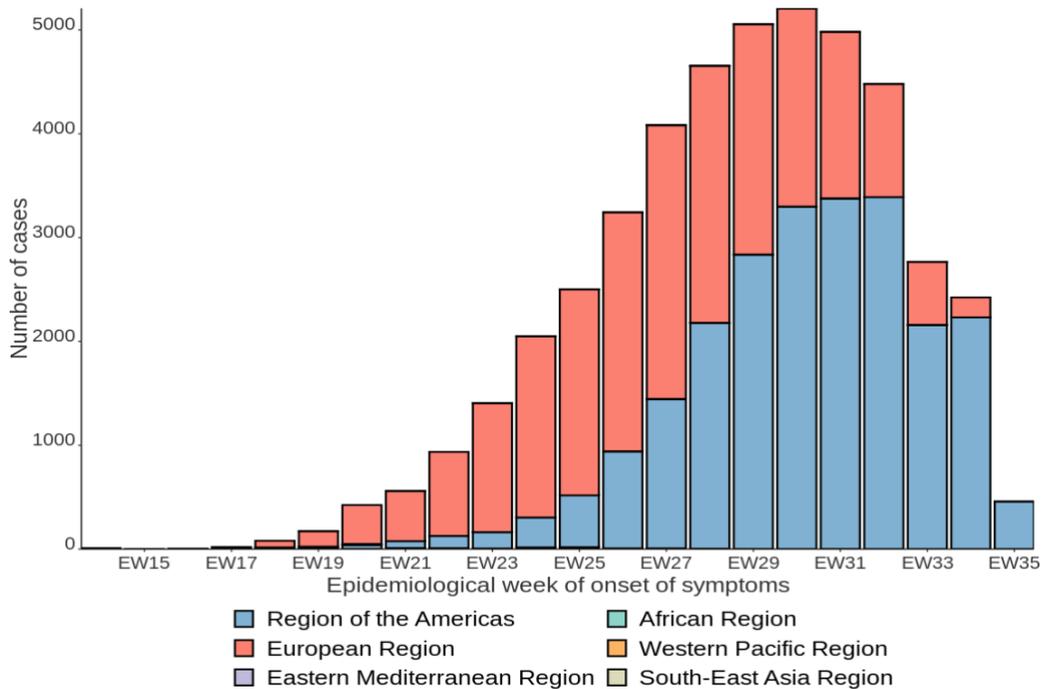
Newly affected country

Information is updated from Monday to Friday by 18:00 GTM-5, at:

[Monkeypox.paho.org](http://Monkeypox.paho.org)

- Of 127 cases reported among women in the Region of the Americas as of 25 August, 6 correspond to pregnant women with no known pregnancy-related complications.
- 7 countries in the Region have reported 59 confirmed cases among persons <18 years old (Mexico, Ecuador, Brazil, Colombia, Peru, Canada, and Chile).
- 2 cases among indigenous have been reported in Brazil
- Outbreak in prisons have been reported in one facility in the US and 3 others are investigated in Brazil.
- 833 (10%) of 8,003 cases with available information were hospitalized.
- 83% of 2,345 cases in the Americas with available information are locally transmitted cases.

**Figure 1.** Global distribution of monkeypox cases by date of symptom onset. As of 31 August 2022.



## Region of the Americas – Epidemiological Update

In the **Region of the Americas**, as of 31 August 2022 (16:00 EST), a total of 27,803 confirmed cases of monkeypox, including 4 deaths in Brazil (2), Cuba (1), and Ecuador (1), have been reported from 31 countries and territories (*Table 1, Annex 1*).

Compared to the 26 August report, one additional country reported confirmed monkeypox cases (El Salvador) and one additional death was reported (Brazil). There was an 18.4% 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 23,600 of the confirmed cases. Of these, 5,126 cases had sex information available, of which 4,983 (97%) were male; 5,707 cases had age information, which ranged from 1 to 76 years old (median 33 years, mean 34 years) and 59 confirmed cases aged 18 years or younger were reported by 7 countries (Mexico, Ecuador, Brazil, Colombia, Peru, Canada, and Chile); 13,586 cases reported dates of symptom onset in 2022, ranging

from 27 February to 31 August 2022 (*Figure 2*). Of 2,345 cases with available information on history of reported travel, only 17% reported having recently traveled. Among 8,003 cases with hospitalization information, 833 (10.4%) were hospitalized. Of 2,623 cases with sexual orientation information, 2,267 were men who have sex with men (MSM).

Of 127 cases reported among women in the Region of the Americas as of 25 August, 6 correspond to pregnant women with no known pregnancy-related complications to date. None of the cases among women required hospitalization due to their clinical presentation. In recent weeks, an increase in the proportion of women amongst the total number of confirmed cases has been observed. In epidemiological week (EW) 22, there had been no reported cases among women, and in EW 30, 3.1% of the total confirmed cases were women. More information available [here](#).

**Table 1.** Confirmed and suspected cases of monkeypox by country/territory in the Region of the Americas. As of 31 August 2022 (16:00 EST)\*.

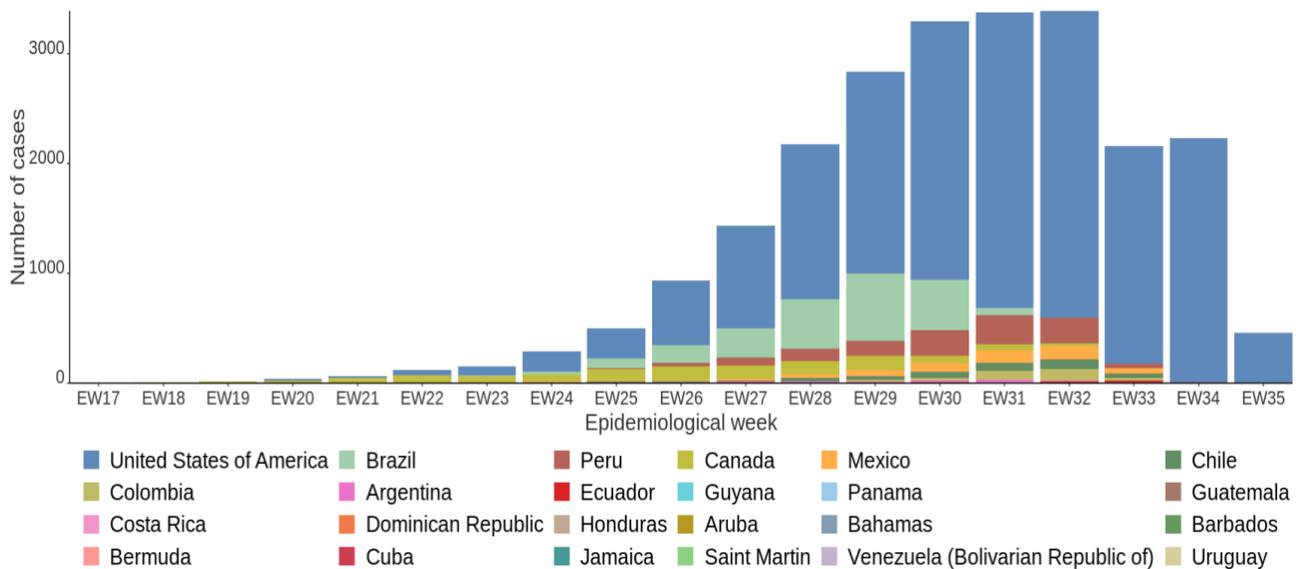
Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases last 7-day	% variation last 7-day	Cases last 21-day	% variation last 21-day
United States of America	18,304	0	55.3	2,427	-22.6	8,844	20.2
Brazil	4,876	1	22.9	892	11.5	2,461	21.2
Peru	1,496	0	45.4	289	-15	913	93.8
Canada	1,228	0	32.5	22	-80.9	220	-45.5
Colombia	582	0	11.4	309	114.6	527	1071.1
Mexico	504	0	3.9	118	-11.9	357	260.6
Chile	381	0	19.9	111	37	255	140.6
Argentina	133	0	2.9	61	-	96	357.1
Puerto Rico	114	0	39.8	37	60.9	80	207.7
Bolivia (Plurinational State of)	78	0	6.7	33	83.3	72	1100
Ecuador	51	1	2.9	16	0	39	290
Panama	10	0	2.3	2	-50	8	700
Dominican Republic	7	0	0.6	0	-100	3	200
Guatemala	6	0	0.3	1	-50	3	0
Jamaica	5	0	1.7	1	-	2	0
Honduras	4	0	0.4	1	-	4	-
Uruguay	4	0	1.2	1	0	2	0
Costa Rica	3	0	0.6	0	-	0	-100
Venezuela (Bolivarian Republic of)	3	0	0.1	0	-100	2	-
Aruba	2	0	18.7	1	0	2	-
Bahamas	2	0	5.1	0	-100	1	-
Guyana	2	0	2.5	1	0	2	-
Bermuda	1	0	16.1	0	-	0	-100
Barbados	1	0	3.5	0	-	0	-
Cuba	1	1	0.1	0	-100	1	-
Curaçao	1	0	6.1	0	-100	1	-
Guadeloupe	1	0	2.5	0	-	0	-100
Saint Martin	1	0	25.9	0	-	0	-100
Martinique	1	0	2.7	0	-	0	-
El Salvador	1	0	0.2	1	-	1	-

Data updated as of: 31/08/2022

\*Data is preliminary and is 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.

**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 31 August 2022 (16:00 EST)\*.



Please note the data, and accordingly the epidemiological curves, are subject to change based on later data received by countries.

## PAHO/WHO response to monkeypox

From 25 August to 31 August 2022



### Collective intelligence for detection and containment

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

On 26 August 2022, PAHO published an [Epidemiological Alert on Monkeypox in women](#). According to the report, of the 22,154 cases reported during 2022 for which there was information available on gender, 397 cases are among women (1.8%).

[Read more.](#)

During the reporting period, PAHO has distributed to Member States the [Updated guideline on surveillance, case investigation and contact tracing for monkeypox](#), published by WHO on 25 August 2022. Among other orientations, the document updated the suspected case definition to include known contacts with prodromal signs or symptoms, and both suspected and probable case definitions to capture additional clinical characteristics such as mucosal lesions. This version of the document also contains the first definition of monkeypox related death for surveillance purposes. Read the full document [here](#).

The Organization has also disseminated among Member States the [monkeypox cases dashboard](#) developed to facilitate data visualization, analysis, and follow-up. The tool is available in English, French, Portuguese, and Spanish.

Throughout the past week, PAHO trained surveillance officers from **Guatemala** (14) and **Paraguay** (3) to use the R software.

The R software is used to facilitate data analysis and visualization, the production of reports, and others. The Organization also delivered remote training on sample collection, handling, shipping, and processing for monkeypox diagnosis to 15 representatives from regional laboratories. The training session was conducted in collaboration with the Georgetown Public Hospital and the national laboratory and epidemiology team of **Guyana**.

The Organization participated in the meeting "*Actualización de conceptos epidemiológicos, laboratorio y clínico de Viruela Símica*" organized by the **Honduras** PAHO/WHO Country Office and the Epidemiology Directorate of the Ministry. During the meeting, participants presented general aspects related to monkeypox, reviewed clinical and epidemiological aspects, and gave recommendations on laboratory concepts. More than 230 persons from all 20 regions in Honduras participated in the meeting.

Throughout the past week, PAHO followed up on existing guidelines and recommendations and held meetings with staff from laboratories in the Region to review and discuss results. Additional

data review, troubleshooting sessions, and follow-up calls regarding laboratory diagnostics were held with **Antigua and Barbuda**, **Guyana**, and **Honduras**.

To support laboratory diagnostic capacity in the Region, PAHO sent additional PCR reagents and other diagnostic material to **Cuba** and **Bolivia** this week.

## Countermeasures and research: secure access to supplies

**Immunization** • **Vaccines access** • **Strategic health supplies** • **Regulatory issues** • **Research**

On 29 August 2022, PAHO held the webinar "["MEURI framework: How to ensure that during the emergency unproven interventions are used ethically outside of research?"](#)" The event presented the Monitored Emergency use of UnRegistered Interventions, ethical criteria for research during emergencies, and knowledge built upon the experience with the COVID-19 pandemic.

PAHO also developed an evidence synthesis for potential therapeutic options for monkeypox and started preparing its publication.

## Emergency coordination and enabling functions

**Project management, administration, planning and M&E** • **Resource mobilization & liaison with external partners** • **Procurement** • **Liaison with internal partners** • **Operations support & logistics**

On 29 August 2022, PAHO held a coordination meeting with Incident Managers from PAHO/WHO's Country Offices. During the meeting PAHO's Incident Management Support Team (IMST) presented its structure and provided an updated overview of the situation in the Region under the main areas of response. Following the meeting, PAHO has established procedures for regular reporting and information sharing and provided Country Offices with tools for the elaboration of workplans with high-level activities and related costs to be implemented in support of the Organization's monkeypox response and the implementation of temporary recommendations by national authorities

## Future outlook

The Region of the Americas now accounts for the highest cumulative proportion of monkeypox cases globally and has accounted for the highest proportion of new cases for the fifth consecutive week. Four countries in the Region are among the top 10 countries with the highest number of confirmed cases globally. Additionally, there is a likelihood of increased transmission in other population groups. The most at-risk populations have predominantly remained the same; however, there has been an increase of cases among women, including pregnant women, as well as in children, which cannot be overlooked. Cases among indigenous and inmates 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](#).

**Annex 1.** Geographical distribution of confirmed cases of monkeypox in the Region of the Americas. As of 31 August 2022 (16:00 EST).

